

Trust Board Meeting

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

Chair: Juggy Pandit

Date: 4th May 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 Meeting held on 6 th April 2006 (attached)	JP
1.5 Matters Arising (attached)	JP
1.6 Chief Executive's Report (attached)	HL
1.7 NHS Foundation Trust Update (attached)	HL
2. PERFORMANCE	3.00pm
2.1 Finance Report, Month 12 (to be tabled at the meeting)	LB
2.2 Performance Report, Month 12 (attached)	LB
2.3 Savings Plan 2006/07 (attached)	LB
3. ITEMS FOR DECISION/APPROVAL	3.30pm
3.1 Consultant Appointments (attached)	HL
3.2 Corporate Plan (attached)	HL
3.3 SDS Risk Grading (to be discussed at the pre-Board Seminar and tabled at the meeting)	LB
4. ITEMS FOR ASSURANCE	4.00pm
4.1 CNST Report (attached)	CM
4.2 Workforce Report	
4.2.1 Staff Survey Action Plan and Board Assurance (attached)	MFo
4.2.2 Workforce Ethnicity Report 2005/06 (attached)	MFo
4.3 Patient Survey	AMC
5. ITEMS FOR NOTING	4.30pm
5.1 Influenza Update (attached)	AMC
5.2 Minutes of Facilities Assurance Board meeting held 2 nd March 2006 (attached)	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	
1 st June 2006	
10. CONFIDENTIAL BUSINESS	
To resolve that the public be now excluded from the meeting, because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be concluded in the second part of the agenda.	

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	1.5/May/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
5.1/Aug/05	<u>CHILD PROTECTION QUARTERLY REPORT</u> Awaiting response from letter to Healthcare Commission.	MA
1.6/Mar/06	<u>CONNECTING FOR HEALTH</u> Paper to be presented at the next Board exploring the systems available to the Trust.	AG
2.2/Feb/06	<u>PERFORMANCE</u> Delayed discharges to be included in April Performance Report.	NC/LB
3.1/Mar/06	<u>CORPORATE PLAN</u> Draft Corporate Plan to be brought back to the May Board meeting.	EHJ
1.7/Apr/06	<u>MEMBERS' COUNCIL</u> Plan for the Members' Council induction to be drawn up.	AMC
2.3.1/Apr/06	<u>GENERATOR UPGRADE</u> Brief report on the progress of the generator upgrade to be given at the May Board meeting.	LB
2.3.1/Apr/06	<u>LIFT EXPENDITURE</u> Facilities Assurance Committee to report to Board on lift expenditure.	ED
2.3.2/Apr/06	<u>AfC FOR CONTRACTED SERVICES</u> Paper to be brought to the May Trust Board (Confidential section) setting out the facts, options and contractual position on AfC for contracted staff. Executive Directors to explore with contractors potential benefits and report back at May Board meeting. Analysis to be undertaken of pay levels in other industries	ED/MFo Exec. Dir AH/All
5.1/Apr/06	<u>OUTPATIENT PRESCRIBING</u> Audit of length of prescribing in the Outpatients Department to be undertaken and fed back to the General Matters meeting.	ED
2.2/Apr/06	<u>BANK AND AGENCY COSTS</u> Update to be provided at the May Board meeting.	LB/MFo
2.2/Apr/06	<u>PERFORMANCE REPORT</u> The following changes to be made to the Performance Report: 1. Negative figures to be put in brackets as well as highlighted in red; 2. Cumulative delayed transfer of care graph to specify 'below target'.	LB/NC

Trust Board Meeting, 4th May 2006

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

CHIEF EXECUTIVE'S REPORT – APRIL 2006

SERVICE LEVEL AGREEMENT UPDATE

On Friday 21 April we were able to agree our SLA with our host PCT. This is the first time that we have been able to achieve this in April (clearly March would be better) and without needing to revert to arbitration. This SLA agreement should be binding to the other SHAs and is a significant achievement by our finance director, Lorraine and her team. The detail will be reported further in the agenda.

PERFORMANCE

The Trust achieved all core performance targets and achieved a financial surplus of £2.2m.

EXTERNAL AUDIT

The Audit Commission is proposing to extend the appointment of Deloitte as the Trust's external auditors for one year, which will currently expire with the completion of the audit of the accounts for 2005/06. The Commission is proposing that Roger Miles will remain as the appointed auditor and they have asked the Trust to provide views on the proposal by 19 May.

CORPORATE PLAN UPDATE

This is an agenda item, however since the extensive discussion and feedback at the last board meeting from non-executive directors, further work has been undertaken and we have specifically highlighted three additional corporate objectives that in my opinion the organisation needs to focus on:

- Excellence in teaching;
- Customer services (Board members will be asked to approve a contract following a tender process for a preferred bidder in Part B of the agenda);
- Equality and Diversity.

STANDARDS FOR BETTER HEALTH DECLARATION

The final declaration is due to be submitted to the Healthcare Commission on May 2nd. The Trust is still awaiting a response from the Overview and Scrutiny Committee and this may require additional commentary to be attached. A verbal update will be provided at the Board meeting.

ACADEMIC NON-EXECUTIVE DIRECTOR

I am pleased to confirm that the appointments commission approved the appointment of Professor Richard Kitney as the new academic non-executive director on the Trust Board. Prof Kitney is Dean of Faculty of Engineering and Professor of BioMedical Systems Engineering at Imperial College. In addition he is a Visiting Professor at MIT, a Governor of Imperial and was previously a Governor at the Royal Postgraduate Medical School. Professor Kitney has had a distinguished career in biomedicine and we are pleased to welcome him to the Trust.

SENIOR APPOINTMENTS

Deputy CEO: A shortlist of four high quality candidates underwent a competency-based assessment centre linked to our identified board competencies on 21 April and three candidates will be interviewed on the morning of 4 May. The interview panel will be the chairman, deputy chairman, CEO and an external assessor, the CEO of NWLSHA Gareth Goodier.

Director of Strategy: A shortlist of four candidates underwent a similar process but tailored to this particular job and again linked to board competencies required for this post on Monday 24 April and candidates will be interviewed on 5 May. The interview panel will be the same as for the Deputy CEO.

A NEW AMBITION FOR OLD AGE

In April, the Department of Health published *A New Ambition for Old Age: Next Steps in implementing the National Service Framework for Older People*. This publication attracted a good deal of media attention particularly in respect to privacy and dignity for older people and the revitalisation of older peoples champion within Hospital. The Trust older peoples NSF group will oversee the implementation of this document.

In respect to privacy and dignity the Trust has, since January, been undertaking a range of privacy and dignity audits linked to privacy and dignity training sessions organised by Helen Brown, Senior Nurse and Rev Steven Smith, Lead Chaplain as part of the Trust's work on Essence of Care benchmarking. It is planned that all areas of the Trust will undertake this audit and develop improvement plans from the information obtained. Within the Trust's PEAT inspection format, privacy is a key area which is assessed.

One area that is of concern for people when elderly relatives are admitted to Hospital is eating and drinking. Over the last year protected mealtime for patients have been introduced, allowing patients to eat meals undisturbed and for nursing staff to be freed from other duties to ensure help can be given to patients. A 'blue try' system has also been introduced at patient meal times to identify patients discreetly that need assistance with eating and drinking.

In April Nick Hale was appointed Nurse Consultant for Older People. Nick's role will be to work with ward and clinical teams to ensure the implementation of the NSF for older people but particularly to focus on personal care for older people including issues relating to privacy and dignity.

Heather Lawrence
27th April 2006

Trust Board Meeting, 4th May 2006

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

FOUNDATION TRUST UPDATE

TIMETABLE

The Chairman and the Chief Executive have identified an additional number of meetings that have been arranged to allow the Trust full confidence in the documents required for submission and the meetings with Monitor, including the Board to Board. Please find the meeting timetable attached.

SDS

At the Trust Board seminar on April 6th, Board members reassessed the risk matrix as outlined in the SDS and the grading of these will be updated at the pre-Board seminar on May 4th.

As previously highlighted, the Trust will be allowed to make amendments to the SDS before it is resubmitted on May 22nd, although these changes should only be by way of updating rather than fundamental changes. Executive Directors are currently amending where appropriate and these amendments will be discussed at the extraordinary Board meetings on May 9th and 10th. The May 9th meeting (of the full Trust Board) will focus on the financial plan whilst the May 10th meeting (of the future Foundation Trust Board) will look at other issues that arise from the SDS.

MEMBERSHIP AND ELECTION

As of April 28th, the Trust has 10,619 Foundation Trust members which comprises of 698 staff, 7,721 patient and 2,200 public members.

Evaluation forms have been sent to all those elected to the Members' Council to gain their feedback on the election process and gauge their views about the future running of the Council, including what they want from an induction programme to familiarise all elected candidates with the Trust.

An email communication was sent to all public and patient Foundation Trust members inviting applications for lay representatives to sit on the Trust's Clinical Governance Assurance Committee.

There has been an encouraging response to this communication – 18 expressions of interest have been received and application packs will be sent out in the near future prior to a formal interview process.

Three staff elected to the Members' Council were guest speakers at the Trust's seasonal working conference on April 26 where they outlined their reasons for standing for election to the Council and what they hope to achieve now that they have been elected.

The Trust has invited 10 local stakeholder organisations – including our NHS and academic partners – to nominate representatives for the Members' Council and a number of nominations have now been received.

A small number of complaints about the election process have been received by the Trust and Electoral Reform Services – one complaint was dealt with under the Trust's formal complaints procedure and a letter was sent to the complainant on April 18.

Fleur Hansen
Foundation Trust Lead
March 20th, 2006

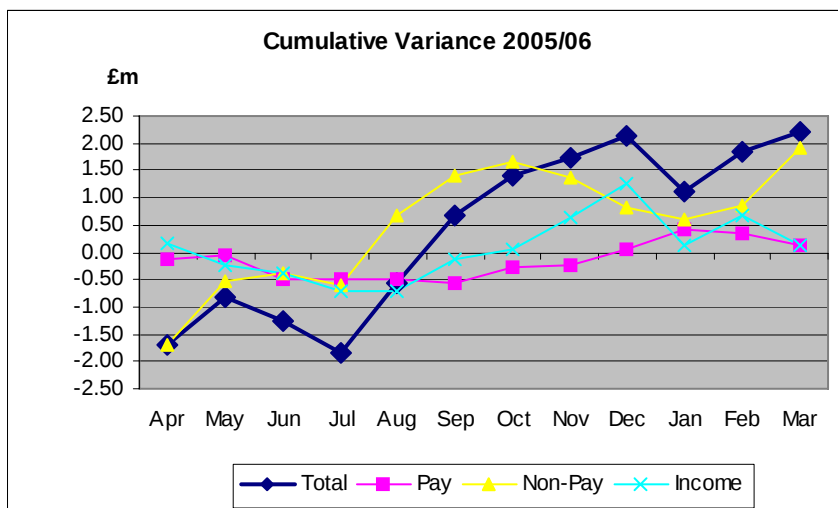
Trust Board Meeting, May 2006

AGENDA ITEM NO.	2.1
PAPER	Financial Report – March 2006 (Unaudited position)
SUMMARY	The overall income and expenditure position for the twelve months to March 2006 is a surplus against budget of £2.204m, an improvement of £0.367m on the position at Month 11. The Trust has achieved its year end forecast of £2.2m Income and Expenditure surplus. This surplus will be returned to the Trust next financial year along with a related incentive payment of £0.153m. The Board is reminded that the Trust received non-recurrent income of £3.4m in 2005/06 due to the reversal of the deficit overpayment in 2004/05. The underlying position after normalising for this income is a deficit of £1.2m. There are a number of areas that have ended the year in deficit against their annual budget, with the most notable deficit areas being the Medicine Directorate (£0.802m); Private Patients (£0.432m) and the Capital Charges cost centre (£1.1m). The year-end position is the unaudited position for the year to 31st March 2006 and is subject to change during the audit. The main risk to this position is the level of disputed debt, however the level of provisions has been assessed and considered to be adequate (see Form F11). The Trust had a cash balance of £0.630m at the end of March which was within the EFL cash target of £0.639m. The final cumulative BPPC achieved in the year to 31st March was 73.5% by number of invoices and 63.0% by value. The Capital Programme was underspent by £1.36m at the year-end against a plan of £13.49m. The underspend will be carried forward into the 2006/07 capital programme. On this basis the Trust has achieved all of its statutory financial duties for the year 2005/06.
AUTHOR	Lorraine Bewes, Director of Finance and Information: Telephone: 020 8846 6713
BOARD ACTION	The Board is asked to note the unaudited financial position at Month 12.

Finance Report May 2006 Financial Position – March 2006

Summary Income & Expenditure (Form F1)

- The overall financial position after twelve months is a surplus of **£2.204m**. The Graph below shows the trend in the cumulative variance against budget to the end of March.



- The overall pay position at Month 12 is an underspend of **£0.142m** (0.1%). The in-month position is an adverse variance of £0.189m. The in month position includes an overspend of £0.296m estimated AFC costs for staff not yet moved onto AFC terms and conditions. Further information is in paragraph 13 below.
- Non pay including Reserves and Depreciation is under spent by **£1.932m** (2.0%), a favourable movement in month of £1.074m. Within this position is a planned releases of reserves (£2.417m in the month) offset by an overspend in Non Pay. The non-pay overspends above trend in the month are in Pathology (£0.492m), provision for bad debts (£0.197m), consultancy (£0.087m), Electricity (£0.135m), MSSE in Burns (£0.133m), MSSE in Endoscopy (£0.073m), prior year charge for consumables that cannot be recharged (£0.197m this was in the forecast). Key pressures broadly consistent with trend this month are prostheses and the unachieved depreciation savings target (£1.060m year to date). The drugs budget is underspent by (£0.552m).
- The income position, including interest receivable, is **£0.130m** favourable (0.1%) which is an adverse movement in the month of £0.519m. SaFF Contract Income is £0.022m favourable year to date, an adverse movement in the month of £0.558m. Quarter 4 overperformance was favourable against trend resulting in an improved income position however this is offset by the creation of provisions against prior year debt. Elective and Non Elective overperformance for the year was billed to PCTs following the end of each quarter. However, with the exception of K&C PCT, a significant number of PCTs have still to settle the overperformance bills because they were waiting on the full year outturn position. This outstanding debt will be subject to rigorous credit control to recover the cash.
- The HIV Consortium proposal to withhold overperformance payment this year has been resolved and the existing risk share arrangements will apply for 2005/06. This has no impact on the Trust position as the risk was not included in the forecast in anticipation of a successful resolution to this issue. However there is a risk to HIV income from Welsh PCTs (£0.091m) as result of disagreement between the Consortium and Welsh PCTs over whether the PCTs should be individually billed or whether the activity is part of the cross border flow scheme.

6. Subject to audit, the Trust has achieved its year-end surplus of **£2.2m**.

Variance Analysis – Year to Date and In Month

7. The overall position for the Trust is a favourable variance of **£2.204m** which is a favourable movement of **£0.367m** in Month 12. The high-level summary of this position is as follows:

	Year to M11	Year to M12	Movement in month
	£'m	£'m	£'m
Income			
SaFF Baseline	0.580	0.022	-0.558
Non-Contract Activity	-0.084	-0.523	-0.439
Private Patient Services	-0.045	0.020	0.065
Other	0.294	0.686	0.392
Interest Receivable	-0.011	0.018	0.029
Expenditure			
Pay	0.334	0.142	-0.192
Non Pay pressures	-2.018	-3.563	-1.545
Reserves and Capital Charges	2.787	5.402	2.615
Total	1.837	2.204	0.367

Income and SaFF update

8. The overall YTD income position is **£0.130m** favourable taking into account a favourable position on interest receivable of £0.018m. Within this position Private Patient income, including ACU, is favourable against budget by £0.020m.
9. SaFF Income is reporting an adverse variance in the month of £0.558m which has reduced the year to date position to a surplus of £0.022m. SaFF income is based on actual activity for the full year. There was an improvement on trend in Month 12 however this is offset by creation of over £1m of provision against outstanding PCT debt from last year. **(Form F2B(ii))**.
10. The HIV Consortium had sought to change the policy on risk share however this issue has now been resolved and the existing risk share arrangements continued for this financial year. Overperformance billed to the Consortium was £0.810m, after accounting for the Trust funding the first 1.5% (£0.463m).
11. Non-Contract Activity at Month 12 is showing an adverse variance of £0.523m, an adverse movement from Month 11 of £0.439m. This position includes the creation of a provision circa £0.200m against in year outstanding invoices raised to PCTs without contracts who have been billed for activity.

Expenditure Update

12. The expenditure position is **£2.074m** favourable at Month 12, a favourable movement of £0.886m in the month. This position includes a further month's worth of the deficit payback reversal (£0.286m in the month) and the release of AFC funding (£0.125m in the month).
13. Pay budgets are **£0.142m** favourable **(Form F2D)** which is an adverse movement in the month of £0.189m. Letters have been issued to all staff eligible to move onto Agenda for Change terms and conditions however for the staff who have not yet accepted AFC terms and conditions and the staff who recently accepted but have not been processed, an estimate of the level of back pay has been calculated and provided for in the position. This was calculated on a post by post basis at £4.099m. This amount is offset by the balance in provision created last financial year of £1.559m

(for the six month from October 04 to March 05) and the balance of funding set aside this year of £2.244m. This left an overspend against budget of £0.296m. The provision fully provides for back pay and includes costs for paying staff the additional holiday entitlement from October 04 to March 06.

14. 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.
15. Non-pay is reporting a **£3.563m** under spend year-to-date (**From F2E**), which is an adverse movement in the month of £1.547m. The benefit from both the deficit payback and AFC funding is shown under non-pay. Highlights within non-pay are:
 - Pathology Services are significantly overspent (Form F2F), £0.526m in the month and £1.351m year to date. The overspend in the month is the result of late notification (mid April) from Hammersmith Hospitals of unexpected charges.
 - The total amount HHT billed for Pathology at year end is £8.239m of which £2.036m is disputed. The Trust has been consistent in formally requesting adequate and meaningful information from HHT on a regular basis and to date have not received anything that explains the increased charges at year end such as pathology rebasing costs of £0.657m and AfC £0.650m in relation to 05/06 and 06/07, of which the Trust estimates their share to be circa £0.400m.
 - Within the central position is a pressure of £0.486m for the full year cost of the Trust's risk share of 1% on HIV drugs; costs above this level will be funded by K&C following the arbitration decision reported earlier. The central position also includes a £0.197m cost in the month for a prior year consumables recharge that the Trust is unable to recover from another provider- this was included in the forecast.
 - Drugs are under spent by £0.552m YTD which was an adverse movement of £0.057m in the Month. The monthly charges includes a planned cost for prior year recharges of £0.057m.
 - Depreciation is reporting an adverse variance of **£1.108m** YTD in line with previous months.
 - Patients appliances/prosthesis (£0.809m overspend YTD) and MSSE (£1.301m overspend YTD) continue to be the non-pay categories with the highest overspends.

Directorate Positions (Forms F3A and F3B)

16. The following directorates are those directorates where the out-turn position is either a significant overspend or significantly different to the forecast at Month 11.
17. **Medicine & A&E** – The year end position for the Directorate is an overspend of £0.802m which represents a negative movement of £0.032m compared to the Month 11 forecast position. A number of factors affected the Month 12 position, for example, an unexpected late accrual for SpR salary costs and Rheumatology drugs overspending were offset by higher than expected salary income recharges, for income that had not been built into the Directorate's plans. The negative movement in the forecast can be fully accounted for by the end of year stock take adjustment, which could not be forecast before Month 12.
18. **Anaesthetics & Imaging-** The year end position for the Directorate is an overspend of £0.175m, which represents a positive movement of £0.074m compared to the previous month's position. Although this represents significant progress towards the target forecast outturn position, the final position remains £0.125m adrift from the forecast for the following key reasons:
 - An unexpected charge was received in Month 12 from ISS relating to additional portering and cleaning for the Treatment Centre backdated to May 2005, the impact of which was £0.070m.
 - As highlighted in previous reports, two Anaesthetic consultants were unavoidably absent throughout the last quarter requiring their clinical sessions to be covered at additional cost. This issue contributed £0.040m to the deterioration in outturn compared to the forecast.

- The remaining £0.015m of the drift from the forecast relates to pressure on the MSSE budget in Paediatric Theatres and the Treatment Centre.
19. Aside from the above issues, the Directorate identified and actioned measures to achieve the full 2.5% savings target for 2005-2006 and has also agreed plans to achieve the majority of the target recurrently in 2006-2007.
20. **Surgery** – The year end position for the Directorate is an overspend of £0.050m, which represents a small improvement of £0.004m in the last month of the year. This position is a deterioration of £0.099m compared to the expected outturn position, and there are several key reasons for this as follows:
- The Burns Unit treated a number of patients requiring high cost Cryopreserved Skin during 2005-2006 and the cost of this has been billed for as a contract exclusion. However the Trust has adopted a prudent view and provided for this income as there is some risk that PCTs may refuse to accept the charge, and this accounts for £0.068m of the deterioration in forecast. In addition, in the last quarter the unit spent £0.037m on skin for an overseas patient but this cost is not recoverable because the patient did not have sufficient insurance.
 - The Plastics medical budget overspent by a further £0.030m beyond the forecast due to high locum usage in March, and there was unexpectedly high expenditure on patients appliances in the Fracture Clinic which resulted in a further £0.028m deterioration.
 - These factors were mitigated to some degree by the impact of the year-end stock count particularly in General Surgery & Urology and T&O. Because stock relating to these areas had gone up compared to the previous year, the increase has been capitalised as stock in the balance sheet thus improving the position by £0.106m.
21. Aside from the above issues, the Directorate identified and actioned measures to achieve the full 2.5% savings target for 2005-2006 and has also agreed plans to achieve the majority of the target recurrently in 2006-2007.
22. **Women & Children's Directorate-** The year end position for the Women and Children's Directorate shows an underspend of £0.180m; with a Month 12 adverse variance of £0.069m. The key movements from the Month 11 forecast to the outturn position are as follows: there was a reduction in the Stock value across W&C of £0.062m from the financial year 2004/05 to 2005/06; there was a high in-month Maternity staff underspend, mainly due to a reduced vacancy rate in midwifery, with subsequent reductions in Bank & Agency usage; Private Maternity income performed above forecast in Month 12, over and above the previously forecast increase for March; Medical Staffing overspent within Women's services and Paediatrics, due to high Locum costs. In addition baseline Cheyne Income which had previously been double counted in the W&C directorate was credited out of the directorate position.
23. **HIV/GUM Directorate-** The year end position for the Directorate is an under spend of £0.410m which represents a positive movement of £0.286m compared to the Month 11 forecast position. The significant movement in the forecast is accounted for by year end billing to St Stephen's Aids Trust for 2005-06 research services and reimbursement of costs. Negotiations had been on-going for a number of months but the exact amount of income was not formally agreed upon until late in the financial year. While the likelihood of higher than forecast income had been verbally highlighted, the Directorate had not adjusted the forecast earlier until greater certainty about the eventual position was clearer.
24. **Private Patients** – The year end position of the unit was a negative variance of £0.432m, an improvement of £0.067m on the forecast at Month 11. The negative variance is made up of income over-recovery of £0.064m and overspends on expenditure of £0.496m. HIV drugs expenditure, miscoded to the PP unit in earlier periods, was corrected in Month 12, resulting in a £0.02m benefit. End of year billing for patients still on the unit at 31st March accounts for the improvement in the income position. It is worth noting that the Unit generated income in excess of its target for the fifth month in a row in March.
25. **Overseas Income-** The year end position is an under-recovery of income of £0.107m. This represents a negative movement of £0.032m compared to the Month 11 forecast. An increase in the specific bad debt provision of £0.032m accounts in full for the negative movement.

26. **Assisted Conception Unit (Form F3B)** – The final year end position in ACU shows an adverse variance of £0.084m. The forecast outturn at Month 11 was £0.099m, with the difference in the year end figure mainly being the result of a positive movement in the stock position for ACU. In relation to income, all completed cycles for ACU were included in the year end position and a Bad Debt provision was set up for all known disputed invoices. No accrual was made for work-in-progress of un-completed cycles. The final income position for the year was a £0.016m positive variance. Pay expenditure was £0.047m overspent for the year, due to Locum cover required to cover consultant absence through the year. Non-pay expenditure was overspent by £0.054m for the year; with a month 12 positive variance the result of the movement in stock between the 2004/05 and 2005/06 financial years.

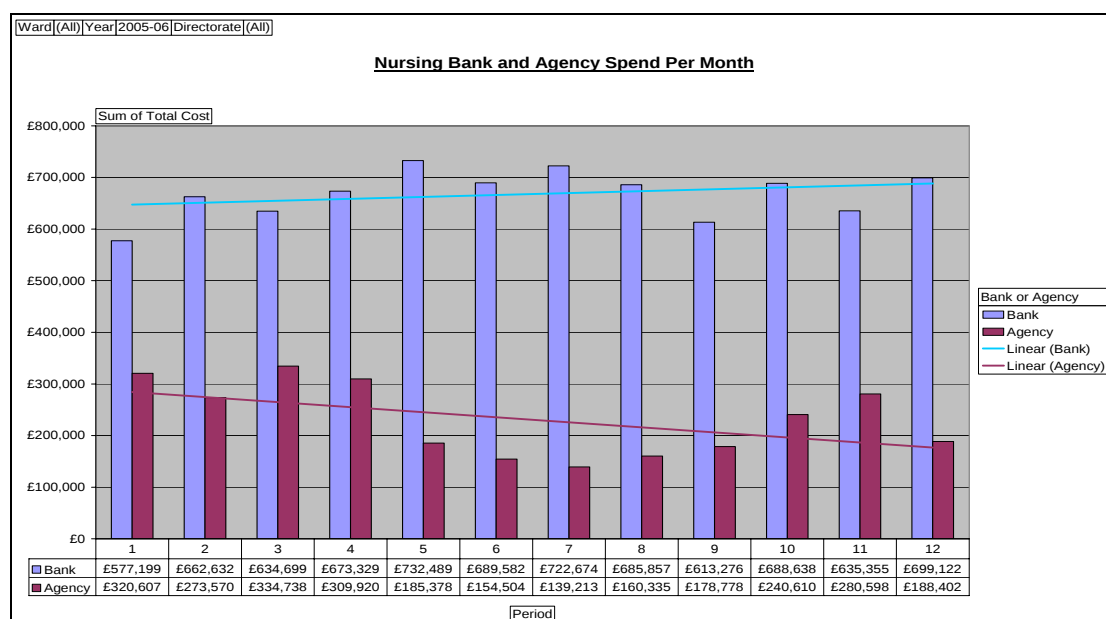
Nursing Bank and Agency Spend Analysis

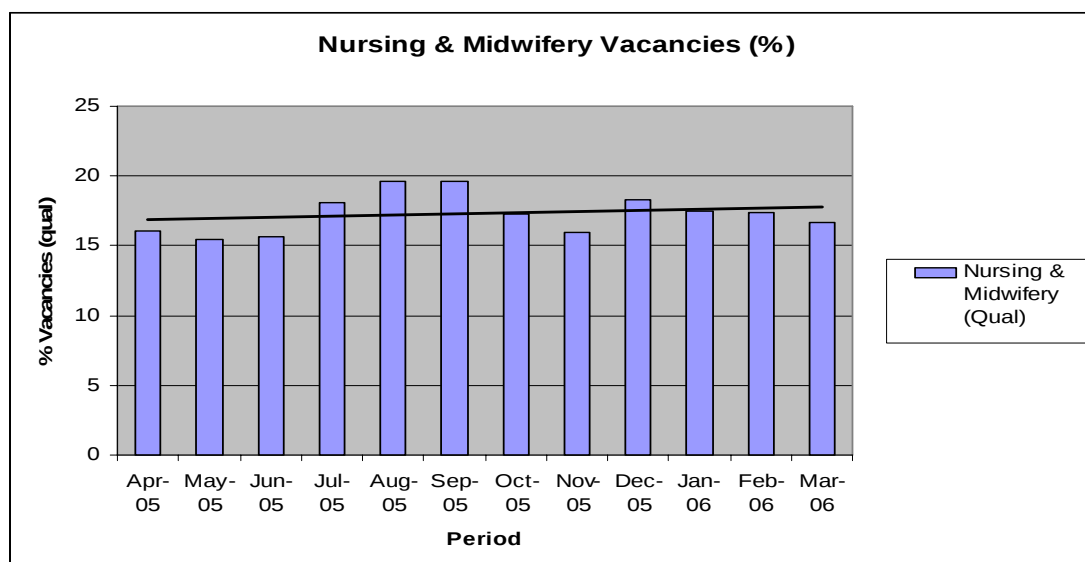
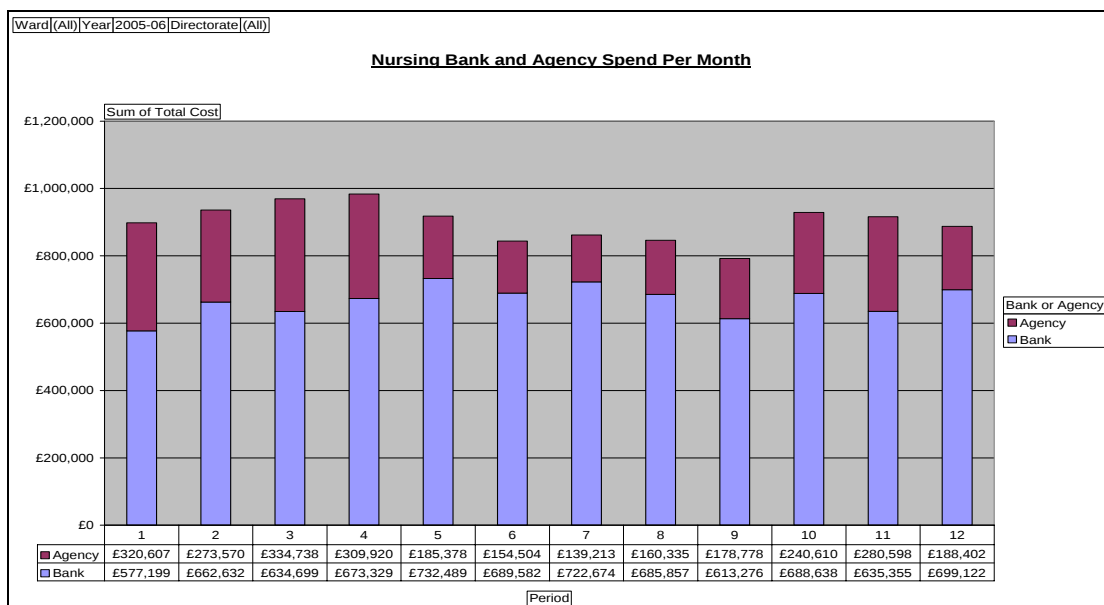
27. The usage of bank and agency increased by 7.4% from 2004/05 to 2005/06, while the average cost per hour decreased by 1.5%. After accounting for the 3.225% increase in pay rates, the real change in the average cost per hour was a reduction of 4.7%. This reduction has been achieved through converting agency usage to bank usage, with agency hours reducing by 16.8% and bank hours increasing by 15.6%. This is set out in the table below.

Nursing Bank and Agency Spend

Category	Year	Total Spend	Cost % Change	Hours	Hrs % Change	Ave Cost Per Hour	% Change
Total	2003-04	8,727,232		418,826		20.84	
Total	2004-05	10,195,943	14.2%	480,831	14.8%	21.20	1.8%
Total	2005-06	10,781,505	6.3%	516,278	7.4%	20.88	-1.5%
Bank	2003-04	5,760,672		310,428		18.56	
Bank	2004-05	6,675,537	14.5%	358,368	15.4%	18.63	0.4%
Bank	2005-06	8,014,852	13.2%	414,391	15.6%	19.34	3.8%
Agency	2003-04	2,966,560		108,398		27.37	
Agency	2004-05	3,520,406	13.1%	122,462	13.0%	28.75	5.0%
Agency	2005-06	2,766,653	-15.9%	101,887	-16.8%	27.15	-5.5%

28. During the year, each directorate operated a Bank and Agency quota system with bookings capped within the level of underspend on vacancies. The graph below shows that during the year there was a gradual increase in spend on Bank staff and a reduced spend on agency staff although more recently the spend on agency staff has begun to increase again. As can be seen on the second graph below, the overall spend on bank and agency staff gradually decreased from a peak in Month 4, jumping up again after Christmas with a gradual reduction since then. This reduction in bank and agency usage should be seen against the level of nurse vacancies shown in the third graph below.





Savings Target (Form F5A and F5B)

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

30. The £4.953m savings target is a recurrent target, of which £3.292m has been identified recurrently, leaving a balance of £1.661m to find. The table below shows the split by directorate.

Recurrent Savings Planned

Directorate	Recurrent Target £'m	Recurrent Planned £'m	Outstanding Recurrent £'m
A&I	570	497	73
Surgery	436	509	-73
W&Cs	681	681	0

Directorate	Recurrent Target	Recurrent Planned	Outstanding Recurrent
Medicine	569	343	226
HIV	700	300	400
Facilities	284	284	0
Pharmacy	82	82	0
Physio & OT	93	62	31
Dietetics	14	0	14
Man Exec	431	282	149
Capital Charges	1,000	0	1000
Other	93	252	-159
Total	4,953	3,292	1,661

31. A separate Savings paper updates the Board on progress in achieving the balance of savings for 2006/07 and the new 2007/08 savings targets.

Year End Outturn

32. Schedule F3A shows the outturn by directorate against the Forecast at Month 11 and this is summarised below:

	Full Year Outturn at March				Mvt from Forecast (Improvement/ -Deterioration)
	Income	Pay	Non pay	Total	
	£000's	£000's	£000's	£000's	£000's
SaFF Income	987	0	-416	571	513
Other Central Income	-241	0	0	-241	95
Imaging & Anaesthetics	40	344	-559	-175	-125
HIV/GUM	681	-244	-28	409	285
Medicine & A&E	-146	-751	95	-802	-32
Surgery	-33	645	-662	-50	-99
Women & Children's	72	111	-3	180	-201
Clinical Support	-56	266	139	349	26
Facilities	152	-56	-579	-483	18
Man Exec	32	1,062	-3	1,090	142
Private Patients & ACU	124	-261	-468	-604	69
Service Level Agreements	-93	0	-1,071	-1,165	-531
Other Departments	-41	63	-26	-3	-20
Depreciation	-93	0	-1,015	-1,108	-108
Central	-1,254	-1,037	6,526	4,235	-34
Total	130	142	1,932	2,204	-1

33. The Trust was set a control total to achieve a £2.1m surplus towards the NWL sector deficit and had been forecasting to achieve this since Month 7. The forecast is reviewed on a monthly basis and in February the Trust was in a position to increase its control total to £2.205m. There are improvements and deteriorations in individual directorates as detailed in the commentary above however subject to audit, the forecast has been achieved.

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 risk that this amount is insufficient,

however an assessment of the level of provision compared to the aged debt suggests that the provision is adequate. Further information about the provision is within Paragraph 49.

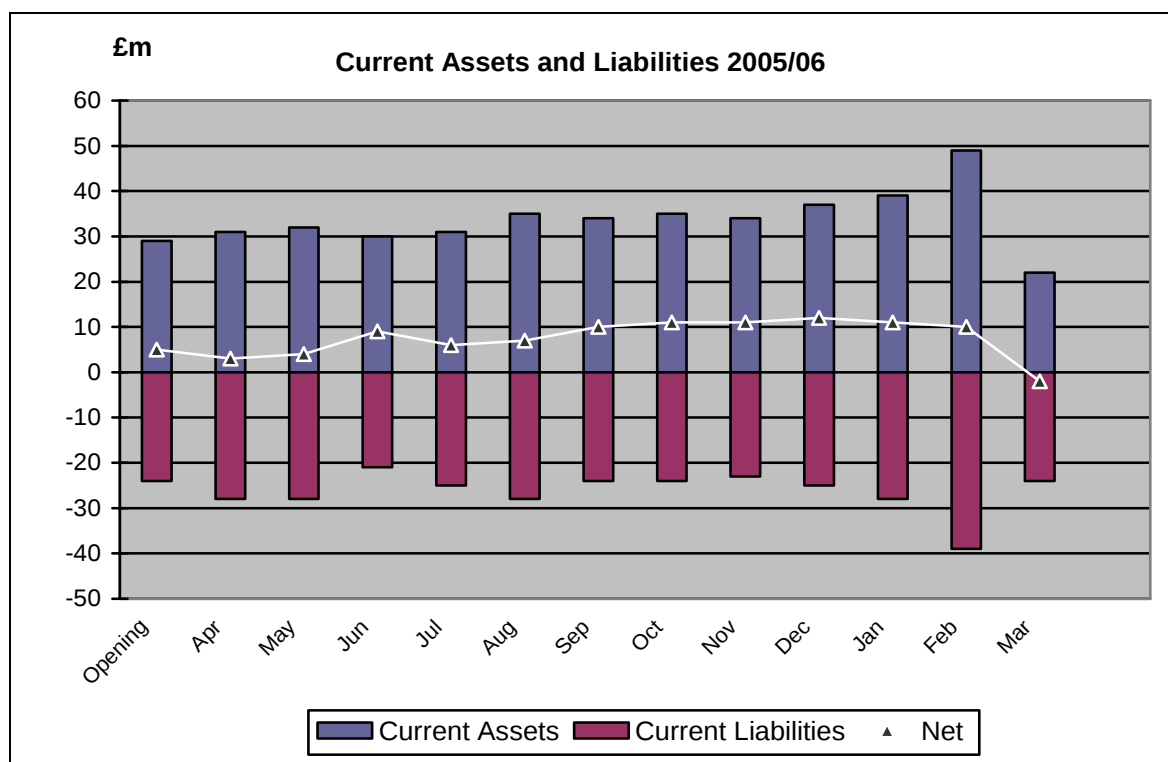
Budget Assumptions

35. There were only a small number of distributions from reserves in Month 12, the largest of which was for agenda for change:
36. **Agenda for Change** –£0.285m was distributed for staff who moved onto AFC terms and conditions. In addition the balance on the reserve was used to fund the provision for back pay.

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

Working capital

37. There has been a £12.249m reduction from last month's net current assets resulting in a negative working capital of £1.699m. Current assets are down by 55% mainly due to a reduction in trade debtors and cash balances. Current liabilities show a reduction of 38% which can be attributed mainly to a 35% fall in accruals and deferred income.
38. The graph below shows the movement in current assets and liabilities.



Debtors (Form F7)

39. Overall debt has decreased significantly by £10.245m. This is mainly due to the receipt from K&C PCT on the March SLA invoices billed in advance (£6.679m). There was a large volume of Non contract activity and HIV out of area billing in March which accounts for the increase in other debtors and it's proportion of the overall debt.
40. The main issue with Debtors is the level of old debt and the adequacy of provisions against the outstanding debt. Paragraph 49 provides more detail on this.

Creditors (Form F8)

41. The Hammersmith Hospitals account represents 45.39% of total creditors in March 2006 compared to 28.07% in February. 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 March 2006, with their agreement, and this has resulted in an increase in the Hammersmith balance for the month by £0.643m.
42. The values of invoices over 90 days form 47.45% of the total invoices for all our suppliers, up from 32.26% in February 2006. Out of this March 2006 percentage, Hammersmith Hospitals represents 33.31%, Richmond and Twickenham 2.35%, Imperial College 2.25%, Interspace 1.31% and Wandsworth PCT 1.20% whereas other suppliers outside the top ten has decreased from £0.970m to £0.652m.
43. Invoices within 30 – 90 days have decreased from 7.48% to 4.49% overall from February 2006, as several large query invoices have been cleared, notably invoices from NHS Blood & Transplant, NHS Logistics, Eni UK Ltd and London Ambulance Service Other suppliers balances outside the top ten has decreased from £0.913m to £0.399m.
44. A cumulative BPPC target of 73.47 % was achieved at 2006 compared to 73.60% in February 2006 for invoices paid within 30 days and a target of 62.95% was achieved for the value of invoices paid within 30 days compared to 62.96% in February 2006.

Cash Flow Forecast (Form F9A and F9B)

45. The month of March 2006 recorded a net cash outflow of £14.409m made up of £24.030m receipts and £38.438m payments. The cash balance at the end of the month therefore saw a fall of 96% from February to £0.630m. This, however, was to ensure the Trust met its EFL cash target of £0.693m.
46. The cash outflow consists mainly of Public Dividend Capital (PDC) repayment of £8.783m and Trust Debt Remuneration (TDR) of £4.410m. The receipts from debtors and payments to creditors resulted in a net cash outflow of £1.039m.

Capital Expenditure (Form F10)

47. The capital expenditure to date is £12.126m against a plan spend of £13.488m. The total funding for the capital programme consist a CRL of £12.867m and donated receipts of £0.621m.
48. An update of our capital programme shows an under spend of £1.362m of which £0.687m relates to building projects, £0.312m of IT and £0.238m of medical equipment.

Provision for Debtors (Form F11)

49. A provision of £8.850m has been created to cover the Trust debtors' balance as at 31st March 2006 with a total value of £18.427m. Against our total debtors the provision represents a reasonable cover of 48%.
50. The value of debtors over 60 days is £10.561m (57% of total debtors) of which the total provision is created against. The provision, therefore, as a whole forms on average 84% of debtors over 60 day old.
51. The current level of provisions is approximately £8.851m which can be sub divided into NHS Debtors (Credit Notes) Provision £6.950m, Private Patients Overseas patients provision £0.729m and Other Non NHS debtors provisions £1.172m.
52. Provision for the aged debts is based on 100% of our debtors overdue by 361+ days, 80% of debtors overdue by 181 - 360 days, 70% of debtors overdue by 91-180 days and 40% of debtors overdue by 61-90 days.

Director of Finance and Information
3rd May 2006

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
FINANCE REPORTS
 March 06

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CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
CONSOLIDATED INCOME & EXPENDITURE SUMMARY

Responsibility: Finance Director

TRUST WIDE

FORM F1

March 06

	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	(15,456)	(14,898)	(558)	(179,969)	(179,991)	22	(164,789)	(179,969)
Non-Contract Activity	(199)	240	(439)	(2,391)	(1,868)	(523)	0	(2,391)
Private Patients	(617)	(682)	65	(7,336)	(7,356)	20	(6,742)	(7,336)
Other Income	(3,469)	(3,861)	392	(39,508)	(40,194)	686	(35,536)	(39,508)
Donated Depreciation Income	(21)	(13)	(8)	(248)	(155)	(93)	(286)	(248)
TOTAL INCOME	(19,762)	(19,214)	(548)	(229,452)	(229,564)	112	(207,353)	(229,452)
EXPENDITURE			0					
Pay	13,119	12,083	1,035	122,405	106,791	15,614	109,662	122,405
Bank , Agency & Locum	204	1,428	(1,224)	1,303	16,775	(15,472)	1,334	1,303
Sub-total Pay	13,322	13,511	(189)	123,708	123,566	142	110,996	123,708
Non Pay	6,992	8,539	(1,547)	82,692	86,255	(3,563)	70,880	82,692
Sub-Total Non Pay	6,992	8,539	(1,547)	82,692	86,255	(3,563)	70,880	82,692
Reserves	2,422	6	2,417	3,047	16	3,031	10,004	3,047
Deficit Reversal/Surplus Brought Forward	285	0	285	3,431	0	3,431	0	3,431
Depreciation	645	733	(88)	7,735	8,795	(1,060)	6,890	7,735
Donated Depreciation	21	13	8	248	155	93	286	248
TOTAL EXPENDITURE	23,686	22,801	886	220,861	218,787	2,074	199,055	220,861
OPERATING SURPLUS	(3,925)	(3,587)	338	8,591	10,777	2,186	8,298	8,591
Profit/Loss on Disposal of Fixed Assets	0	0	0	0	0	0	0	0
SURPLUS BEFORE DIVIDENDS	(3,925)	(3,587)	338	8,591	10,777	2,186	8,298	8,591
Interest Receivable	(19)	(48)	29	(230)	(248)	18	0	(230)
Dividends	735	735	0	8,821	8,821	(0)	8,298	8,821
SURPLUS / (DEFICIT)	(4,641)	(4,274)	367	0	2,204	2,204	0	0

SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

FORM F2B(i)

March 06

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	36,288,512	35,780,774	Y	-507,738
WESTMINSTER PCT	17,260,411	17,080,389	Y	-180,022
HAMMERSMITH AND FULHAM PCT	21,772,287	21,497,552	Y	-274,735
EALING PCT	2,455,652	2,441,000	Y	-14,652
HOUNSLOW PCT	4,341,080	4,280,684	Y	-60,396
HILLINGDON PCT	505,983	407,000	Y	-98,983
BRENT PCT	1,587,130	1,440,353	Y	-146,777
HARROW PCT	595,574	546,678	Y	-48,896
South West London Sector				
WANDSWORTH PCT	14,720,252	14,151,218	N	-569,034
RICHMOND AND TWICKENHAM PCT	2,798,265	2,773,291	Y	-24,974
KINGSTON PCT	549,422	556,591	Y	7,169
CROYDON PCT	648,500	653,387	Y	4,887
SUTTON AND MERTON PCT	1,052,670	1,035,390	Y	-17,280
North Central London Sector				
BARNET PCT	461,302	421,000	Y	-40,302
HARINGEY PCT	335,517	194,026	Y	-141,491
ENFIELD PCT	189,561	183,007	Y	-6,554
ISLINGTON PCT	326,112	330,432	Y	4,320
CAMDEN PCT	734,000	721,001	Y	-12,999
South East London Sector				
GREENWICH PCT	299,291	255,842	Y	-43,449
BEXLEY PCT	90,158	87,574	Y	-2,584
BROMLEY PCT	262,544	258,848	Y	-3,696
SOUTHWARK PCT	617,637	589,680	Y	-27,957
LEWISHAM PCT	676,871	544,135	Y	-132,736
LAMBETH PCT	1,523,091	1,514,564	Y	-8,527
North East London Sector:				
BARKING AND DAGENHAM PCT	112,452	112,622	Y	170
HAVERING PCT	112,448	112,610	Y	162
TOWER HAMLETS PCT	167,993	167,992	Y	-1
CITY AND HACKNEY PCT	208,198	208,198	Y	0
NEWHAM PCT	274,343	274,334	Y	-9
Other Major Non - London:				
REDBRIDGE PCT	168,792	172,807	Y	4,015
WALTHAM FOREST PCT	186,004	192,800	Y	6,796
EAST ELMBRIDGE AND MID SURREY PCT	809,901	785,563	Y	-24,338
EAST SURREY PCT	131,857	102,364	Y	-29,493
BLACKWATER VALLEY AND HART PCT	471,636	467,287	Y	-4,349
GUILDFORD AND WAVERLEY PCT	244,998	228,589	Y	-16,409
NORTH SURREY PCT	813,193	756,530	Y	-56,663
WOKING PCT	561,573	548,579	Y	-12,994
HERTFORDSHIRE PCT's(8)	1,091,534	944,030	Y	-147,504
EAST & WEST KENT PCT's (9)	794,238	622,855	Y	-171,383
BERKSHIRE PCT's (6)	472,244	480,214	Y	7,970
EAST SUSSEX PCT's (5)	302,136	303,867	Y	1,731
WEST SUSSEX PCT's (5)	371,983	339,654	Y	-32,329
HAMPSHIRE PCT's(6)	251,526	251,905	Y	379
BEDFORDSHIRE PCT's(3)	226,697	206,294	Y	-20,403
NORTH ESSEX PCT's (8)	218,088	209,661	Y	-8,427
SOUTH ESSEX PCT's (5)	219,751	178,238	Y	-41,513
OXFORDSHIRE PCT's (5)	196,214	116,129	Y	-80,085
DORSET PCT's (5)	86,144	86,144	Y	0
NORTHAMPTONSHIRE PCT' (3)	63,668	48,611	Y	-15,057
LINCOLNSHIRE PCT's (3)	45,715	46,381	Y	666
BUCKINGHAMSHIRE PCT's(4)	239,642	248,085	Y	8,443
DEVON PCT's (4)	24,591	24,628	Y	37
BRISTOL PCT's(3)		20,900	Y	20,900
Specialised Services Consortia				
NICU CONSORTIUM	2,650,411	2,597,604	Y	-52,807
HIV CONSORTIUM(KC)	37,502,554	37,580,680	Y	78,126
HIV CONSORTIUM(OUT OF LONDON)	4,188,290	4,216,060	Y	27,770
GUM KC	7,821,459	7,810,664	Y	-10,795
GUM H & F	2,990,000	2,988,000	Y	-2,000
Other				
Non Contracted activity (NCA)	1,015,039	1,015,039	Y	
OVS	1,374,000	940,666	Y	-433,334
K & C HCA's Funding	1,358,000	1,358,000	Y	
Total Contract Income	177,859,134	174,509,000		-3,350,134

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

FORM F2B(ii)

March 06

PCT	Revised FY Budget at Month 12 £000's	Revised Target at Month 12 £000's	Actual at Month 12 £000's	Variance at Month 12 £000's
Contract and Over/Underperformance				
North West London Sector:				
Kensington & Chelsea	(37,139)	(37,139)	(37,929)	790
Westminster	(17,080)	(17,080)	(17,432)	351
Hammersmith & Fulham	(22,570)	(22,570)	(22,440)	(130)
Ealing	(2,621)	(2,621)	(2,910)	289
Hounslow	(4,281)	(4,281)	(4,396)	115
Hillingdon	(407)	(407)	(551)	144
Brent	(1,440)	(1,440)	(1,262)	(178)
Harrow	(547)	(547)	(541)	(6)
South West London Sector				
Wandsworth	(14,784)	(14,784)	(14,654)	(130)
Richmond & Twickenham	(2,773)	(2,773)	(2,918)	144
Kingston	(557)	(557)	(588)	32
Croydon	(653)	(653)	(670)	17
Sutton & Merton	(1,035)	(1,035)	(1,084)	49
North Central London Sector				
Barnet	(421)	(421)	(466)	45
Haringey	(194)	(194)	(272)	78
Enfield	(183)	(183)	(194)	11
Islington	(330)	(330)	(415)	84
Camden	(721)	(721)	(650)	(71)
South East London Sector				
Greenwich	(300)	(300)	(240)	(60)
Bexley	(88)	(88)	(80)	(8)
Bromley	(259)	(259)	(249)	(10)
Southwark	(590)	(590)	(654)	64
Lewisham	(544)	(544)	(519)	(25)
Lambeth	(1,514)	(1,514)	(1,556)	42
North East London Sector:				
Barking & Dagenham	(113)	(113)	(230)	118
Havering	(113)	(113)	(117)	4
Tower Hamlets	(168)	(168)	(196)	28
City & Hackney	(208)	(208)	(265)	57
Redbridge	(173)	(173)	(162)	(10)
Waltham Forest	(193)	(193)	(247)	54
Other Major Non - London:				
North Surrey	(757)	(757)	(869)	113
East Elmbridge and Mid Surrey	(786)	(786)	(753)	(32)
Woking	(549)	(549)	(747)	198
Blackwater Valley and Hart	(467)	(467)	(466)	(1)
Newham	(274)	(274)	(219)	(55)
Guildford and Waverley	(229)	(229)	(238)	9
Watford and Three Rivers	(329)	(329)	(268)	(61)
East Surrey	(102)	(102)	(101)	(1)
All Other PCTs	(3,970)	(3,970)	(3,078)	(892)
High Cost Drugs				
High Cost Drugs Exclusions Billed	(400)	(400)	(491)	91
Specialised Services Consortia				
NICU Consortium				
Hillingdon	(1,872)	(1,872)	(1,913)	40
Haringey	(54)	(54)	(54)	0
Bexley	(319)	(319)	(319)	(0)
Croydon	(614)	(614)	(614)	0
Tower Hamlets	(47)	(47)	(47)	0
Brent PCT	(80)	(80)	(80)	0
All Other PCTs	(168)	(168)	(165)	(3)
HIV Consortium & Overperformance				
Kensington & Chelsea	(38,429)	(38,429)	(38,391)	(38)
Out of London PCTs	(4,312)	(4,312)	(4,221)	(92)
GUM				
Kensington & Chelsea	(7,821)	(7,821)	(7,811)	(10)
Hammersmith & Fulham	(2,988)	(2,988)	(2,988)	0
Other				
London Patient Choice (Receiving)	0	0	0	0
Prior year	29	29	1,161	(1,132)
Other income from PCTs	0	0	0	0
Prior Year Deficit Reversal and Surplus Carry Forward	(3,432)	(3,432)	(3,432)	0
Balance on 9D Codes	0	0	0	0
Balance on 9A Codes	0	0	0	0
Total Contract Income	(179,969)	(179,969)	(179,991)	21

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SERVICE AGREEMENT ACTIVITY SUMMARY - BY PCT
Responsibility: Finance Director

FORM F2B(iii)
March 06

	ACTIVITY TARGET TO MARCH 06								ACTIVITY ACTUAL TO MARCH 06								ACTIVITY VARIANCE TO MARCH 06								TOTAL
	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	
North West London Sector:																									
KENSINGTON & CHELSEA	5,474	1,632	1,184	6,727	4,545	414	5,435	44,414	5,405	1,422	1,310	5,505	4,191	2,632	7,158	53,343	69	210	127	1,222	354	2,218	1,723	8,929	11,142
WESTMINSTER	2,787	1,302	1,215	3,021	2,657	168	3,018	25,854	3,517	1,071	795	2,369	1,462	1,077	3,200	28,826	731	231	420	652	1,195	909	182	2,972	2,296
HAMMERSMITH & FULHAM	3,021	1,055	975	5,682	3,657	282	5,037	30,600	3,474	1,138	842	3,827	2,796	2,455	5,835	32,306	453	84	133	1,855	861	2,173	798	1,706	2,365
EALING	616	245	245	618	384	42	634	5,043	676	306	80	540	227	257	767	5,474	60	62	165	78	157	215	133	431	500
HOUNSLOW	698	272	241	831	186	48	824	6,092	927	310	173	453	445	318	801	5,776	229	38	68	378	259	270	23	316	12
HILLINGDON	69	33	31	69	44	6	76	112	81	65	11	96	11	53	145	929	12	32	20	27	33	47	69	818	951
BRENT	441	163	338	397	341	16	352	2,434	325	161	41	216	276	182	375	2,469	116	2	297	181	65	166	23	36	437
HARROW	56	51	40	122	44	3	103	575	71	39	6	135	49	34	94	485	15	12	34	14	6	31	9	90	79
SOUTH WEST LONDON SECTOR																									
WANDSWORTH	1,870	705	683	5,393	4,566	210	3,693	20,897	1,948	714	446	3,794	2,682	1,993	3,436	23,700	79	10	237	1,599	1,884	1,783	263	2,804	693
RICHMOND & TWICKENHAM	408	159	104	845	270	30	680	4,824	473	169	76	732	150	393	693	5,043	65	10	28	113	120	363	13	219	410
KINGSTON	65	39	30	114	83	12	186	912	69	51	41	63	18	31	183	904	5	12	11	51	65	19	3	8	80
CROYDON	104	95	21	89	125	3	129	1,077	62	65	119	109	17	46	174	979	42	30	98	21	108	43	45	98	70
SUTTON & MERTON	120	39	28	194	157	16	290	1,730	150	68	12	119	95	111	330	1,732	30	29	16	75	62	95	40	2	43
NORTH CENTRAL LONDON SECTOR																									
BARNET	66	34	8	65	29	9	114	720	62	32	69	67	18	34	141	731	4	2	61	3	11	25	27	11	110
HARINGEY	26	12	6	52	21	14	70	382	71	18	7	48	17	60	97	571	45	6	1	4	4	46	27	189	306
ENFIELD	30	18	-	33	3	9	56	368	34	24	3	26	1	13	76	391	5	6	3	7	2	4	20	24	52
ISLINGTON	44	17	2	99	29	3	103	563	42	34	1	83	22	34	105	619	2	18	1	6	7	31	2	57	92
CAMDEN	69	97	42	191	105	18	179	966	101	61	62	83	48	61	177	976	32	36	20	108	57	43	2	10	97
SOUTH EAST LONDON SECTOR																									
GREENWICH	27	24	9	36	21	3	79	467	14	16	2	30	21	12	78	410	13	8	7	6	9	1	57	83	
BEXLEY	9	13	7	11	114	-	37	185	9	7	11	11	29	10	38	199	-	6	4	1	85	10	1	15	61
BROMLEY	38	21	54	71	3	3	68	369	46	31	23	26	16	17	62	402	9	10	31	45	13	14	6	33	3
SOUTHWARK	53	46	76	69	35	10	162	1,043	67	55	33	118	41	56	222	1,085	14	9	43	49	6	46	60	43	184
LEWISHAM	39	23	1	58	20	10	125	623	33	30	26	58	52	21	137	696	6	7	25	-	32	11	12	74	154
LAMBETH	233	105	139	255	123	60	478	2,630	378	97	64	259	308	123	450	2,637	145	8	75	4	185	63	28	8	294
NORTH EAST LONDON SECTOR:																									
BARKING & DAGENHAM	6	11	-	15	-	3	24	227	10	22	5	92	77	14	38	220	4	12	5	77	77	11	14	7	193
HAVERING	21	17	18	21	11	3	32	191	10	14	12	41	9	6	30	166	11	3	6	20	2	3	2	25	24
TOWER HAMLETS	24	14	2	36	72	-	52	330	73	13	0	78	52	21	59	441	49	1	2	42	20	21	7	111	207
CITY & HACKNEY	27	21	5	36	11	-	73	347	27	23	6	56	18	28	94	445	-	2	2	20	8	28	21	99	179
REDBRIDGE	27	19	8	23	2	6	52	294	27	11	2	68	26	13	48	311	-	8	6	46	25	7	4	17	77
WALTHAM FOREST	19	27	7	35	12	6	48	333	27	17	68	61	63	19	60	408	8	10	61	27	51	13	12	75	237
OTHER MAJOR NON - LONDON:																									
NORTH SURREY	161	47	20	111	26	18	95	731	170	71	76	92	41	62	101	727	10	24	56	19	16	44	6	4	132
EAST ELM & MID SURREY	328	88	110	87	47	15	152	963	243	117	110	105	27	36	165	948	85	29	-	18	20	21	13	15	38
WOKING	159	-	-	63	-	12	55	608	142	68	83	80	101	42	89	592	17	68	83	17	101	30	34	16	300
BLACKWATER VALLEY	99	48	20	96	20	15	44	602	101	46	26	73	9	26	94	603	2	2	7	23	11	11	50	2	36
NEWHAM PCT	38	42	18	92	17	6	61	396	32	22	18	34	21	20	84	475	6	20	-	58	5	14	23	79	38
GUILDFORD & WAVERLEY	71	-	-	95	18	21	46	594	40	24	12	59	15	49	62	438	31	24	12	36	3	28	16	156	145
WATFORD & THREE RIVERS	36	30	6	33	146	-	44	246	34	29	16	30	0	12	60	255	2	1	10	3	146	12	16	9	104
EAST SURREY	12	9	1	9	14	3	22	144	11	8	6	8	4	3	27	160	1	1	5	1	10	-	5	16	14
ALL OTHER 'S	648	465	329	1,214	324	57	833	5,082	563	456	309	1,254	531	215	1,013	5,123	85	9	20	40	207	158	180	41	513
TOTAL CONTRACT ACTIVITY	18,034	7,033	6,019	27,002	18,275	1,554	23,566	163,959	19,545	6,925	5,002	20,908	13,986	10,589	26,798	181,995	1,511	108	1,017	6,094	4,289	9,035	3,232	18,036	20,307
HIV/GUM & Well babies	25	110	-	5,198	-	-	13,663	44,376	16	147	168	3,083	1,177	1,542	13,294	54,342	9	38	168	2,115	1,177	1,542	369	9,966	10,398
TOTAL ALL ACTIVITY	18,059	7,142	6,019	32,200	18,275	1,554	37,229	208,335	19,561	7,072	5,170	23,991	15,163	12,131	40,092	236,337	1,502	70	849	8,209	3,112	10,577	2,863	28,002	30,705

[illegible]

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SUMMARY SALARIES AND WAGES

Responsibility:

TRUST WIDE

FORM F2D

March 06

	Full Year Budget £000s	THIS MONTH				YEAR TO DATE			
		Budget £000s	Actuals £000s	Variance £000s	Variance % £000s	Budget £000s	Actual £000s	Variance £000s	Variance % £000s
MEDICAL									
Senior Medical	21,531	1,921	1,675	246	12.80%	21,531	21,116	415	1.93%
Junior Medical	18,122	1,518	1,428	90	5.95%	18,122	16,307	1,815	10.01%
Other Medical & Dental	13	1	0	1	100.00%	13	7	5	42.68%
Medical Locum	12	0	224	(224)		12	2,316	(2,305)	
Medical sub total	39,677	3,440	3,327	113	3.29%	39,677	39,747	(70)	-0.18%
AGENDA FOR CHANGE									
Agenda for Change Bands 1-4	0	(3,853)	(3,276)	(577)	14.97%	0	(0)	0	0.00%
Agenda for Change Bands 5-9	0	(20,714)	(18,552)	(2,161)	10.43%	0	(0)	0	0.00%
Agenda for Change sub total	0	(24,567)	(21,829)	(2,738)	11.15%	0	(0)	0	0.00%
NURSING & MIDWIFERY									
Trained Nursing	44,177	20,910	18,649	2,261	10.81%	44,177	35,388	8,789	19.89%
Untrained Nursing	3,914	1,925	1,590	335	17.39%	3,914	3,582	332	8.48%
Health Care Assistants	558	(60)	(6)	(53)	89.28%	558	183	375	67.25%
Bank Nursing & Midwifery	347	135	697	(563)		347	7,820	(7,473)	
Agency Nursing & Midwifery	230	16	193	(177)		230	2,528	(2,298)	
Nursing & Midwifery sub total	49,225	22,926	21,123	1,803	7.86%	49,225	49,501	(276)	-0.56%
AHPs									
Dieticians	216	18	17	1	3.72%	216	204	12	5.67%
Radiographers	766	(123)	(76)	(47)	38.54%	766	710	56	7.35%
Therapists	1,604	463	639	(176)	-38.03%	1,604	1,673	(69)	-4.29%
AHPs AFC	4,066	4,066	4,132	(67)	-1.64%	4,066	4,132	(67)	-1.64%
Agency/Locums (AHPs)	25	2	35	(33)		25	459	(434)	
PTA - sub totals	6,677	4,425	4,747	(322)	-7.28%	6,677	7,178	(501)	-7.51%
OTHER									
Pharmacists	2,381	384	414	(30)	-7.85%	2,381	2,330	51	2.15%
Scientific & Professional AFC	0	0	0	0	0.00%	0	0	0	0.00%
Healthcare Scientists AFC	1,081	1,081	578	503	46.55%	1,081	578	503	46.55%
Chaplains	0	(0)	0	(0)	100.00%	0	0	(0)	0.00%
All Other	3,868	(14)	(140)	127	-923.92%	3,868	3,234	634	16.40%
Other sub	7,331	1,451	852	600	41.33%	7,331	6,142	1,189	16.22%
ADMIN									
Admin & Clerical	15,920	4,391	4,016	375	8.55%	15,920	12,798	3,121	19.61%
Bank Admin & Clerical	147	12	238	(227)		147	2,955	(2,808)	
Agency Admin & Clerical	543	39	40	(1)		543	696	(153)	
Senior Managers & Trust Board	5,154	1,100	1,068	32	2.88%	5,154	4,621	533	10.34%
Agency Other	0	0	0	0		0	0	0	
Admin - sub total	21,764	5,542	5,363	179	3.24%	21,764	21,071	693	3.18%
Payroll	124,674	13,218	13,583	(366)	-2.77%	124,674	123,638	1,036	0.83%
Unidentified Savings	(966)	105	(72)	177		(966)	(72)	(893)	
PAY TOTAL	123,708	13,322	13,511	(189)	-1.42%	123,708	123,566	142	0.12%

SUMMARY NON PAY EXPENDITURE

TRUST WIDE

FORM F2E

March 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 %	Year to Date Budget £000s	Year to Date Actual £000s	Year to Date Variance £000s	Year to Date Variance %
DRUGS (incl HIV/GUM) & MEDICAL GASES	33,616	2,815	2,872	-57	-2%	33,616	33,064	552	2%
MEDICAL & SURGICAL EQUIPMENT & DRESSINGS	6,671	560	1,062	-502	-90%	6,671	7,972	-1,301	-20%
X-RAY FILM, EQUIP & MATERIALS	1,476	123	132	-9	-7%	1,476	1,583	-108	-7%
LABORATORY EQUIP & MATERIALS	260	22	32	-11	-49%	260	436	-175	-67.30%
PATIENT APPLIANCES / PROTHESES	1,618	156	214	-58	-37%	1,618	2,427	-809	-49.97%
BLOOD PRODUCTS	1,164	97	87	10	10%	1,164	1,079	85	7.33%
PATHOLOGY SERVICES	6,805	569	1,095	-526	-92%	6,805	8,155	-1,351	-19.85%
OTHER TESTS	535	45	30	15	33%	535	456	79	14.79%
SERVICE LEVEL AGREEMENT	3,530	284	205	79	28%	3,530	3,313	217	6.16%
CONTRACT SERVICES			0				0		
Contract Catering	2,005	167	156	11	6%	2,005	2,077	-72	-3.61%
Domestics	2,343	195	148	48	24%	2,343	2,305	38	1.63%
Portering	971	81	119	-38	-47%	971	998	-27	-2.74%
Carparking	14	1	2	-1	-85%	14	-15	29	203.67%
Laundry Contract	797	66	77	-11	-16%	797	839	-42	-5.23%
Change control Levy, CCNs	75	6	61	-55	-877%	75	67	8	10.04%
Carillion Management Charge	925	77	78	-1	-1%	925	954	-29	-3.17%
Total Bed Management Contract / Lease	176	15	14	1	8%	176	158	18	10.26%
IT Services	0	0	0	0	0%	0	0	0	0.00%
Other External Contracts	1,374	110	159	-49	-45%	1,374	1,521	-147	-10.72%
PROVISIONS & OTHER CATERING	2	0	12	-12	-5867%	2	132	-130	-5258.18%
LAUNDRY, LINEN, UNIFORMS & CLOTHING	94	8	12	-4	-49%	94	118	-24	-25.30%
CLEANING EQUIPMENT	0	0	0	0	0%	0	0	0	0.00%
LEGAL FEES	3,493	291	349	-58	-20%	3,493	3,588	-95	-2.71%
PRINTING, STATIONERY & POSTAGE	920	77	98	-21	-28%	920	921	-1	-0.08%
TELEPHONES	650	54	36	18	34%	650	625	25	3.78%
TRAVEL, SUBSISTENCE & REMOVALS	292	100	102	-2	-2%	292	313	-21	-7.31%
TRANSPORT	1,260	105	146	-41	-39%	1,260	1,403	-143	-11.32%
ADVERTISING & PUBLICITY	456	50	25	24	49%	456	389	67	14.70%
TRAINING	860	129	119	10	8%	860	555	305	35.45%
ENERGY & WATER	2,097	175	365	-190	-109%	2,097	2,560	-463	-22.08%
FURNITURE, FITTINGS & OFFICE EQUIPMENT	243	20	62	-42	-210%	243	225	17	7.18%
IT EQUIPMENT & SUPPLIES	1,799	145	78	67	46%	1,799	1,881	-82	-4.56%
RENT & RATES	1,895	158	163	-5	-3%	1,895	1,923	-28	-1.48%
ESTATES MAINTENANCE	2,069	172	64	109	63%	2,069	2,206	-137	-6.61%
CONSULTANCY	1,046	65	153	-88	-134%	1,046	1,200	-154	-14.72%
WARD BUDGETS	0	0	0	0	0%	0	0	0	0.00%
BAD DEBT PROVISION	0	0	168	-168	0%	0	295	-295	0.00%
OTHER EXPENDITURE	897	61	53	7	12%	897	289	608	67.78%
FACILITIES /THEATRE RECHARGES	22	2	-0	2	100%	22	12	11	47.33%
CIP NON PAY SAVINGS	0	0	0	0	0%	0	0	0	0.00%
Non Pay	82,692	6,992	8,539	-1,547	-22%	82,692	86,255	-3,563	-4.31%
Depreciation	7,687	641	733	-92	-14%	7,687	8,795	-1,108	-14.41%
CIP Depreciation Savings	48	4	0	4	100%	48	0	48	100.00%
Donated Depreciation	248	21	13	8	37%	248	155	93	37.41%
DIVIDENDS PAYABLE	8,821	735	735	0	0%	8,821	8,821	-0	0.00%
Deficit Reversal/Surplus Brought Forward	0	0	0	0	0%	0	0	0	0.00%
Reserves	6,478	2,707	6	2,702	100%	6,478	16	6,463	99.76%
TOTAL NON PAY	105,974	11,099	10,025	1,075	10%	105,974	104,042	1,932	1.82%

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SERVICE LEVEL AGREEMENTS EXPENDITURE

Responsibility: Edward Donald

FORM F2F
March 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	27	(27)	0.0%	0	27	(27)	0.0%
3A250	NATIONAL BLOOD SERVICE CONTRAC		1,164	97	50	47	48.5%	1,164	1,032	132	11.3%
3C010	PRINTING & STATIONARY (INC. CO		0	0	0	0	0.0%	0	0	0	0.0%
3C060	TELECOMMUNICATIONS SLA		0	0	(37)	37	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	33	(2)	-6.5%	369	386	(17)	-4.6%
3H030	MISCELLANEOUS		0	0	0	0	0.0%	0	0	0	0.0%
3H120	HOSPITALITY		0	0	3	(3)	0.0%	0	0	0	0.0%
3H200	SOCIAL SERVICES		144	12	9	3	25.0%	144	110	34	23.6%
3H210	MEDICAL ILLUSTRATION		332	28	21	7	25.0%	332	341	(9)	-2.7%
3H220	A/V SERVICES		0	0	0	0	0.0%	0	0	0	0.0%
3J010	NATIONAL AMBULANCE		0	0	0	0	0.0%	0	0	0	0.0%
3J030	PATHOLOGY SLA (HHT)		6,719	560	1,052	(492)	-87.9%	6,719	7,886	(1,167)	-17.4%
3J040	CARDIOLOGY SLA (RBH)		367	24	(97)	121	504.2%	367	247	120	32.7%
3J050	INFORMATION SYSTEMS SLA		0	0	0	0	0.0%	0	1	(1)	0.0%
3J060	CLINICAL ENGINEERING SLA		519	43	43	0	0.0%	519	519	0	0.0%
3J070	EEG SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J080	MEDICAL PHYSICS SLA		31	3	6	(3)	-100.0%	31	79	(48)	-154.8%
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	(4)	6	300.0%	24	33	(9)	-37.5%
3J140	CVP UNIT SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J150	GUM CLINIC OVERHEADS		0	0	32	(32)	0.0%	0	32	(32)	0.0%
3J160	PAEDIATRICS/CDC OVERGEADS		0	0	0	0	0.0%	0	0	0	0.0%
3J180	SPEECH THERAPY		183	15	12	3	20.0%	183	149	34	18.6%
3J190	VICTORIA SHC SLA		0	0	114	(114)	0.0%	0	114	(114)	0.0%
3J200	EXTERNAL TESTS		0	0	11	(11)	0.0%	0	11	(11)	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	(47)	47	0.0%	0	(42)	42	0.0%
3J520	BURNS OUTREACH SLA		0	0	34	(34)	0.0%	0	0	0	0.0%
3J530	PAEDIATRIC ENT SLA		0	0	(2)	2	0.0%	0	0	0	0.0%
9B011	PROVIDER TO PROVIDER INCOME- BROMPTON		(200)	(17)	180	(197)	1158.8%	(200)	180	(380)	190.0%
9B012	PROVIDER TO PROVIDER INCOME- MARS DEN		(90)	(8)	(111)	103	-1287.5%	(90)	(377)	287	-318.9%
VF010	SLAs SAVINGS TARGET		0	0	0	0		0	0	0	
	TOTAL ALL SLAs		9,562	790	1,329	(539)	-68.2%	9,562	10,728	(1,166)	-12.2%

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
TRUST WIDE SUMMARY BY DIRECTORATE

Responsibility: Finance Director

FORM F3A

March 06

Directorate/ Service Area	Accountability	Annual Budget				In Month Variance				YTD Variance				Full Year Forecast at Feb-06				Forecast-YTD Var
		Income	Pay	Non pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non pay	Total	
Central Income		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SaFF income	Lorraine Bewes	(180,843)	0	0	(180,843)	588	0	(5)	583	987	0	(416)	571	468	0	(410)	58	513
Central Non SaFF income	Lorraine Bewes	(28,989)	0	0	(28,989)	(32)	0	0	(32)	(241)	0	0	(241)	(336)	0	0	(336)	95
Total Central Income		(209,832)	0	0	(209,832)	556	0	(5)	551	746	0	(416)	330	132	0	(410)	(278)	608
Frontline Directorate																		
Imaging & Anaesthetics	Kate Hall	(480)	21,015	5,371	25,905	35	183	(144)	74	40	344	(559)	(175)	10	400	(460)	(50)	(125)
HIV/GUM	Claire James	(723)	10,408	27,316	37,002	304	5	22	332	681	(244)	(28)	409	466	(318)	(24)	124	285
Medicine & A&E	Nicola Hunt	(841)	22,687	6,470	28,316	(16)	0	(86)	(102)	(146)	(751)	95	(802)	(142)	(789)	161	(770)	(32)
Surgery	Kate Hall	(424)	14,706	4,454	18,736	(47)	172	(120)	4	(33)	645	(662)	(50)	14	609	(574)	49	(99)
Womens & Children's	Sherryn Elsworth	(3,804)	29,938	4,244	30,378	(80)	131	(121)	(69)	72	111	(3)	180	170	38	173	381	(201)
Subtotal Frontline Directorates		(6,272)	98,754	47,856	140,337	196	492	(449)	239	614	105	(1,156)	(437)	518	(60)	(724)	(266)	(171)
Pharmacy	Karen Robertson	(772)	3,954	396	3,579	(8)	20	10	22	18	100	67	185	26	80	64	170	15
Physiotherapy & Occ Therapy	Douline Schoeman	(178)	3,870	174	3,866	7	9	5	20	(8)	97	36	125	(16)	103	35	122	3
Dietetics	Helen Stracey	(24)	582	30	588	(1)	2	(0)	1	(7)	31	4	27	(7)	34	4	31	(4)
Regional Pharmacy	Susan Sanders	(59)	39	33	12	(5)	3	3	1	(59)	39	33	13	(59)	38	21	0	13
Subtotal Clinical Support		(1,032)	8,445	633	8,045	(7)	34	18	45	(56)	266	139	349	(56)	255	124	323	26
Chief Executive	Heather Lawrence	(84)	1,064	247	1,227	15	3	(45)	(27)	31	59	(21)	68	16	85	28	129	(61)
Governance & Corporate Affairs	Vivia Richards	(3)	721	3,530	4,248	(0)	1	(4)	(3)	(1)	211	(22)	187	(1)	223	(21)	201	(14)
Nursing	Andrew MacCallum	(875)	2,430	342	1,897	31	52	(57)	26	27	158	(28)	156	(9)	94	31	116	40
Human Resources	Maxine Foster	(125)	1,781	474	2,130	(48)	12	3	(33)	(39)	102	97	160	6	86	97	189	(29)
Finance	Lorraine Bewes	(421)	3,434	816	3,829	1	96	(12)	85	20	173	(71)	122	19	69	(61)	27	95
IC&T & EPR	Alex Geddes	(428)	1,578	1,862	3,013	9	20	113	142	6	340	40	386	87	359	(170)	276	110
Occupational Health	Stella Sawyer	(169)	332	61	223	2	(1)	(3)	(2)	(12)	19	2	10	(15)	24	1	10	0
Subtotal Management Exec		(2,105)	11,340	7,331	16,566	11	183	(6)	189	32	1,062	(3)	1,090	103	940	(95)	948	142
Facilities	Helen Elkington	(2,465)	216	15,920	13,671	63	63	(212)	(85)	152	(56)	(579)	(483)	109	(118)	(492)	(501)	18
Research & Development	Mervyn Maze	(3)	0	3	0	(0)	0	1	1	(0)	0	1	1	0	0	0	0	1
Private Patients	Elizabeth Ogunoye	(3,520)	922	481	(2,117)	41	(4)	(37)	1	64	(214)	(263)	(413)	(7)	(229)	(263)	(499)	86
Overseas	Elizabeth Ogunoye	(690)	0	0	(690)	(21)	0	(32)	(53)	44	0	(151)	(107)	45	(120)	0	(75)	(32)
ACU	Sherryn Elsworth	(1,204)	706	440	(58)	6	(5)	20	21	16	(47)	(54)	(84)	10	(36)	(73)	(99)	15
Post Graduate Centre	Kevin Shotliff	0	89	132	221	(12)	0	(20)	(32)	3	14	10	27	0	14	28	42	(15)
Projects	Helen Elkington	(227)	1,005	154	932	1	0	(4)	(2)	23	(11)	(21)	(10)	24	(15)	(16)	(7)	(3)
Simulation Centre	Andrew MacCallum	(287)	274	51	38	(8)	2	(2)	(7)	(67)	61	(15)	(21)	(56)	65	(27)	(18)	(3)
Service Level Agreements	Edward Donald	(290)	0	9,853	9,563	(93)	0	(432)	(526)	(93)	0	(1,071)	(1,165)	0	0	(634)	(634)	(531)
Subtotal Other Directorates		(8,686)	3,212	27,035	21,560	(23)	58	(718)	(683)	142	(254)	(2,144)	(2,256)	125	(439)	(1,477)	(1,791)	(465)
Total All Directorates		(18,095)	121,750	82,854	186,509	176	767	(1,155)	(211)	731	1,179	(3,164)	(1,253)	690	696	(2,172)	(786)	(467)
Central Budgets																		
Capital Charges	Lorraine Bewes	(248)	0	16,756	16,508	(8)	0	(84)	(92)	(93)	0	(1,015)	(1,108)	(93)	0	(907)	(1,000)	(108)
Central Budgets	Lorraine Bewes	(1,507)	1,958	(115)	337	(1,244)	(967)	2,319	108	(1,254)	(1,037)	6,526	4,235	(747)	(18)	5,034	4,269	(34)
Reserves	Lorraine Bewes	0	0	6,478	6,478	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Central Budgets		(1,755)	1,958	23,120	23,323	(1,251)	(967)	2,235	17	(1,347)	(1,037)	5,511	3,127	(840)	(18)	4,127	3,269	(142)
Net Deficit(-)/Surplus(+)		(229,682)	123,708	105,974	(0)	(519)	(199)	1,074	356	130	142	1,932	2,204	(18)	678	1,545	2,205	(1)

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
ACU Summary

FORM F3B
March 06

	IN MONTH PLAN ACTIVITY	IN MONTH ACTUAL ACTIVITY	IN MONTH VARIANCE ACTIVITY	YTD PLAN ACTIVITY	YTD ACTUAL ACTIVITY	YTD VARIANCE ACTIVITY	ANNUAL PLAN ACTIVITY	YE FORECAST ACTIVITY	VARIANCE TO PLAN ACTIVITY
Activity Cycles per year									
IVF	15	8	(7)	168	118	(50)	168	118	(50)
ICSI	10	6	(4)	112	89	(23)	112	89	(23)
Sub total self fund cycles	25	14	(11)	280	207	(73)	280	207	(73)
IUI (procedure)	30	40	10	360	359	(1)	360	359	(1)

	IN MONTH PLAN £000	IN MONTH ACTUAL ¹ £000	IN MONTH VARIANCE £000	YTD PLAN £000	YTD ACTUAL £000	YTD VARIANCE £000	ANNUAL PLAN £000	YE FORECAST £000	VARIANCE TO PLAN £000
Income									
IVF	(33)	(16)	(17)	(363)	(269)	(94)	(363)	(269)	(94)
ICSI	(27)	(20)	(7)	(299)	(241)	(58)	(299)	(241)	(58)
Sub total self fund cycles	(60)	(36)	(24)	(662)	(510)	(152)	(662)	(510)	(152)
IUI	(20)	(28)	9	(234)	(214)	(20)	(234)	(214)	(20)
Consultations	(4)	(8)	5	(40)	(40)	0	(40)	(40)	0
Drugs income	(18)	(15)	(3)	(204)	(178)	(26)	(204)	(178)	(26)
Other	(6)	(25)	20	(64)	(279)	215	(64)	(279)	215
Income sub total	(106)	(112)	6	(1,204)	(1,220)	16	(1,204)	(1,220)	16
Pay	66	71	(5)	706	753	(47)	706	753	(47)
Non pay	37	17	20	440	494	(54)	440	494	(54)
Surplus/ Deficit	(3)	(24)	21	(58)	26	(84)	(58)	26	(84)

1) Note that () reflects a surplus in the Actuals column

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SUMMARY OF RESERVES MOVEMENTS

Responsibility: Finance Director

FORM 4A
 March 06

Reserve Code		Opening Ledger Balance 01/04/05	Distributed 05/06												Closing Ledger balance 2005/06	Committed 2005/06	Uncomm-itted 2005/06	Uncomm-itted 2006/07
			Month 1 & 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total				
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Specific Expenditure Reserves	3X010	7,804	(4,066)	(1,471)	(541)	(558)	(351)	(690)	(73)	455	(319)	(65)	(285)	(7,964)	(160)	0	(160)	0
Other Income Inflation Target	3X020	1,700	0	(149)	(883)	50	(594)	(322)	252		(350)			(1,995)	(295)	0	(295)	0
Income	3X050	2,259	0	(664)	(193)					(770)				(1,627)	632	0	632	0
Pay Inflation	3X060	4,504	(1,213)	0	(2,609)	(329)							(33)	(4,184)	321	0	321	0
Non Pay	3X070	2,633	(694)	0	(1,273)	93	(294)					(142)		(2,310)	323	0	323	0
Contingency	3X080	730	(222)	(230)	454		(159)	(14)	(28)			(125)	(5)	(328)	402	0	402	0
Cost Improvement Programme	3X190	(1,022)	213	500	0									713	(309)	0	(309)	0
Deficit Payback	3X195	4,802	(4,665)	(138)	0	3,432								(1,371)	3,431	0	3,431	0
Agenda for Change Reserve	3X250	3,798	615	(19)	279	(61)	(167)	(236)	(193)	(210)	(64)	(607)	(2,189)	(2,852)	946	0	946	0
EWTD Reserve	3X260	826	(145)	(215)	255	(137)		(25)	(37)				(14)	(318)	508	0	508	0
Pensions Indexation	3X270	250	0	0										0	250	0	250	0
CNST Reserve	3X280	674	(669)	0										(669)	5	0	5	0
Consultant Contract Reserve	3X290	636	(49)	0	(300)	(17)	(12)						(96)	(473)	163	0	163	0
LDP - Emergency Care	3X410	141	0	0										0	141	0	141	0
NICE Drugs	3X510	1,553	(1,656)	39										(1,618)	(65)	0	(65)	0
Capital Charges	3X600	1,675	0	(1,675)										(1,675)	0	0	0	0
Ringfenced Funding	3X680	512	(89)	(23)	302	(10)	103	(65)	(90)	(64)	(48)	(21)	(319)	(324)	188	0	188	0
Generics	3X700	(1,140)	0	491	173							476		1,140	(0)	0	(0)	0
		32,334	(12,639)	(3,555)	(4,335)	2,463	(1,474)	(1,352)	(168)	(589)	(781)	(484)	(2,941)	(25,856)	6,478	0	6,478	

[illegible]

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

Responsibility: Finance Director

FORM F5B
 March 06

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

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

Chelsea & Westminster Healthcare NHS Trust

BALANCE SHEET

Responsibility: Finance Director

FORM F6

March 06

	OPENING BALANCE £000	LAST MONTH ACTUAL £000	PROVISIONAL MONTH 12 £000
INTANGIBLE FIXED:	0	0	0
TANGIBLE FIXED ASSETS :			
Land	44,500	46,739	46,725
Buildings	208,590	205,627	208,919
Plant & Equipment	9,416	8,148	12,350
RELEVANT FIXED ASSETS :	262,506	260,514	267,994
Under Construction	7,136	16,161	11,925
TOTAL FIXED ASSETS :	269,642	276,675	279,919
CURRENT ASSETS :			
Stocks & Work In Progress	4,147	5,458	5,237
Trade Debtors	16,583	28,672	18,490
Provision for Irrecoverable Debt	-5,520	-4,318	-8,851
Accruals and Prepayments	12,974	3,021	2,320
Other Debtors	444	1,329	4,418
Cash at Bank & in Hand	620	7,147	633
Short - term Investment	0	8,000	0
TOTAL CURRENT ASSETS :	29,248	49,309	22,248
CURRENT LIABILITIES :			
Tax and Social Security	(3,700)	(3,971)	(2,836)
Dividends Payable	0	(3,675)	0
Trade Creditors	(12,223)	(15,985)	(11,302)
Accruals and Prepayments	(5,969)	(12,308)	(7,993)
Other Creditors	(1,727)	(2,818)	(1,816)
TOTAL CURRENT LIABILITIES :	(23,619)	(38,758)	(23,947)
NET CURRENT ASSETS / (LIABILITIES)	5,629	10,550	(1,699)
Creditors over one year	(996)	(996)	(996)
Provisions for liabilities and Charges	(2,518)	(2,035)	(4,464)
TOTAL ASSET EMPLOYED	271,757	284,194	272,759
CAPITAL & RESERVES			
Public Dividend Capital	177,764	177,764	168,981
Loans	0	0	0
TOTAL CAPITAL DEBT	177,764	177,764	168,981
RESERVES			
Revaluation Reserve	90,811	97,099	95,136
Donation Reserve	5,885	5,557	9,141
Other Reserve			
Income & Expenditure Reserve / (Deficit)	(2,703)	3,774	(499)
TOTAL RESERVE	93,993	106,430	103,778
TOTAL CAPITAL AND RESERVES	271,757	284,194	272,759

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
	100%	18,427,343	7,426,985	1,205,330	9,795,027
% of total		100.00%	40.30%	6.54%	53.15%
Increase/(decrease) on last month		-10,245,071	-5,834,174	-4,009,782	-401,115
% Increase/(decrease)on previous month		-35.7%	-44.0%	-76.9%	-3.9%

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%
Increase/(decrease) on last month		300,837	298,074	30,613	-27,850
% Increase/(decrease)on previous month		23.3%	44.0%	31.6%	-5.4%

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%
Increase/(decrease) on last month		5,528	2,098	-15,196	18,626
% Increase/(decrease)on previous month		0.4%	4.9%	-37.8%	1.6%

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

Analysis of Private Patients Debtors

Outstanding as at 28 February 2006		1,290,704	678,199	96,890	515,614
% of total		100.0%	52.5%	7.5%	39.9%

Analysis of Overseas Visitors Debtors

Outstanding as at 28 February 2006		1,228,397	42,787	40,208	1,145,402
% of total		100.0%	3.5%	3.3%	93.2%

	%age	TOTAL	0 - 30	Days 30 - 90	OVER 90
Opening Balance April 2005-2006	100.00%	17,378,760	8,446,128	285,892	8,646,739
Age Analysis %		100.00%	48.60%	1.65%	49.75%

Customer Movement - Top 10	£
Kensington & Chelsea PCT	-6,679,585
St Stephens Aids Research Trust	762,242
Hammersmith & Fulham PCT	-25,960
The Royal Brompton NHS Trust	574,954
Imperial College London	-103,873
Southend On Sea PCT	-75,153
The Royal Marsden NHS Trust	478,900
Adur Arun & Worthing PCT	-155,506
Slough PCT	419,488
Brent KCW Mental Health Trust	0
Total	-4,804,493

Responsibility: Finance Director

CURRENT MONTH		%age of Total Car's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
			£	£	£	£
Top 10 Creditor Balances						
1	HAMMERSMITH HOSPITALS NHS TRU	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
% of total			100.00%	48.05%	4.49%	47.45%
Incease/decrease on last month			-4,217,716	-3,736,367	-687,170	205,821
% increase /decrease on last month			-27.18%	-40.76%	-57.50%	3.99%

PREVIOUS MONTH : January		%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
			£	£	£	£
Top 10 Creditor Balances						
1	HAMMERSMITH HOSPITALS NHS TRU	28.91%	4,487,533	1,317,251	-141,381	3,311,662
2	MAWDSLEYS	5.53%	858,526	835,271	23,779	-524
3	ISS MEDICLEAN LTD.	5.19%	805,090	786,668	18,422	0
4	GILEAD SCIENCES LTD.	4.34%	673,791	673,791	0	0
5	BRISTOL-MYERS SQUIBB PHARMACE	4.27%	661,945	661,945	0	0
6	NHS LOGISTICS AUTHORITY	3.48%	539,539	437,205	102,334	0
7	ROTARY SOUTHERN LTD	0.00%	0	0	0	0
8	IMPERIAL COLLEGE	2.89%	447,880	90,785	61,414	295,682
9	HADEN BUILDING MANAGEMENT LTD	2.49%	386,868	248,777	87,616	50,474
10	ENI UK LTD	2.34%	363,832	233,875	129,957	0
Sub Total		59.44%	9,225,003	5,285,567	282,142	3,657,294
Others Creditors		40.56%	6,294,746	3,881,689	912,957	1,500,100
TOTAL		100.00%	15,519,749	9,167,256	1,195,098	5,157,394
Percentage of No. of days / Total Creditors			100.00%	59.07%	7.70%	33.23%

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

Movement from Previous Month

Supplier	£
1 HAMMERSMITH HOSPITALS NHS TRU	£642,599
2 ISS MEDICLEAN LTD.	£179,820
3 IMPERIAL COLLEGE	(£32,075)
4 HADEN BUILDING MANAGEMENT LTD	(£70,317)
5 RICHMOND&TWICKENHAM PCT	£265,705
6 BRISTOL-MYERS SQUIBB PHARMACE	(£421,957)
7 SIGMACON (UK) LTD	£194,314
8 GILEAD SCIENCES LTD.	(£485,758)
9 WANDSWORTH PRIMARY CARE TRUST	£188,011
10 INTERSPACE LTD	£148,704
Total	£609,047

BETTER PAYMENT PRACTICE CODE - INVOICES PAID WITHIN 30 DAYS

	This month				Cumulative		Prior year
	VALUE	NUMBER	%age (Value)	%age (No)	%age (Value)	%age (No)	%age (No)
April	£5,534,623	3,673	79.09%	81.69%	79.09%	81.69%	84.01%
May	£6,204,915	3,195	78.00%	78.00%	78.25%	80.15%	83.95%
June	£6,785,311	4,216	86.96%	89.74%	83.55%	81.23%	79.66%
July	£5,220,672	3,896	78.54%	88.38%	80.62%	84.75%	76.72%
August	£3,776,265	3,292	82.40%	88.78%	80.86%	85.45%	70.10%
September	£2,049,386	2,107	33.43%	73.54%	73.62%	84.04%	65.76%
October	£3,504,461	3,415	39.42%	59.43%	67.42%	79.33%	67.15%
November	£4,134,379	2,979	53.56%	58.72%	65.54%	76.35%	69.27%
December	£5,956,630	2,570	76.46%	71.17%	66.87%	75.88%	70.24%
January	£2,906,653	2,453	70.69%	76.87%	67.10%	75.96%	70.93%
February	£1,518,384	2,428	35.47%	62.64%	65.25%	74.83%	71.29%
March	£8,708,294	5,446	62.66%	73.86%	64.83%	74.70%	72.20%

Responsibility: Finance Director

CURRENT MONTH					
	%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
Top 8 NHS Balances & 2 Non Nhs Bal		£	£	£	£
1 HAMMERSMITH HOSPITALS NHS TRU	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%
PREVIOUS MONTH : January					
	%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
Top 8 NHS Balances & 2 Non Nhs Bal		£	£	£	£
1 HAMMERSMITH HOSPITALS NHS TRU	34.44%	4,487,533	1,317,251	-141,381	3,311,662
2 ISS MEDICLEAN LTD.	6.18%	805,090	786,668	18,422	0
3 NHS LOGISTICS AUTHORITY	4.14%	539,539	437,205	102,334	0
4 IMPERIAL COLLEGE	3.44%	447,880	90,785	61,414	295,682
5 NHS BLOOD AND TRANSPLANT	2.05%	267,035	108,176	158,859	0
6 RICHMOND&TWICKENHAM PCT	2.04%	265,705	0	0	265,705
7 LONDON AMBULANCE SERVICE NHS	1.32%	172,238	86,004	86,235	0
8 CNWL MENTAL HEALTH NHS TRUST	1.26%	164,622	11,609	0	153,013
9 ST MARYS HOSPITAL NHS TRUST	1.20%	156,201	62,802	26,228	67,171
10 ROYAL BROMPTON & HAREFIELD NH	1.16%	151,218	53,152	4,036	94,030
Sub Total	57.22%	7,457,061	316,147	4,187,263	
Others Creditors	65.44%	8,528,115	6,679,033	878,951	970,131
TOTAL	122.67%	13,031,526	6,679,033	1,195,098	5,157,394
Percentage of No. of days / Total Creditors		100.00%	51.25%	9.17%	39.58%
Opening Balance April 2005 - 2006		12,222,784	8,159,674	992,944	3,070,166
%age		100.00%	66.76%	8.12%	25.12%
Movement from Previous Month					
Supplier	£				
1 HAMMERSMITH HOSPITALS NHS TRU	642,599				
2 ISS MEDICLEAN LTD.	179,820				
3 IMPERIAL COLLEGE	-32,075				
4 RICHMOND&TWICKENHAM PCT	0				
5 WANDSWORTH PRIMARY CARE TRUST	188,011				
6 ROYAL BROMPTON & HAREFIELD NH	-5,813				
7 WESTMINSTER PRIMARY CARE TRUS	133,259				
8 ST MARYS HOSPITAL NHS TRUST	-23,266				
9 CNWL MENTAL HEALTH NHS TRUST	-62,198				
10 SOUTHEND PCT	95,494				

Financial Statement															Total
Income Statement															
Revenue	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Cost of Sales	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)
Gross Profit	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
Operating Expenses	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)
Operating Income	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
Interest Expense	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Income Before Tax	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65
Income Tax	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)
Net Income	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55
Depreciation	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Amortization	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Change in Working Capital	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Net Change in Cash	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65
Cash at End of Period	100	165	230	295	360	425	490	555	620	685	750	815	880	945	1010
Capital Expenditures	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)
Acquisitions	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Dividends Paid	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Debt Issuance	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Debt Repayment	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Equity Issuance	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Equity Repurchase	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Net Change in Equity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Equity at End of Period	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Debt at End of Period	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Working Capital at End of Period	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Assets at End of Period	150	215	280	345	410	475	540	605	670	735	800	865	930	995	1060
Liabilities at End of Period	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Equity at End of Period	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Assets at End of Period	150	215	280	345	410	475	540	605	670	735	800	865	930	995	1060
Liabilities at End of Period	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Equity at End of Period	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

NORMAL ACTIVITIES	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
RECEIPTS	19,662	17,358	21,264	19,410	13,605	21,141	21,809	19,697	22,814	16,400	25,041	24,030	242,232
PAYMENTS	(18,741)	(17,533)	(21,492)	(16,905)	(15,985)	(21,331)	(20,866)	(19,557)	(18,364)	(16,441)	(16,492)	(38,438)	(242,145)
NET MOVEMENT	921	(175)	(228)	2,505	(2,380)	(189)	943	140	4,450	(40)	8,549	(14,409)	14,495
Cumulative	921	746	518	3,023	643	454	1,397	1,537	5,987	5,947	14,495	87	
FUNDING / BROKERAGE	0	0	0	0	0	0	0	0	0	0	0	0	0
NET MOVEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative	0	0	0	0	0								
TOTAL FUND MOVEMENT	921	(175)	(228)	2,505	(2,380)	(189)	943	140	4,450	(40)	8,549	(14,409)	14,495
Cumulative	921	746	518	3,023	643	454	1,397	1,537	5,987	5,947	14,495	87	

SUMMARY OF CUMULATIVE MOVEMENTS	April	May	June	July	August	September	October	November	December	January	February	March	
NORMAL ACTIVITIES													
Forecast	921	1,792	3,809	4,696	5,566	5,142	4,953	5,449	7,935	8,985	7,554	87	
Actual	921	746	518	3,023	643	454	1,397	1,537	5,987	5,947	14,495	87	
FUNDING / BROKERAGE													
Forecast	0	0	0	0	0	0	0	0	0	0	0	0	
Actual	0	0	0	0	0	0	0	0	0	0	0	0	
COMBINED													
Forecast	921	1,792	3,809	4,696	5,566	5,142	4,953	5,449	7,935	8,985	7,554	87	
Actual	921	746	518	3,023	643		1,397	1,537	5,987	5,947	14,495	87	
	0	1,046	3,291	1,673	4,923	4,688	3,556	3,912	1,948	3,038	(6,941)	0	

	Planned Spend 2005/2006 £000	Expenditure to date £000	Forecast Out-turn to 31/03/06 £000	Over/(Under) spend £000
SUMMARY				
1A. PROJECTS	3,070.0	2,872.0	2,872.0	198.0
1B. SPECIAL PROJECTS	3,172.0	2,848.0	2,848.0	324.0
1C. TREATMENT CENTRE	2,082.0	1,917.0	1,917.0	165.0
1D. INFORMATION COMMUNICATION TECHNOLOGY	1,109.0	797.0	797.0	312.0
1E. MEDICAL EQUIPMENT	3,182.0	2,944.0	2,944.0	238.0
1F. CONTINGENCY	252.0	127.0	127.0	125.0
1G. DONATED FUNDED CAPITAL EXPENDITURE	621.0	621.0	621.0	-
CAPITAL PROGRAMME TOTAL	13,488.0	12,126.0	12,126.0	1,362.0
FUNDING				
CAPITAL RESOURCE LIMIT - FUNDING RECEIVED				
BLOCK ALLOCATION	7,272.0		7,272.0	
BROKERAGE RECEIVED 05/06	4,393.0		4,393.0	
A & E INCENTIVE SCHEME	200.0		200.0	
CARRIED FORWARD	2.0		2.0	
BROKERAGE REVERSAL 04/05	820.0		820.0	
NEO NATAL INTENSIVE CARE	159.0		159.0	
JNR DOCTORS	21.0		21.0	
TOTAL CRL	12,867.0		12,867.0	
DONATED				
DONATED	621.0		621.0	
DONATED FUNDING	621.0		621.0	
TOTAL FUNDING	13,488.0		13,488.0	
PROGRAMME (DEFICIT)/SURPLUS	-		1,362.0	

Chelsea & Westminster Healthcare NHS Trust

Provision for Aged Debtors

Responsibility: Finance Director

FORM F11

March 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	13,329,694	72.34%	4,521,782	189,892	412,587	770,829	1,877,588	2,454,248	3,102,768	(6,950,104)
NHS Other	27,308	0.15%	8,212	2,740	1,305	488	350	1,880	12,333	
Private Patients - Self Funding	297,224	1.61%	171,396	27,795	84,461	8,093	13,332	24,206	(32,059)	
Private Patients - Insurance Companies	984,841	5.34%	340,231	174,749	102,755	8,570	131,506	107,656	119,372	
Private Patients - Maternity	244,338	1.33%	167,652	(26,117)	(1,482)	5,457	(31,967)	63,937	66,858	
Private Patients - ACU	62,867	0.34%	19,249	4,810	28,835	1,700	850	7,137	286	
Private Patients - Overseas	1,233,925	6.70%	12,856	23,877	19,830	13,335	75,920	129,750	958,358	(728,917)
Private Patients - Doctors & Consultants	2,270	0.01%	950	500	420	400	0	0	0	
Default	1,297	0.01%	29,838	(1,500)	6,090	(46,304)	3,428	9,488	257	
Other General Trading Organisations	2,243,580	12.18%	1,286,871	210,799	44,920	20,093	116,062	119,448	445,387	(1,171,780)
Grand Total:	18,427,343	100.00%	6,559,038	607,546	699,720	782,661	2,187,068	2,917,750	4,673,560	(8,850,801)

Provisions Cover

% of Provision Cover

312,094	1,530,947	2,334,200	4,673,560	8,850,801
39.88%	70.00%	80.00%	100.00%	

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	2.2/May/06
PAPER	Performance Report
LEAD DIRECTOR	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 31 st March 2006.
ACTION	The Trust Board is asked to note and discuss the report and actions.

PERFORMANCE REPORT FOR THE PERIOD TO 31 MARCH 2006

1. PURPOSE

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

2. SUMMARY

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

The Trust has fully met most of the Healthcare Commission targets, but there were some areas in which performance was just below the required standard for top band performance. Performance in the other indicators is also very good except for the staff surveys and some clinical indicators.

3. HEALTHCARE COMMISSION TARGETS

The Trust fully met most of the existing targets, but is forecast to underachieve four of the targets. These relate to Thrombolysis, Rapid Access Chest Pain Clinics, Delayed Transfers of Care and Ethnic Coding.

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

4. THROMBOLYSIS

The Trust provided thrombolytic treatment within one hour to 62% of eligible patients this year against a target of 68%. It is difficult to predict the thresholds between the "Almost Met" and "Nearly Met" bandings. However, the Trust has historically had very few patients in this area, and there is a possibility that this indicator will not be applicable to this Trust.

5. RAPID ACCESS CHEST PAIN CLINICS

The Trust had several breaches of this standard in January, and the performance in the year dropped to 98.76%. The target was 99% for the year. The breaches occurred in January, and were a consequence of there being inadequate cover during the festive period to deal with the higher than expected demand on the service. The Trust has discussed cover arrangements with the Royal Brompton Hospital in order to ensure that there is adequate cover in the future.

6. DELAYED TRANSFERS OF CARE

The Trust achieved a rate of 2.1% in March 2006. This is against a target of 0.5%. Throughout the whole year the Trust's rate was 2.4% which is slightly worse than our performance in 2004/5 and matches the average performance in North West London in that year. There is a shortage of intermediate care beds in the area, and the Trust continues to discuss this issue with local PCTs.

7. ETHNIC CATEGORY CODING

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

8. ACCESS TO GUM CLINICS

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

9. OTHER INDICATORS

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

MRSA: There was only one case of MRSA in the Trust in March 2006, and the annual target reduction in trajectory has been met.

Patient Complaints: It is unlikely that the Trust will achieve the indicator relating to Patient Complaints. The performance to the end of February was 88.1% and the target is 90%. It would be very difficult for the Trust to make the necessary improvement in just one month.

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

Other Indicators: Performance has been good in many of the other indicators. The Trust has achieved the hospital cleanliness, better hospitals food, 12 hour A&E trolley waits and the workforce indicators. Unfortunately, the Trust narrowly missed the 4 hour A&E trolley waits target.

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

admission. The rate in 2004/5 was 43.35% and the rate in March 2006 was over 73%.

Service Level Agreement Performance: The Trust is ahead of the activity plan in most of the areas of the service level agreements. The exceptions are both elective and non-elective excess bed days. In income terms the Trust is behind plan for these points of delivery and also for the block element. The final SLA position will not be confirmed until after the final freeze point for quarter 4 data. This will be in June 2006.

10. CONCLUSION

The Trust improved its performance in a number of indicators in March 2006, and this has helped to ensure that they were achieved for the whole year. The Trust has fallen short of the target level of performance for some indicators, and we must ensure that the appropriate processes are established in order to achieve the indicators in 2006/7.

Nick Cabon
Head of Performance and Information
25th April 2006

Trust Board Performance Dashboard - March 2006

Healthcare Commission Targets

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

Operational Indicators and Targets

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

Workforce Indicators - Currently under Development

Staff Surveys	Vacancy Rate
Bank Spend	Agency Spend
Sickness Rate	

Service Level Agreement Performance

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

	Activity	Income
Daycase	4.69%	6.31%
Elective	0.08%	2.10%
Elective Excess Bed Days	(14.87%)	(13.94%)
Regular Day Admissions	31.03%	17.44%
Non-Elective	10.30%	5.76%
Non-Elective Excess Bed Days	(23.47%)	(9.08%)
1st Outpatients	5.62%	2.08%
Follow Up Outpatients	11.00%	4.96%
Total	24.38%	14.07%

Key

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

Appendix A - Existing and New Targets

Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
All cancers: two week wait	100.00%	99.39%	98.00%	Fully Met	The threshold to achieve this indicator in 2003/4 was 98%.
Cancer patients waiting 31 days from decision to treat to first treatment	100.00%	100% for the final quarter of 2005/6	98% in the final quarter of 2005/6	Fully Met	The actual reporting period for these indicators is January to March 2006. The Trust did not have any breaches in these months.
Cancer patients waiting 62 days from GP referral to first treatment	100.00%	100% for the final quarter of 2005/6	95% in the final quarter of 2005/6	Fully Met	
Financial management		Forecast £2.2m surplus		Fully Met	The Trust's performance in this area will be based on the Auditor's Local Evaluation that will take place between May and August 2006.
Elective patients waiting longer than the standard (Target of 9 month wait from April to December 2005; target of 6 months from January to March 2006)	0.00%	0.00%	0.03%	Fully Met	There have not been any breaches of the standard this year. The maximum waiting time reduced to 6 months in January 2006
Outpatients waiting longer than the standard (Target of 17 weeks wait from April to December 2005; target of 13 weeks from January to March 2006)	0.00%	0.006%	0.03%	Fully Met	The threshold for this indicator in 2004/5 was 0.03%. The maximum waiting time fell to 13 weeks from January 2006.
Outpatient and elective (inpatient and daycase) full and partial booking	Outpatient = 100%; Elective = 100%	Outpatient 71.8% Apr to Dec 2005, 100% Jan to Mar 2006; Elective = 96.6% Apr to Dec 2005, 100% Jan to Mar 2006	100% From Jan 06	Fully Met	This indicator will be measured over two data periods. From April to December the threshold will be 67%. In the last quarter 100% of elective admissions and outpatients will need to be booked.
Total time in A&E: four hours or less	98.69%	98.03%	98.00%	Fully Met	The target for this indicator is 98%.
MRSA	Data not Provided	28 Cases to February - Rate per 1000 Bed days = 0.165; Availability of Alcohol Gel = Good.	Rate per 1000 Bed days = 0.175	Fully Met	There were 47 cases throughout the whole of 2004/5. The Trust is on track to achieve the required reduction in MRSA cases this year. In addition to MRSA, there were also 12 cases of Clostridium difficile between August and November 2005.
Cancelled operations	0.56%	0.64%	0.80%	Fully Met	Many of the operations were cancelled as a result of the major incident on 7th July. If these are excluded the YTD rate would be 0.49%
Cancelled operations not readmitted within 28 days	0.00%	0.02%	0.50%	Fully Met	This is a new indicator for 2005/6.
Thrombolysis - 60 minute call to needle time	67%	62%	68%	Almost Met	The Trust did not have sufficient activity for a statistically significant assessment to be made in 2004/5. There is a possibility that this indicator will be deemed "Not Applicable" for the same reason this year.
Delayed transfers of care	2.1%	2.4%	0.50%	Partly Met	
Waiting times for rapid access chest pain clinic	100%	98.76%	99.00%	Almost Met	There were 4 breaches in January.
Clinical risk management		CNST Level 2		Fully Met	The Trust achieved CNST Level 2 in January 2006.
Data quality on ethnic group		81.40%	95%	Partly Met	The Trust has developed a plan to improve performance in this area.
Infant Health - Data Completeness	99.6%	97.9%			This is a new target and it is difficult to predict a target for this indicator.
Waiting times for MRI or CT scans	100%	100%		Fully Met	The Trust has not had any patients waiting over 26 weeks for either a CT or MRI scan this year.
Participation in Audits (MINAP)		92%	90%	Fully Met	
Patient surveys - Adults and Children: access and waiting				See Comment	The surveys will be carried out in the Spring of 2006. It is difficult to predict a performance banding for them. These indicators have represented a challenge for the Trust in previous years.
Patient surveys - Adults and Children: better information, more choice					
Patient surveys - Adults and Children: building closer relationships					
Patient surveys - Adults and Children: clean, comfortable, friendly place to be					
Patient surveys - Adults and Children: safe, high quality, coordinated care					
Access to GUM Clinics	0%	23%		Not Met	Performance in this area has been severely compromised by the re-furbishment of the John Hunter Clinic.

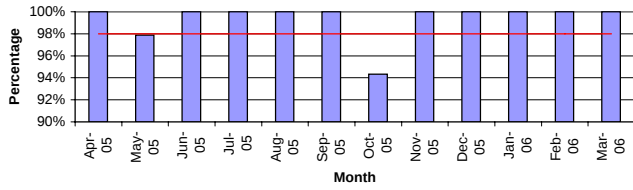
Drug Misusers - Information, Screening and Referral				Fully Met	The Trust has an action plan in place and it is anticipated that all of the requirements will be met.
Emergency Bed Days					This indicator is based on performance in 2003/4 and 2004/5.
Obesity - Identification and Management in Secondary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

Appendix B - Other Indicators

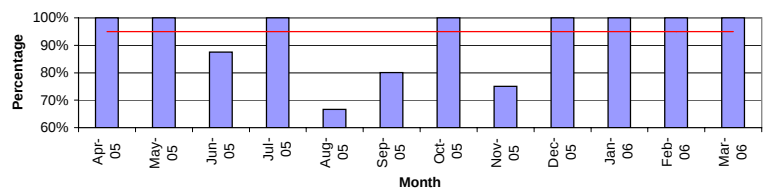
Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
Hospital cleanliness	93.0%	90.0%	60%	Fully Met	
12 Hour waits for emergency admission via A&E post decision to admit	100.00%	100.00%	100.00%	Fully Met	The threshold to achieve this indicator in 2004/5 was 100%.
A&E emergency admission waits (four hours)	98.4%	98.8%	99.0%	Almost Met	The threshold to achieve the top band for this indicator in 2004/5 was 99%.
Staff opinion survey: Health, safety and incidents					
Staff opinion survey: human resource management					
Staff opinion survey: staff attitudes					The Trust performed below average in these indicators in 2004/5.
Deaths following selected non-elective surgical procedures	Not Applicable - these indicators are based on the Calendar Year	1.53% (Deaths in this trust only)			Difficult to predict a banding for this indicator because it depends on deaths outside of this hospital.
Emergency readmissions following discharge (adults)		10.6%	11.4%	Fully Met	The Targets for these indicators are based on the expected performance derived from
Emergency readmissions following discharge for fractured hip		9.0%	8.6%	Almost Met	
Information governance toolkit		84.8%	70%	Fully Met	
Patient complaints	100%	88.1%	90.0%	Almost Met	In 2004/5 the threshold to achieve the top band was 90%.
Better Hospital Food	93.3%	84.4%	60%	Fully Met	
Workforce indicator	Data not Provided	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence Rate = 3.41% to Feb 06		Fully Met	

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

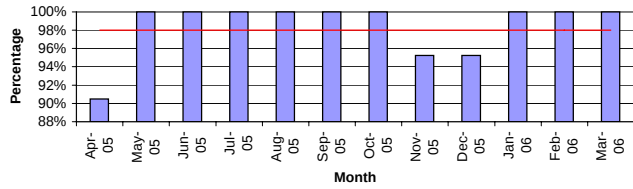
Monthly Cancer 2 Week Wait Performance



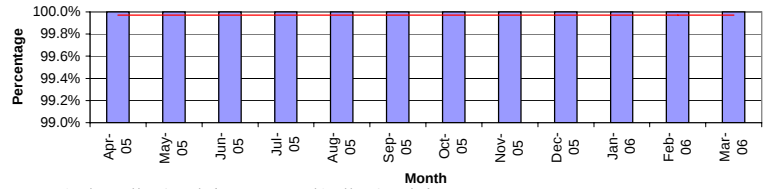
Monthly Cancer 62 Day Wait Performance



Monthly Cancer 31 Day Wait Performance

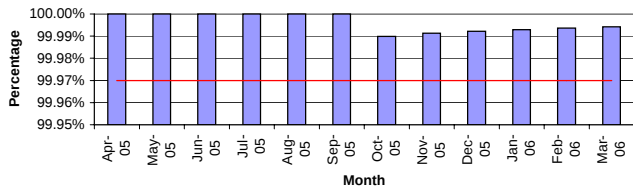


Cumulative Elective Inpatient Wait Performance



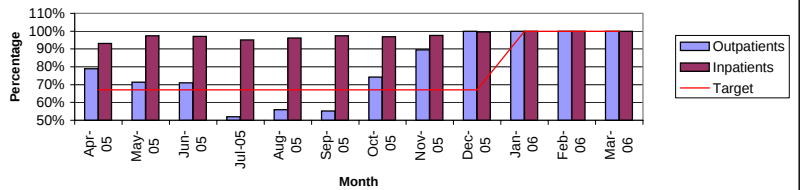
Target was 0 patients waiting >9 months from Apr to Dec and 0 waiting >6 months from Jan to Mar

Cumulative Outpatient Wait Performance

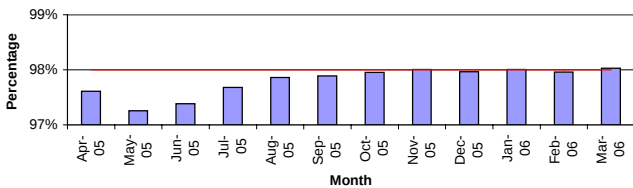


Target was 0 patients waiting >17 weeks from Apr to Dec and 0 waiting >13 weeks from Jan to Mar

Monthly Booking Indicator Performance

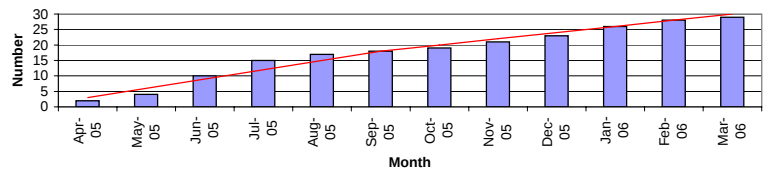


Cumulative Total Time in A&E Performance

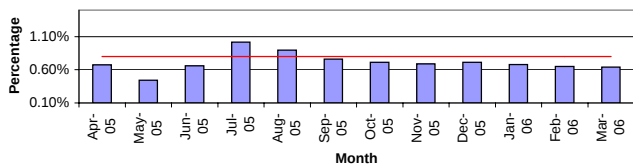


Target was 0 patients waiting >4 hours from arrival in A&E to admission, discharge or transfer

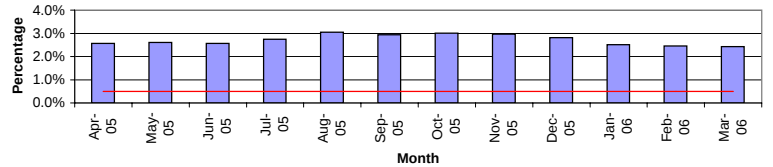
Cumulative MRSA Performance
(Better Performance below the Target)



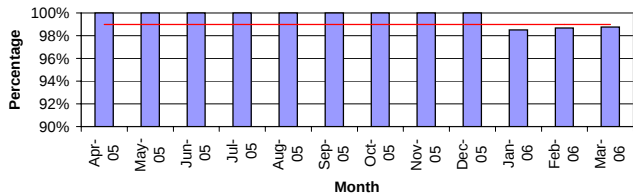
Cumulative Cancelled Operations Performance
(Better Performance below the Target)



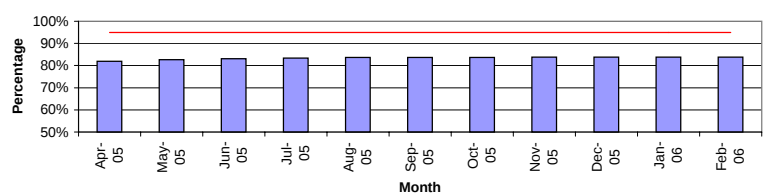
Cumulative Delayed Transfers of Care Performance
(Better Performance Below the Target)



Cumulative Waiting Time for RACPC Performance

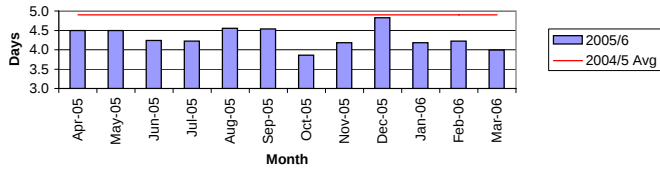


Cumulative Inpatient Ethnic Coding Performance

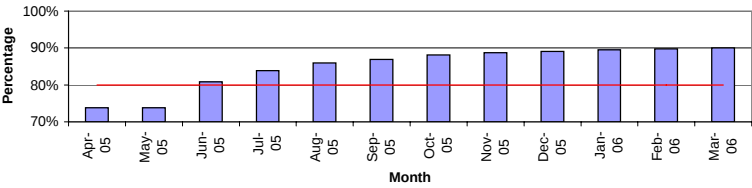


Graphs relating to Operational Targets (Benchmark/Target Line in Red. Better Performance above the Line Unless Stated.)

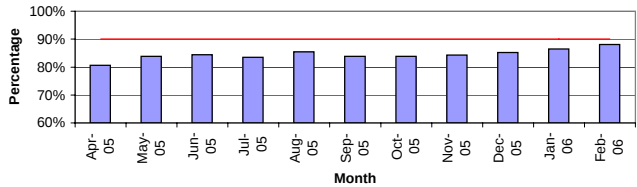
Average Length of Stay
(Better Performance Below the Target)



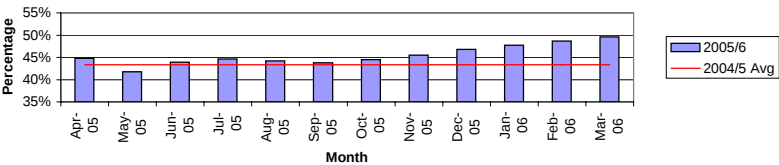
Cumulative Hospital Cleanliness Performance



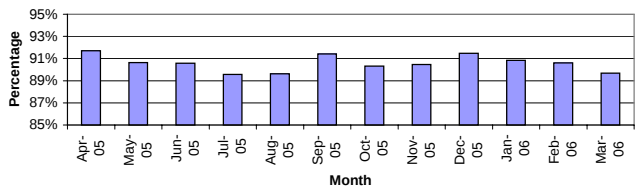
Cumulative Patient Complaints Performance



Cumulative Elective Admissions on
Day of Surgery



Cumulative Bed Occupancy



Service Level Agreement Performance

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

Activity				
	Plan	Actual	Variance	% Variance
Daycase	15161	15871	710	4.7%
Elective IP	6920	6925	6	0.1%
Elective IP Excess Beddays	5876	5002	(874)	(14.9%)
Regular Day Admissions	2804	3674	870	31.0%
Non Elective IP	28556	31497	2941	10.3%
Non Elective IP Excess Beddays	18275	13986	(4289)	(23.5%)
Outpatients First Attendance	59548	62898	3350	5.6%
Outpatients Follow Up Attendance	163959	181995	18036	11.0%
Grand Total	301098	321848	20750	24.4%

Excludes Well Babies and HIV/GUM

Income				
	Plan	Actual	Variance	% Variance
Daycase	£ 9,942,679	£ 10,569,766	£627,086	6.3%
Elective IP	£ 10,063,594	£ 10,275,385	£211,791	2.1%
Elective IP Excess Beddays	£ 1,159,699	£ 998,048	(£161,651)	(13.9%)
Regular Day Admissions	£ 340,422	£ 399,803	£59,380	17.4%
Non Elective IP	£ 49,192,570	£ 52,026,436	£2,833,865	5.8%
Non Elective IP Excess Beddays	£ 5,439,639	£ 4,945,884	(£493,756)	(9.1%)
Outpatients First Attendance	£ 12,661,165	£ 12,924,399	£263,234	2.1%
Outpatients Follow Up Attendance	£ 18,110,435	£ 19,008,908	£898,474	5.0%
Block	£ 24,538,988	£ 24,538,988	(£385,245)	(1.6%)
Grand Total	£ 131,449,191	£ 135,687,615	£ 3,853,179	14.1%

Note: The variance shown in the Block income is due to the calculation of the tolerance

Cancelled Operations - April 2005 to March 2006 - By Specialty

Specialty	Reason	Total
General surgery	Administrative error	2
	Emergencies / trauma	9
	Equipment failed/unavailable	1
	ICU/HDU beds unavailable	1
	List overrun: Complicated case	3
	List overrun: List overbooked	5
	List overrun: Previous list overran	1
	Rescheduled due to emergency	2
	Surgeon unavailable	4
	Ward beds unavailable	1
General surgery Total		29
GYNAECOLOGY	Emergencies / trauma	4
	List overrun: Complicated case	6
	Notes / results /x-rays unavailable	1
	Rescheduled due to emergency	2
	Theatre staff unavailable	5
GYNAECOLOGY Total		18
Ophthalmology	Equipment failed/unavailable	1
	Notes / results /x-rays unavailable	1
	Surgeon unavailable	7
Ophthalmology Total		9
Paediatric ENT	Administrative error	2
	List overrun: Complicated case	1
	Rescheduled due to emergency	2
	Surgeon unavailable	2
	Ward beds unavailable	2
Paediatric ENT Total		9
Paediatric Gastroenterology	Administrative error	1
	Emergencies / trauma	4
	Equipment failed/unavailable	1
	Ward beds unavailable	3
Paediatric Gastroenterology Total		9
Paediatric Ophthalmology	Rescheduled due to emergency	1
Paediatric Ophthalmology Total		1
Paediatric Plastic Surgery	List overrun: Complicated case	2
	Surgeon unavailable	2
Paediatric Plastic Surgery Total		4
Paediatric surgery	Emergencies / trauma	7
	ICU/HDU beds unavailable	1
	Ward beds unavailable	3
Paediatric surgery Total		11
Paediatrics	Emergencies / trauma	2
	Equipment failed/unavailable	3
Paediatrics Total		5
Plastic surgery	Administrative error	2
	Emergencies / trauma	9
	Equipment failed/unavailable	1
	ICU/HDU beds unavailable	2
	List overrun: Anaesthetist late	1
	List overrun: Complicated case	2
	List overrun: List overbooked	3
	List overrun: Previous list overran	1
	Notes / results /x-rays unavailable	1
	Rescheduled due to emergency	1
	Surgeon unavailable	1
	Ward beds unavailable	1
Plastic surgery Total		25
Trauma and orthopaedics	Administrative error	1
	Emergencies / trauma	7
	Equipment failed/unavailable	4
	List overrun: Complicated case	1
	Surgeon unavailable	2
Trauma and orthopaedics Total		15
Urology	Administrative error	3
	Equipment failed/unavailable	2
	List overrun: List overbooked	1
	Notes / results /x-rays unavailable	1
	Surgeon unavailable	1
	Theatre staff unavailable	4
Urology Total		12
Grand Total		147

Cancelled Operations - April 2005 to March 2006

Reason	Total	Percentage of Total
Administrative error	11	7.5%
Emergencies / trauma	42	28.6%
Equipment failed/unavailable	13	8.8%
ICU/HDU beds unavailable	4	2.7%
List overrun: Anaesthetist late	1	0.7%
List overrun: Complicated case	15	10.2%
List overrun: List overbooked	9	6.1%
List overrun: Previous list overran	2	1.4%
Notes / results /x-rays unavailable	4	2.7%
Rescheduled due to emergency	8	5.4%
Surgeon unavailable	19	12.9%
Theatre staff unavailable	9	6.1%
Ward beds unavailable	10	6.8%
Grand Total	147	

Breaches of the Outpatient Waiting Time Target		
Date	Specialty	Reason
10-Oct-05	Urology	Admin error - Referrals received in June were left in the file and not found until 1st Nov.
21-Oct-05	Rheumatology	Admin error - Referrals received in June were left in the file and not found until 1st Nov.

Breaches of the Two Week Cancer Wait Target			
Month	Tumour Site	Breach Reason	No. of days
May-05	Gynaecology	Appointments Team failed to spot an urgent two-week wait as the wrong form was used	20
Sep-05	Lower GI	Administration error	21
Oct-05	Gynaecology	Administration error	21
	Lower GI	GP Referral decision date 11/10/05 – received at CWH on 26/10/05 (day 15)	17
	Upper GI	GP Referral decision date 08/09/05 – received at CWH on 23/09/05 (day 15)	25

Breaches of the Thrombolysis Target	
Month	Breach Reason
Feb-06	1 patient CtoN = 65min (long Call to Hospital time = 48min)
Mar-06	1 patient CtoN >60min (long Call to Hospital time = 50min)

Delayed Transfers of Care - January to March 2006			
PCT	Reason for Delay	Patients	Bed Days
H&F	1 - Awaiting Assessment	1	3
	2 - Awaiting Public Funding	7	49
	3 - Awaiting further (non acute) NHS Care	7	34
	5 -Awaiting Domiciliary Package	1	5
	6- Awaiting Community Equipment	4	24
	7- Patient / Family Choice	5	25
	9 - Housing Issues	2	8
	H&F Total	27	148
K&C	1 - Awaiting Assessment	1	3
	3 - Awaiting further (non acute) NHS Care	3	16
	7- Patient / Family Choice	6	32
K&C Total		10	51
Wandsworth	1 - Awaiting Assessment	4	27
	3 - Awaiting further (non acute) NHS Care	10	56
	4b - Waiting Nursing Home Placement	1	7
	7- Patient / Family Choice	8	46
	8 - Disputes	1	1
Wandsworth Total		24	137
WestMinster	1 - Awaiting Assessment	1	7
	3 - Awaiting further (non acute) NHS Care	2	3
	6- Awaiting Community Equipment	2	10
	8 - Disputes	1	7
Westminster Total		6	27
Grand Total		67	363

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	2.3/May06																										
PAPER	Savings Plan 2006/07																										
LEAD DIRECTOR	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	This paper presents an update on progress with identifying and achieving the Trust's savings target for 2006/07 as at Month 1. The summary position is set out at page 1 and pages 2 to 19 set out the detailed savings plans identified for each directorate. The Trust total target for 2006/07 is £8.9m plus a £1.7m carried forward from 2005/06 to be achieved recurrently i.e. a total of £10.6m. This represents a challenging but achievable target and equates to 4.5% on the total income budget of £237m. To date the Trust has made good progress with schemes totalling £7.5m identified and in place and plans to be worked up at cost centre detail of £1.1m. This leaves £2m unidentified as at the end of April, 19% of the total requirement. Further work is progressing to identify remaining schemes and a verbal update on progress will be given at the Trust Board. For context, the savings plan target and achievement over the last 2 years was as follows: <table><tr><td></td><td>Target</td><td>Achieved</td><td></td></tr><tr><td></td><td>£m</td><td>£m</td><td></td></tr><tr><td>2005/06</td><td>4.958</td><td>3.815</td><td>77%</td></tr><tr><td>2004/05</td><td>9.695</td><td>9.064</td><td>93%</td></tr></table> The risk assessment on savings schemes identified for 2006/07 is as follows: <table><tr><th>Risk</th><th>£m</th></tr><tr><td>Low</td><td>4.835</td></tr><tr><td>Medium</td><td>2.309</td></tr><tr><td>High</td><td>0.308</td></tr><tr><td></td><td>7.451</td></tr></table>		Target	Achieved			£m	£m		2005/06	4.958	3.815	77%	2004/05	9.695	9.064	93%	Risk	£m	Low	4.835	Medium	2.309	High	0.308		7.451
	Target	Achieved																									
	£m	£m																									
2005/06	4.958	3.815	77%																								
2004/05	9.695	9.064	93%																								
Risk	£m																										
Low	4.835																										
Medium	2.309																										
High	0.308																										
	7.451																										
ACTION	The Board is asked to note progress with delivering the Trust Savings Target for 2006/07.																										

Directorate Savings Targets and Plans Identified

Directorate	Lead	Prior Year Savings (Recurrent)			2006/07 Savings			Total Outstanding Savings Plans to be £k
		Target £'k	Booked/Planned £'k	Outstanding £'k	Savings Target £'k	Draft Savings Plans £'k	Outstanding £'k	
A&I	Kate Hall	570	497	73	602	602	0	73
Surgery	Kate Hall	436	509	(73)	449	449	0	(73)
W&Cs	Sherryn Elsworth	681	681	0	727	734	(7)	(7)
Medicine - 2.5% Target	Nicola Hunt	569	343	226	604	761	(157)	69
Medicine - Deficit Recovery	Nicola Hunt	0		0	655	0	655	655
HIV	Edward Donald	700	300	400	284	158	126	526
HIV - Viral Load	Edward Donald				25	225	(200)	(200)
Estates & Facilities	Helen Elkington	284	284	0	343	578	(235)	(235)
Pharmacy	Karen Robertson	82	82	0	88	88	0	0
Subtotal		3,322	2,696	626	3,777	3,595	182	808
Physio & OT	Douline Schoeman	93	62	31	98	133	(35)	(4)
Dietetics		14	0	14	15	25	(10)	4
Chief Executive	Heather Lawrence	0	0	0	28	28	0	0
Governance and Corporate Affairs	Cathy Mooney	19	0	19	23	42	(19)	(0)
Nursing	Andrew MacCallum	39	34	5	45	50	(5)	0
HR	Maxine Foster	36	10	26	39	65	(26)	0
Finance	Lorraine Bewes	78	78	0	89	90	(1)	(1)
IC&T and EPR	Alex Geddes	259	160	99	88	187	(99)	(0)
Occupational Health	Stella Sawyer	0	0	0	6	6	0	0
SLAs	Edward Donald	0	0	0	185	0	185	185
Projects	Edward Donald	0	0	0	21	21	0	0
Private Patients	Edward Donald	0	0	0	0	0	0	0
ACU	Sherryn Elsworth	0	0	0	0	0	0	0
Simulation centre		0	0	0	0	0	0	0
Other		93	252	(159)	0	0	0	(159)
Total		3,953	3,292	661	4,414	4,242	171	832
Trust Wide Savings Initiatives								
Capital Charges Slippage	Lorraine Bewes	1000	0	1,000	200	1,222	-1022	-22
Procurement Savings	Vince Pross	0	0	0	500	273	227	227
Staff Rostering	Edward Donald	0	0	0	500	170	330	330
Bank and Agency Rates	Maxine Foster	0	0	0	1000	80	920	920
Theatres and HIV Skill Mix Review	Andrew MacCallum	0	0	0	TBC	0	TBC	TBC
Corporate Services - Additional Targets								
HR	Maxine Foster	0	0	0	87	71	16	16
Finance	Lorraine Bewes	0	0	0	170	132	38	38
IT	Alex Geddes	0	0	0	173	172	1	1
Nursing	Andrew MacCallum	0	0	0	97	98	-1	-1
Governance	Cathy Mooney	0	0	0	58	58	0	0
Ward Stock Management	Edward Donald	0	0	0	200	0	200	200
HCD Income		0	0	0	513	447	66	66
GUM Overperformance		0	0	0	500	485	15	15
Total Savings Plans in place 2006-07		4,953	3,292	1,661	8,412	7,451	961	2,622
Plans to be worked up								
Director's Valuation	Lorraine Bewes	0	0	0	500	500	0	0
Pathology savings		0	0	0		185	-185	-185
High Cost Drugs		0	0	0		400	-400	-400
Total 2006-07		4,953	3,292	1,661	8,912	8,536	376	2,037

Risk on Savings Plans in place 2006-07

Low	4,835
Med	2,309
High	308
	<u>7,451</u>

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
Sg1	Wards	Increase number of closed Surgical Beds from 12 to 18 wef 1 April 2006 to achieve savings across all Surgical Wards as part of the High Impact changes across the Trust. Also 1% savings target to be achieved across all Surgical		Low	Apr-06	260,000	45,000			305,000	260,000	45,000			305,000	Yes
Sg2	Plastics Medical Staff	Reduce Medical Budget for Plastics SpRs to account for the fact that the budget was set based on Band 3 but the rota is now compliant.		Low	Apr-06	73,000				73,000	73,000				73,000	Yes
Sg3	Burns Unit	1% Saving on baseline budget to be achieved through control of MSSE non-pay expenditure.		Low	Apr-06		25,000			25,000		25,000			25,000	Yes
Sg4	Management	Restructuring of admin support to the Directorate resulting in saving on A&C pay budget.		Low	Apr-06	38,000				38,000	38,000				38,000	Yes
Sg5	Management	Increased control of stationery and other management non-pay costs resulting in a saving against the non-pay budget.		Low	Apr-06		8,000			8,000		8,000			8,000	Yes
						371,000	78,000	0	0	449,000	371,000	78,000	0	0	449,000	

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
An1	ITU	Maintain the permanent closure of 1 ITU Bed,		Med	Apr-06	46,000				46,000	46,000				46,000	Yes
An2	Management	3 month secondment of 1 member of staff to IMPACT Project.(non-recurrent)		Low	Apr-06	12,000				12,000					0	Yes
An3	Treatment Centre	Management of Urology non-pay consumables expenditure within reduced budget by efficient management and procurement of stock.		Low	Apr-06		28,000			28,000		28,000			28,000	Yes
An4	All	Efficient management of overall Directorate budget such that capacity plan funding awarded in 2004-2005 can be given up to meet savings target.		Low	Apr-06	291,000				291,000	291,000				291,000	Yes
An5	Radiology	1% Savings target applied to Radiology Budget - saving on Band 6 & 7 Radiographers and Non-Pay.		Low	Apr-06	43,000	25,000			68,000	43,000	25,000			68,000	Yes
An6	Treatment Centre	1% Savings target applied to TC budget - saving on Band 6 pay and MSSE.		Low	Apr-06	20,000	5,000			25,000	20,000	5,000			25,000	Yes
An7	TSSU	1% Savings target applied to TSSU budget - saving on procurement of tray wrap.		Low	Apr-06		7,000			7,000		7,000			7,000	Yes
An8	Theatres	1% Savings target applied to Theatres budget - 1.00 MTO4 post saved plus small saving on non-pay.		Low	Apr-06	45,000	1,000			46,000	45,000	1,000			46,000	Yes
An9	ITU	1% Savings target applied to ITU budget - 1.00 B grade post removed plus saving on training budget.		Low	Apr-06	22,000	13,000			35,000	22,000	13,000			35,000	
An10	Critical Care Outreach Team	1% Savings target applied to CCOT budget - small saving achieved on A&C 5 budget.		Low	Apr-06	3,000				3,000	3,000				3,000	Yes
An11	Theatres	Initial Skill Mix review in Theatres resulting in reduction of 1.00 H grade post.		Low	Apr-06	41,000				41,000	41,000				41,000	Yes
						523,000	79,000	0	0	602,000	511,000	79,000	0	0	590,000	

02/05/2006

Carol McLaughlin (Tel. 020-8237-2883)

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
Pharm1	Pharmacy	Staff pay 0.3 E grade leave vacant		Low	Apr-06	15,000				15,000	15,000				15,000	
Pharm2	Pharmacy	A&C 4 1WTE (band3)		Low	Apr-06	25,000				25,000	25,000				25,000	
Pharm3	Pharmacy	MT04 Uncovered maternity leave		Low	Apr-06	5,000				5,000	5,000				5,000	
Pharm4	Pharmacy	Technical staff		Low	Apr-06	10,000				10,000	10,000				10,000	
Pharm5	Pharmacy	0.4 WTE MTO2 reduction		Low	Apr-06	12,000				12,000	12,000				12,000	
Pharm6	Pharmacy	MSSE		Low	Apr-06		5,000			5,000		5,000			5,000	
Pharm7	Pharmacy	Books		Low	Apr-06		8,000			8,000		8,000			8,000	
Pharm8	Pharmacy	HHT Microbiology income		Med	Apr-06			8,000		8,000					0	
						67,000	13,000	8,000	0	88,000	67,000	13,000	0	0	80,000	

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
W1	Gynaecology	Staff Savings as follows: 0.2 wte Urogynaecology Nurse Specialist; 0.5 wte Cancer specialist; Menopausal nurse (using D Grade instead of G); 1 wte EPAU & RA Clinical Nurse Spec. 0.35 wte Band 5; Band 5 AfC Staff saving.		Low	April	95,397				95,397	95,397				95,397	Yes
W2	Gynaecology	Closing Bay on Annie Zunz at weekends.		Med	April	51,711	12,000			63,711	51,711	12,000			63,711	Yes
W3	Gynaecology	Non-recurrent staff savings in Mgmt post in Gynae from April to September.		Low	April	15,670				15,670					0	Yes
W4	Management	Non-recurrent staff savings in Mgmt from replacing with bank staff in the interim period.		Low	April	14,075				14,075					0	Yes
W5	Maternity	Staff savings as follows; H grade midwife; Cons midwife; B grades - Nursery Nurse.		Low	April	102,645				102,645	102,645				102,645	Yes
W6	NICU	NR Staff Savings. These savings are based on using 2 Band 5's instead of Band 6's and 1 Band 4 instead of a Band 7.		Low	April	33,963				33,963					0	Yes
W7	NICU Medical	Non-recurrent staff reductions in NICU Medical SpRs.		Low	April	17,436				17,436					0	Yes
W8	Paediatric Community	Non-recurrent staff reductions in Paed Community across Consultant and SpR grades.		Low	April	98,000				98,000					0	Yes
W9	Paediatric Community	Recurrent staff reductions in Paed Community across A&C4 and Nursery Nurse.		Low	April	58,434				58,434	58,434				58,434	Yes
W10	Paediatrics	Closing Jupiter at weekends		Low	July	72,823				72,823	97,098				97,098	Yes
W11	Paediatrics	Recurrent staff savings of 1 wte Gastro Nurse; 1 wte Staff Nurse; 0.5 wte A&C 4		Low	April	77,878				77,878	77,878				77,878	Yes
W12	Paediatrics	St Marys Dental Recharge for 2 sessions (K Barnard) and bank staff.		Low	April			15,540		15,540			15,540		15,540	Yes
W13	Womens Medical	Non-recurrent staff reductions in Womens Medical Consultant post		Low	April	32,131				32,131					0	Yes
W14	Womens / Paeds Medical	SHO Rota Change		Med	August	36,502				36,502	54,752				54,752	Yes
						706,664	12,000	15,540	0	734,204	537,914	12,000	15,540	0	565,454	

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
CNurse1	Nursing Practice	Practice Education Facilitator 0.5 WTE		Low	Apr-06	23,830				23,830	23,830				23,830	
CNurse2	Nursing Practice	Practice Education Facilitator 0.5 WTE		Low	Apr-06	23,830				23,830	23,830				23,830	
CNurse3	Nursing Practice	Lead Nurse Practice & Prof Dev 1.0 WTE		Low	Apr-06	46,710				46,710	46,710				46,710	
CNurse4	Director of Nursing	Computer Hardware		Low	Apr-06		15,000			15,000		15,000			15,000	
CNurse5	Patient Affairs	Isobel Penny old post residual budget		Low	Apr-06	6,880				6,880	6,880				6,880	
CNurse6	Patient Affairs	Vacant Grade 5 post 1.0		Low	Apr-06	24,180				24,180	24,180				24,180	
CNurse7	PALS Team	Printing & Stationary		Low	Apr-06		7,500			7,500		7,500			7,500	
						125,430	22,500	0	0	147,930	125,430	22,500	0	0	147,930	

02/05/2006

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
HR1	Staff Bank	Staff recruitment		Low	Apr-06		9,500			9,500		9,500			9,500	
HR2	Director of HR	Play Scheme		Low	Apr-06		9,900			9,900		9,900			9,900	
HR3	Learning Resource Centre	Consultancy		Low	Apr-06		34,600			34,600		34,600			34,600	
HR4	Director of HR	Downgrade Snr Workforce Info Analyst post		Low	Apr-06	15,000				15,000	15,000				15,000	
HR5	Director of HR	Reduction in Advertising costs		Low	Apr-06		17,000			17,000		17,000			17,000	
HR6	Staff Bank	Reduce Bank opening hours (cost savings)		Med	Jun-06	45,000				45,000	49,000				49,000	
HR7	Learning Resource Centre	Miscellaneous Training		Low	Apr-06		5,000			5,000		5,000			5,000	
						60,000	76,000	0	0	136,000	64,000	76,000	0	0	140,000	

02/05/2006

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
Fin1	Finance	Pharmacy to GL Interface		Low	Aug-06	34,500			-10,000	24,500	46,000				46,000	Yes
Fin2	Finance	Bank Weekly to Monthly Paid		High	Jul-06	17,250				17,250	23,000				23,000	Yes
Fin3	Finance	Cancellation OFA Software		Low	Apr-06		4,000			4,000		4,000			4,000	
Fin4	Finance	Creditors current vacant post		Low	Apr-06	23,720				23,720	25,000				25,000	
Fin5	Finance	Cancel CD-roming		Low	Apr-06		11,800			11,800		11,800			11,800	
Fin6	Finance	Services Review		High	Jul-06					0					0	
Fin7	Finance	Payroll bank Staff interface								0					0	
Fin8	Finance	Payroll Ansos interface								0					0	
Fin9	Finance	Staff recruitment - use e-recruit		Low	Apr-06	13,800				13,800	13,800				13,800	
Fin10	Finance	Capitalisation of Capital Accountant (100%)		Low	Apr-06	32,060				32,060	67,000				67,000	
Fin11	Finance	Additional Charities Salary Recharges		Low	Apr-06			40,000		40,000			40,000		40,000	
Fin12	Finance	Arrears Charities Salary Recharges		Low	Apr-06			15,000		15,000					0	
Fin13	Finance	Bank Charges		Low	Apr-06		5,000			5,000		5,000			5,000	
Fin14	Finance	Other savings		Med	Oct-06	15,135				15,135	30,270				30,270	
Fin15	Finance	Other savings		Med	Oct-06	19,525				19,525	39,050				39,050	
						155,990	20,800	55,000	-10,000	221,790	244,120	20,800	40,000	0	304,920	

02/05/2006

**** PLEASE NOTE THAT THESE ARE PROPOSED SAVINGS AND HAVE NOT YET BEEN FINALISED WITH THE DIRECTOR ****

02/05/2006

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
1																
2	Chief Exec	Consultancy		Low			28,000			28,000						
3																
4																
5																
6																
7																
8																
9																
10																
						0	28,000	0	0	28,000	0	0	0	0	0	

Number	Therapies Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
OT1	Therapies	Staff savings in the following areas; Clinical Spec Respiratory; Junior Physio Post - Inpatients; 0.2 wte reduction Supt III; Skill mix change - Sen I to Snr II; 0.4 wte reduction Muskelo - Supt II; Orthopaedic Practitioner - Sup III; Senior II, Muskelo; A&C 5.		Low	April	83,357				83,357	29,514				29,514	
OT2	Therapies	Variety of measures to reduce non-pay expenditure including; Transcription Costs; Equipment Savings; Therapeutic Systemns Savings; Splinting Material; Staff Recruitment; Training; Staff Uniform.		Med	April		34,950			34,950		14,500			14,500	
OT3	Therapies	Income generation from Occupational Health Appointments		Med	April			15,000		15,000			15,000		15,000	
						83,357	34,950	15,000	0	133,307	29,514	14,500	15,000	0	59,014	

Number	Therapies Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
DT1	Dietetics	0.5 WTE, Senior I saving for the period September to March		Low	September	20,473				20,473					0	Yes
DT2	Dietetics	Variety of measures to reduce non-pay expenditure inclding; Therapeutic Systmens; Dressings; Postage.		Med	April		4,500			4,500		5,000			5,000	Yes
						20,473	4,500	0	0	24,973	0	5,000	0	0	5,000	

Number	Department	Full Description of the Savings Plan	Lead	Risk	Start date of Savings	Savings 2006/07					Recurrent (from 2007/08)					Savings schedule completed?
						Pay £	Non Pay £	Income £	Invest £	Total £	Pay £	Non Pay £	Income £	Invest £	Total £	
1	Trust Wide	Director's Valuation		High						0					0	No
2	Trust Wide	Capital Charges Slippage		Low			1,222,000			1,222,000		0			0	No
3	Trust Wide	Procurement Savings		High			273,499			273,499		483,276			483,276	No
4	Trust Wide	Improved Staff Rostering		Med		170,000				170,000	340,000				340,000	No
5	Trust Wide	Bank and Agency Rates Review		Med		80,000				80,000	120,000				120,000	No
6	Trust Wide	Ward Stock Management		Med						0					0	No
7	Trust Wide	HCD Income		Med				447,000		447,000					0	
8	Trust Wide	GUM Overperformance		Med				485,000		485,000					0	
										0					0	
										0					0	
										0					0	
										0					0	
						250,000	1,495,499	932,000	0	2,677,499	460,000	483,276	0	0	943,276	

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	3.1/May/06
PAPER	Consultant Appointments

POST	Consultant Physician and Gastroenterologist
CONSULTANT	Dr Marcus Harbord
LAY CHAIRMAN	Juggy Pandit
DATE	21 April 2006

POST	Consultant for John Hunter Clinic
CONSULTANT	Sarah Day
LAY CHAIRMAN	Juggy Pandit
DATE	7 April 2006

BOARD ACTION	The Board is asked to ratify these recommendations of the Appointments Panel.
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Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	3.2/May/06
PAPER	Annual Plan 2006-07
LEAD DIRECTOR	Elliot Howard-Jones, Interim Director of Strategy and Service Planning Contact Number: 020 8846 6823
AUTHOR	Elliot Howard-Jones, Interim Director of Strategy and Service Planning Contact Number: 020 8846 6823
SUMMARY	This is the second draft of the Annual Plan for 2006-7. Following comments from the first draft, the corporate objectives have been changed to reflect Board comments on the specificity of objectives. There are some outstanding pieces of work to be completed before final sign off of the Annual Plan: 1. Review directorate plans to ensure consistency with the updated corporate objectives. 2. Further tightening of the corporate objectives (highlighted on pages eight and nine) to ensure they meet SMART criteria. An update will be tabled at the Trust Board.
BOARD ACTION	The Board is asked for comments on this latest draft of the Annual Plan.

Annual Plan 2006-2007

Second Draft

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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:
 - o 100% of cancer patients treated within the 31/62 day standard
 - o No elective patients waiting more than 6 months
 - o No outpatients waiting longer than 13 weeks
 - o 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 the 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 the communication category award from the Health Service Journal. Agenda for Change, the national pay modernisation, 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

This will be included as part of the final plan, with year end figures
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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 which will build on the successes of 2005-6 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

[Table to be inserted comparing 04/05, 05/06 and 06/07 plan for Impact measures]

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 central to our strategy in 2006-7. In addition to this, there are three further themes that the Trust will focus on in the coming year. These key themes are embedded throughout the Corporate Objectives for this year.

The corporate objectives are derived from our SWOT analysis completed for our 5 year Service Development Strategy. The key risks will be identified in our Assurance Framework and monitored by the Board.

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 Clinical leads for the service ensuring that the delivery of services are compatible with NHS target delivery and teaching requirements
- 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

2.4 Trust Corporate Objectives

From the themes developed above, our Corporate Objectives are derived, and cover all the activities which the Trust must undertake over the coming year. The seven main objectives of the Trust, as approved by the Board in 2005-6 remain in place this year, and have been cross referenced to the SWOT and PEST analysis from the previous SDS.

The Trust's corporate objectives are shown below:

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

- To meet national access target times for treatment – including elective care, A&E and emergency care, diagnostics, cancer and sexual health
- To meet the national target trajectory for rates of hospital acquired infection
- To implement a plan to modernise acute medical take
- To implement electronic Choose and Book in line with the national deadline
- To implement customer care training to 60% of front line staff, and to cover all staff by 2007-8

2. To improve patient outcomes and assure patient safety

- To comply with core and developmental Standards for Better Health
- To develop risk management and patient safety indicators
- To develop a plan for dealing with any influenza pandemic
- To proactively use Dr Foster to improve service delivery and quality

3. To develop effective partnerships with all stakeholders and partners

- To work with Imperial College to assure the excellence in teaching of undergraduates within the Trust as measured by improved survey results.
- Work effectively and collaboratively with partner organisations in the NHS and Local Government
- To work with Imperial College and other partners to deliver high quality research within the Trust
- To 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

- To 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

- Work with external agencies to ensure efficient services including Connecting for Health and facilities partners
- To 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

- To identify and deliver a workforce plan including the progression of the equality and diversity agenda, and adherence to the European Working Time Directive
- Ensure that we involve staff in the design of treatment pathways to ensure that staff roles and ways of working are modernised to realise the benefits of national contracts
- Ensure all staff receive an annual appraisal including the identification of training requirements

6. To develop world class services

- Develop a model of care and establish an HIV and sexual health brand
- Build on the reputation of excellence in paediatrics, maternity and NICU services
- Achieve designation as a Burns Centre for adults and children
- Continue to develop tertiary care dermatology services
- Build on the reputation of research, teaching and high quality service delivery of anaesthetics services

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

- 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
- 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

2.3 Directorate Objectives

Due to the recent revision of the corporate objectives, the directorate plans are currently being re-assessed for their synergy with the corporate objectives, and will be included within the final version

2.4 Operating resources required to deliver service development

This section will detail:

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

2.5 Investment and disposal strategy

This section will detail:

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

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

2.6 Financing and working capital strategy

This section will provide:

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

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

3 Membership report

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

Constituencies

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

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

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

Future membership

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

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

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

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

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

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

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

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

The Trust has an opt-in system for its own staff so that joining the Foundation Trust is a decision actively taken by staff working in the hospital rather than an opt-out system which would have meant all staff were members, unless they specifically said they didn't 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.

4. Financial projections

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

- The Excel templates that must be completed to submit financial results and projections will be sent to each NHS foundation trust which will incorporate relevant historical data.
- The templates include financial results for 2005-06, and quarterly projections for 2006-07, and annual projections for 2008-09 and 2008-09. In each case, the results or projections requested are divided into Income & Expenditure Statement, Balance Sheet, and Cash-Flow Statement.

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	4.1/May/06
PAPER	Clinical Negligence Scheme for Trusts
LEAD DIRECTOR	Catharine Mooney, Director of Governance Contact Number: 020 8237 2881
AUTHOR	Patricia Small, Head of Legal Services Contact Number: 020 8746 7573
SUMMARY	The purpose of this paper is to provide a background to the function of the Clinical Negligence Scheme for Trusts and highlights the benefits to the Trust by contributing to the Scheme. The paper also explains that the scheme seeks to encourage and support the effective management of risk by requiring its members to be assessed against a set of standards laid down by the NHS Litigation Authority. The paper outlines the cost of the Scheme and the contributions made by the Trust since 2004.
BOARD ACTION	For information and to confirm the value of the CNST scheme.

THE CLINICAL NEGLIGENCE SCHEME FOR TRUSTS

Introduction

The Chief Executive was notified in March 2006 of a change in the way that the Clinical Negligence Scheme for Trusts (Scheme) will operate in order to keep step with recent legislation in relation to clinical negligence claims made against members of the Scheme.

The Courts have recently been given the power to order a defendant to make annual periodical payments (rather than a single lump sum) in personal injury and clinical negligence cases.

Whilst a Trust is a member of the Scheme, the source of any compensation payment on behalf of that Trust is the NHS Litigation Authority. Any Trust leaving the Scheme must take its liabilities with it. The Chief Executive has signed an agreement with the NHS Litigation Authority that if the Trust's membership of the Scheme is terminated the Trust will pay a lump sum equal to the Lump Sum Liability to cover all future liability for periodical payments which became payable prior to the termination date.

The aim of this paper is to provide a background to the function of the CNST and to highlight the benefits in belonging to the scheme.

Background to the CNST (the Scheme)

The Chelsea and Westminster Healthcare NHS Trust is a member of the "Clinical Negligence Scheme for Trusts" (Scheme) which was established in 1994 by the NHS Executive to provide a means for Trust to fund the cost of clinical negligence litigation. The NHS Litigation Authority (a Special Health Authority established in 1995) administers the scheme which provides indemnity to Trusts and PCTs in respect of clinical negligence claims arising out of adverse incidents occurring after 1st April, 1995. In 1999 the Liabilities to Third Parties Scheme (LTPS) and Property Expenses Scheme (PES) together known as the Risk Pooling Scheme for Trusts (RPST) were established to fund the cost of legal liabilities to third parties and property losses.

This scheme is a voluntary risk-pooling scheme for Trusts and PCTs. It is not an insurance policy but a 'pay as you go' scheme. The Litigation Authority calculates the required funds necessary to meet the calls under the scheme in that year and levels contributions from its members to discharge the anticipated liabilities. By operating on a pay-as-you-go basis no reserves need to be held to cover either the claims that have been reported but not yet settled (the outstanding claims) or

the claims that have been incurred but not yet reported. The fundamental benefit of this is that it keeps more money in patient care rather than in reserves. Cover from a commercial insurer would cost Trusts almost four times as much in premiums for “incident based” cover.

The CNST Standards

The NHS Litigation Authority introduced the CNST Clinical Risk Management Standards shortly after it was established followed by the RPST Standards in 2000.

The promotion of risk management and governance are integral components of the Scheme and its clinical risk management standards (General) have been refined and developed since the establishment of the CNST. It is a requirement of the membership of the Scheme that all Trusts are assessed against the CNST risk management standards and (until March 2005) the RPST Standards and all member NHS bodies are assessed at least every two years. The standards and assessment process are designed to provide a structured framework within which to focus effective risk management activities in order to deliver quality improvements in organisational governance, patient care and the safety of patients, staff and visitors.

The assessment is based on seven standards and includes

1. Learning from experiences with regard to incidents, complaints and claims with evidence that professionals including clinical staff are participating in patient incident reporting.
2. Consent to Treat.
3. Health records.
4. Response to major clinical incidents,
5. Staff induction, training and competence and
6. Evidence of Trust policies relating to clinical care
7. Examples of initiatives under way which demonstrate that Clinical Risk Management is an integral part of the Trust's business.

Maternity Services in England account for a significant proportion of the number and cost of claims reported to the NHS Litigation Authority each year. In response to this fact, the CNST Maternity Clinical Risk Management Standards and assessments were introduced in 2003. The assessment is based on eight standards and includes

1. Organisation (Maternity Services Risk Management Strategy).
2. Learning from experiences with regard to adverse incidents likely to lead to claims.
3. Communication (information leaflets showing the alternatives, risks and benefits of proposed treatment, relevant guidelines and audit reports).
4. Clinical care (multidisciplinary clinical guidelines).
5. Staff induction, training and competence.
6. Health records.
7. Implementation of risk management.
8. Staffing levels.

During 2005 an exercise was begun to make significant changes to all of the NHS Litigation Authority risk management standards and assessment processes. There will be a single set of risk management standards for each type of organisation incorporating organisational, clinical and health safety risks. At the end of March 2005 the RPST standards were withdrawn and in March 2006 General standards were withdrawn and replaced by the NHS Litigation Risk Management Standards (which are currently in draft form) for Acute Trusts. These also take into account standards for better health. Pilot assessments against these draft standards will be conducted between July and December 2006. Separate standards and assessments are being retained for maternity services.

Costs of the Scheme

The costs of the Scheme are met by membership contributions. The projected claim costs are assessed in advance each year by professional actuaries. Contributions are then calculated to meet the total forecast expenditure for that year. Individual member contribution levels are influenced by a range of factors including the type of Trust, specialities it provides and the number of whole -time equivalent clinical staff it employs. Discounts from contributions are given based on the level attained by each Trust following assessment, the maximum discount being 30% in respect of Trusts attaining Level 3 (highest level)

Contribution to the CNST April 2004-2005

The Chelsea and Westminster NHS Trust's gross contribution was assessed at **£3,012,503.00**

The Trust had attained Level 1 following its CNST assessment and a discount of 10% was received which is applicable for two years.

Maternity Discount	£206,522.86
Risk Management Discount	£94,727.46
Total Discount	£301,250.32

Amount paid by the Trust **£2,711,252.68**

Contribution to the CNST April 2005-2006

The Chelsea and Westminster NHS Trust's gross contribution was assessed at **£3,592,210.40**

Maternity Discount	£237,447.84
Risk Management Discount	£121,773.20
Total Discount (10%)	£359,221.04

Amount paid by the Trust **£3,232,989.36**

Contribution to the CNST for 2006-2007

The Trust's gross contribution has been assessed at **£4,054,829**

Maternity Discount	£565,534.80
Risk Management discount	£245,431.00
Total discount	£810,965.80

Following its success in attaining Level 2 in January 2006 the Trust has received a discount of 20%

Net contribution for the Trust **£3,243,863.20**

The benefits to the Trust by contributing to the CNST

An NHS or Foundation Trust can leave the scheme at any time. However a Trust wishing to opt out of the scheme must take its liabilities with it. In taking its liabilities with it, however, it no longer benefits from the reasonable security of the Litigation authority.

Apart from the benefits derived from the financial security offered by the Litigation Authority, the CNST provides a useful framework through which the Board is assured that comprehensive risk management policies and standards are in place. Any internally proposed systems for assessing the Trust's exposure to risk in order to attempt to provide the level of assurance required by the Board should be assessed by external auditors/assessors (currently the function of CNST). This means that an independent body comments on the Trust's declaration of its risk managements arrangements, highlights areas of risk and /or poor arrangements against specific criteria. This would form the basis of assurance to the Board of the Trust's integrity, probity and accountability.

Clinical Negligence claims in the NHS

The frequency and costs of clinical negligence claims are increasing in the NHS both settlement cost and legal fees. Claims arising from alleged mismanagement of labour continue to rise. A typical British maternity unit with about 3,000 births per year can expect two "brain damage" cases in an average year. If clinical negligence can be proved each case will carry a potential cost of £2-4M. The Maternity Unit at the Chelsea and Westminster Hospital has approximately 4000 births per annum.

The Trust at the end of the financial year 2005-2006 has a total of **70** ongoing claims (inclusive of **31** new claims brought against the Trust in the same year).

Women and Children's Directorate	37 (11 "brain damage" cases)
Surgery, Anaesthetics /Imaging Directorate	18
Medicine Directorate	14
HIV/GUM Directorate	0
Clinical Support Services	1

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	4.2.1/May/06
PAPER	2005 Staff Survey Action Plan
AUTHOR	Maxine Foster, Director of Human Resources Contact Number: 020 8846 6726
LEAD DIRECTOR	Maxine Foster, Director of Human Resources Contact Number: 020 8846 6726
SUMMARY	This report of the results of the 2005 National Staff Survey is presented to the Board for Information. Significant improvements have been achieved since the last survey in a number of areas identified in the paper. Areas for improving the working life of staff and contributing to the corporate objectives are also identified.
BOARD ACTION	The Board is asked to note the survey results and the action being taken as a result.

Chelsea and Westminster Healthcare NHS Trust

2005 NHS National Staff Survey Results

1. Introduction

The national staff survey was designed to reduce the need for staff to complete numerous questionnaires. The survey replaced individual organisations' annual staff surveys, the Department of Health questionnaires and Clinical Governance review staff surveys. The October 2005 Survey was the third in the current series.

The survey results are used by:

- The Trust to inform improvements in working practices
- The Healthcare Commission who will use the survey in their Annual Health Check as part of our compliance with Department of Health Core Standards
- The DoH and other national bodies to assess the effectiveness of national policies such as flexible working policies and to inform future developments

This report pulls together information from the results to highlight improvements since the last survey and identify action which aims to deliver responses in the top 10% of acute trusts and take us out of the bottom 20% of acute trusts and contribute to our corporate objectives. Each year the survey results are used to inform the Human Resources Strategy and the work of the HR teams and Improving Working Lives Group.

2. Response Rate

Surveys were sent out last October to all staff employed by the Trust. Our response rate in 2005 for the sample of staff surveyed was 46%, which placed us in the bottom 20% of Acute Trusts. The average response rate for all acute trusts was 55% and the average for London Teaching Hospitals was 47%. Central London Teaching hospitals are challenging environments to work in so as well as being compared to all acute trusts a benchmark is our performance amongst other London teaching hospitals.

The highest proportion of responses came from Registered Nurses and Midwives (Adult/General) 24%, and Admin and Clerical 17%.

3. Key Findings from the Survey.

3.1 The Trust is in the top 20% of all Acute Trusts for:

1. Quality of work life balance
2. Staff saying they work in teams
3. Staff working in a well structured team environment
4. Quality of job design
5. Support from immediate managers
6. Positive feeling within the organisation
7. Staff reporting errors, near misses and incidents witnessed
8. Staff job satisfaction

3.1.1 Progress since 2005

In comparison to last year the number of questions where Chelsea and Westminster is in the top 20% has increased. In 2004 we were in the top 20% for only three indicators:

- % staff receiving at least one day's training on taught courses in the previous 12 Months
- % of staff saying they work in teams
- Opportunities for flexible working

Chelsea and Westminster has **significantly improved** from last year in the following areas:

1. Quality of job design
2. Support from immediate managers
3. Staff witnessing potentially harmful errors, near misses and incidents
4. Staff reporting experiencing physical violence from patients and relatives
5. Staff experiencing harassment, bullying or abuse from staff
6. Staff job satisfaction
7. Work pressure felt by staff

This is the second year in which we have significantly improved in the area of work pressure felt by staff, although long hours are still a significant factor reported in the rest of the survey.

3.2 The Trust has not significantly deteriorated in any of the key issues. The Trust's scores fell in the **bottom 20% of all acute trusts** for 8 issues which are a high priority for improvement.

- Staff working extra hours
- Staff working extra hours due to the demands of the job
- Staff using flexible working options
- Staff having health and safety training
- Staff witnessing errors and near misses and incidents
- Staff experiencing harassment, bullying or abuse from patients/relatives
- Availability of hand washing materials
- Staff intending to leave their jobs.

Last year the Trust was in the bottom 20% of acute trusts for 10 issues. We are now not in the bottom 20% for staff suffering work related stress or the staff's perception that we take effective action towards violence and harassment.

3.3 Some of the scores are at odds with the questions where we are demonstrating significant improvement and are in the top 20%. We were in the bottom 20% of acute trusts for staff working extra hours and flexible working options, but in the top 20% for work life balance, job design and job satisfaction. Scoring low on availability of hand washing materials is considered an anomaly given our focus on hand hygiene and reputation as a hospital. Additionally high levels of reporting of errors and

incidents is considered good practice and is something we actively encourage within the Trust.

The Board will be interested in our performance against other London Teaching Hospitals. Although we may have results in the bottom 20% of acute hospitals in England, in most instances we still compare favourably to other London Teaching Hospitals.

4. Areas requiring focused action

This section of the report examines the action necessary to improve our performance in the questions where we were in the bottom 20%. These issues are picked up in the action and benefits plan.

4.1 Reducing the number of staff working extra hours due to pressure and demands of the job.

The long hours culture will be impacting on staff stress and sickness levels, their intention to leave the Trust, morale and motivation, and in the worst cases, patient safety. Currently our sickness level is a respectable 3.7%. In 2004/5 the rate was 4.15%.

The percentage of staff working extra hours was 81% and has increased since last year when the percentage was 76%. In our peer group of London teaching hospitals we had the highest percentage of staff reporting working extra hours, where the average was 77%.

The drive to reduce staffing costs, control bank and agency activity and deliver cost improvements mean that the long hours culture is likely to persist into the future unless there is leadership from the top and at all levels through mechanisms like regular appraisal and development to ensure staff focus on priorities, are more efficient in their working practices and we improve our job design further. In areas of the admin and clerical workforce increased investment in technology should be explored. For the medical workforce and members of the clinical multi disciplinary team, the need to meet the 2009 working time directive for doctors in training and reduce their working week by a further 4 hours will have an added impact. Delivering benefits from Agenda for Change should be linked to better job design.

4.4 Increasing the numbers of staff using flexible working options

Offering staff flexible working options increases their work life balance, job satisfaction, morale and motivation, and reduces unplanned absence. There is evidence from this and other Trusts it also aids retention.

This issue was highlighted in the Improving Working Lives Assessment. The staff groups where most improvement could be made are Administration and Clerical and Corporate Services.

4.5 Increasing the number of staff having health and safety training.

This is an annual mandatory requirement both for CNST and under Health and Safety legislation. The safety of our patients, staff and the public could be compromised as a result of a lack of training. The % of staff reporting they have had health and safety training in the last 12 months was only 56%. Last year the response was 50%. The

groups we need to focus most attention on are Medical and Administration and Clerical.

Action is currently being taken to audit the availability of health and safety training in the trusts, barriers to access and exploring alternative methods to face to face classroom type training.

We are also currently exploring a proposal to adopt the practice used by the Post Graduate Medical Centre which prevents staff attending other forms of training until they have undertaken all mandatory induction or annual update training programmes. For all trust staff this would mean Induction, Equality and Diversity, Manual Handling, Infection Control, Fire and Governance, as well as Health and Safety.

5 Errors, near misses and incidents

The percentage of staff witnessing potentially harmful errors, near misses or incidents has reduced in the previous 12 months to 49%. In 2004 the score was 57%. The Trust has worked hard to develop a culture of safety and where errors, incidents and near misses are reported to enable preventative measures to be put in place.

86% of staff said they knew how to report errors, near misses and incidents. 44% felt the Trust treats fairly those staff who are involved in an error, near miss or incident. 77% felt that the Trust encourages them to report errors, near misses or incidents. 53% felt the Trust treats reports of errors, near misses or incidents confidentially 48% felt that when errors are reported the Trust takes action to ensure that they do not happen again.

34% said they are given feedback about changes made in response to errors, near misses or incidents.

Staff were also asked whether they had been injured or felt unwell as a result of specific problems at work. The highest percentage of staff (41%) felt unwell as a result of work related stress. In 2005 the response for stress related illness was 40%. Our results are very similar to other London teaching hospitals.

Led by Occupational Health a programme of stress management awareness education and training has been underway for staff and their managers since 2004. It forms a significant part of risk management audits of wards and departments. These initiatives will continue.

5. Harassment, Bullying and Violence

In the 12 months since the last survey our action plan focused on our response to staff experiencing physical violence from patients and relatives and other staff in the organisation. Work has been undertaken both to raise awareness about what constitutes bullying and harassment and also to strengthen the support mechanisms for staff. The Dignity at Work policy was reviewed and updated in partnership with Staff Representatives. More focus and publicity has been given to the Volunteer Harassment and Bullying Advisors and less formal staff support mechanisms. We will raise awareness about the support mechanisms available to staff – bullying and harassment advisors, confidential counselling service, human resources team, staff representatives, PALS. We will recruit and train more volunteer advisors.

Raising awareness about an issue frequently results in increased reporting. In 2005 the percentage of staff indicating that they had experienced harassment, bullying or abuse from patients or relatives was 34%. This is a 1% reduction on the 2004 score. The Trust is placed in the **average** for our category for staff experiencing physical violence from other staff.

Just under 31% said they had experienced this from patients and service users and 15% had experienced it from colleagues. Last year the responses given to these questions were 37% and 18%, so there has been a small but significant improvement. As well as ensuring there are appropriate response and support mechanisms in place the Trust should also take a more proactive approach to finding where bullying and harassment might be going on but is not reported. The IWL Group is looking to develop indicators that could be monitored and a proactive partnership approach then taken with staff representatives to examine behaviour in areas of the Trust. These indicators would be turnover, sickness, grievances, disciplinarys, exit interview information.

6. Availability of hand washing materials

This was a new question this year.

Staff were asked if hot water soap and paper towels or alcohol rubs are available when needed. The majority indicated they were always available or most of the time. This score was lower than for our peer group especially amongst Allied Health Professionals, Scientific and Technical and Admin and Clerical groups. The Facilities Department will work closely to monitor the performance of the contract for this service.

Staff were also asked to what extent they felt that the Trust did enough to promote the importance of hand washing. Here we scored higher than average for London Teaching Hospitals:

84% felt the trust does enough promotion with staff (London teaching hospitals 77%)
68% felt the Trust does enough promotion with service users and Trust visitors, that is 6% higher than at other London teaching hospitals (62%).

7. Staff Intention to Leave

This score was the same as in 2004 (38%).

56% said if they leave their current job they would want to stay in the NHS, whilst 19% said they would not want to. The true turnover rate over the last 12 months has been 17.3%.

Respondents gave a number of reasons for considering leaving their job, which tally with the information from exit interviews. The key occupational groups where we could make the most improvement are All Nurses and Admin and Clerical.

5. Issues Identified by Chelsea and Westminster Staff

The above issues will be examined by the Healthcare Commission. However the issues identified as important by our staff can be different and we will also focus on these to improve the working lives of staff. The survey identified the top three issues important to our staff as Workload, Communication, and Feeling Valued.

Improvements in these areas will also improve scores for the Annual Health Check

Areas of focus by occupational group:

Workload Admin and Clerical, Occup. Therapy, Pharmacy, Medical Consultants, Corporate Services, General Management, Nurses and Midwives – children’s services.

Communication Physiotherapy and AHPs, Scientific and Technical, Medical staff in training, Adult Nurses.

Feeling Valued Nurses and Healthcare Assistants

Areas of focus by directorate:

Workload Pharmacy, Clinical Support, Nursing TMAC, John Hunter, Victoria clinic, Man Exec (CE, HR, Finance, IM&T Chief Nurse, Operations), Surgery Management, Obstetrics, Neptune Ward.

Communication Anaesthetics, ITU, Man Exec (Chief Nurse, IM&T), Burns, General Surgery, Annie Zunz, Therapy services, Private Patients.

Feeling Valued HIV/GUM Charring X, Cardiology, Medicine Elderly.

6. Action Plan

In early April a series of six open sessions were held over two days to feedback the results and for staff to tell us what they would like to see in this year’s action plan. Dozens of staff from all areas of the Trust gave their views on their working life and came up with some excellent ideas about how we could make it a better place to work. The feedback was then collated and discussed at the Improving Working Lives Group. The survey results have also been discussed at the Joint Management and Trade Union Committee. The survey results broken down by directorate and department have been made available to General Managers and their teams to enable them to work with HR Managers on action specific to their directorate.

The action plan will also support the achievement of this years corporate objectives and specifically contribute to workforce development, equality and diversity and patient choice, as outlined below.

6.1 Benefits Realisation

Action	Benefit	Time scale	Measurement	Lead
Staff Survey Communication plan for 2006	Increase response rate	Sept 06	Response Rate to 2006 survey by at least 15%	MF CM
Increase number of staff receiving an appraisal and with a PDP. Include target in objectives of all senior managers	Better communication, focus on priorities to increase efficiency, valuing staff, work life balance Improved morale motivation	April 06 onwards	100% of staff reporting appraisal in last 12 months.	All Execs. GMs, Snr mgrs
Improved job design with use of technology, IMPACT process mapping, occup. health and HR advice	Better work life balance, increased efficiency and productivity, less stress and sickness absence	April 06 onwards	Measures for Success, reduced sickness absence, improved retention	MF, AG, ED
Publicise flexible retirement and flexible working opportunities. Educate and encourage managers in best practice.	Recruitment and Retention, better work life balance.	May 06 onwards Valuing Staff Week, Sept 06	Increased nos of staff aware of and taking up flexible retirement and working options by 10%.	MF
Review Health & Safety training capacity and provision. Increase numbers of staff trained each year. Review Mandatory training arrangements	Meet statutory requirement, fewer errors near misses and incidents, lower sickness rates from work place accidents	July 06	Monitoring of incident reporting, sickness rates. No of staff reporting receiving training in previous 12 months in 2006 survey	ED, AMaC MF
Proactive Zero tolerance campaign of bullying and harassment of staff. Review role of B & H service. .More publicity for staff support mechanisms	Meet legal requirement to proactively manage. Workforce more confident in action and support from management.	May 06 onwards Valuing Staff week Sept 06	Fewer incidents, reduction in sickness and stress. Increase in investigations by HR More B&H advisors.	MF, ED
Increase availability of	Reduced infection rates	April 06 and	Infection rates and staff and	ED

hand washing materials		ongoing	patient satisfaction	
Valuing Staff Week	Increased reported sense amongst staff of feeling valued	Sept 06	Retention, staff survey results 2006. Improved Patient survey results	MF, IWL group
Deliver customer care training across the Trust	Contributes to Provider of Choice, high quality patient care, improving patient and staff satisfaction.	May 2006 to May 2007	Evaluation of outcomes of the training programme. Patient and Staff satisfaction surveys.	MF AMaC
Review of effectiveness of communications and plan for improvements	Better communication between staff and managers. Increased efficiency. More staff involvement in running of the Trust	July 06	Improved morale and motivation,	CM
Increase participation in Exit interviews, make better use of the information received	Target key staff to support managers in conducting exit interviews. Feedback to managers on reasons for leaving.	June 06	Increased number of exit interviews undertaken by 20%.	MF

7 Conclusion

The 2005 staff survey results demonstrate significant improvement in a number of areas for working life for our staff. The Trust is also in the top 20% of all acute hospitals for more indicators than was the case in 2004. The aim now is for the Trust to be in the top 10% of acute Trusts for at least 5 indicators in the 2006 survey and for us not be in the bottom 20% for any indicator. We will aim to achieve through the action plan and by demonstrating commitment and leadership from the top of the organisation to improving the working lives of our staff.

The Board is asked to note the results of the 2005 staff survey and approve the actions planned in the report.

Maxine Foster
 Director of Human Resources
 April 06

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	4.2.2/May/06
PAPER	Workforce Ethnicity Report 2005/06
AUTHOR	Maxine Foster, Director of Human Resources Contact Number: 020 8846 6726
LEAD DIRECTOR	Maxine Foster, Director of Human Resources Contact Number: 020 8846 6726
SUMMARY	This report provides the Board with information about the Trust's Workforce and potential workforce by ethnicity for the following areas: • Recruitment • Training • Promotion • Employee Relations • Joiners & Leavers Areas for action are suggested which will be agreed with the Equality & Diversity group.
BOARD ACTION	The Board is asked to note the information and the action being proposed as a result.

**HUMAN RESOURCES DIRECTORATE
WORKFORCE ETHNICITY REPORT**

1st April 2005 to 31st March 2006

1 Introduction

The Annual Plan for 2006 -7 identifies equality and diversity as one of three overarching principles to be focused on in the coming year.

This report provides information about workforce and potential workforce by ethnicity using local and London population comparators, across the following areas:

- Recruitment: comparing numbers of applicants, shortlisted and offered jobs
- Training course attendance
- Promotion
- Employee relations: formal disciplinarys, grievances, capability and sickness
- Joiners and Leavers to the Trust

The analysis has been discussed at JMTUC, and will be disseminated via the Equality and Diversity Steering Group in addition to being published on the Trust Intranet and website.

Staff views are being sought on the trends revealed by the “top-level” data with a view to agreeing where further analysis, audit and action is required.

A further report will be presented to the Board once an action plan has been developed.

This data and the supporting analysis are provided in accordance with the Trust’s duty under the Race Relations (Amendment) Act.

2 Trust Overview

Chelsea and Westminster Healthcare NHS Trust is situated in a busy cosmopolitan area of west central London, on the Fulham Road, Chelsea. We provide secondary services to our local community and specialist services to a broader population. The boroughs principally served by the Trust are Kensington and Chelsea, Hammersmith and Fulham, Westminster and Wandsworth.

3 Trust workforce and Local Population comparison

Over 20% of residents are from a black or minority ethnic background and a high proportion of residents were born outside of the UK. Over 200 languages are spoken in the area and nearly 30% of London's asylum seekers live in North West London.

We have a diverse workforce that reflects the local and central London population in broad terms with some slight variations. Chelsea and Westminster's labour market not only comes from our local population (southwest London in particular) but also spans across central and greater London. A significant percentage of our staff take over one hour to commute to work each way.

The Trust has made good progress in obtaining ethnicity data for its 2600 staff with **98.7% of staff with ethnic codes** (the remaining 1.3% have declined ethnic coding).

The table below shows the breakdown of our staff compared with the population of the four local boroughs, as well as for Central and Greater London. The latter two breakdowns are as at the 2001 census:

	All White groups	All Black groups	All Asian Groups	All Mixed groups	Chinese	Other	Info refused
C+W staff	64.1%	15.1%	11.4%	3.0%	1.2%	3.6%	1.6%
H&F, K&C Wandsworth, Westminster combined	76.9%	8.9%	6.4%	3.8%	1.3%	2.6%	0%
Greater London population	71.1%	10.9%	12.1%	3.2%	1.1%	1.6%	0%

A more detailed breakdown is as follows:

	C+W staff	H&F, K&C, Wandsworth, Westminster	Central London	Greater London
White British	46.5%	56.4%	53.9%	59.8%
White Irish	4.3%	3.6%	3.7%	3.1%
Any other white	12.6%	16.9%	13.7%	8.3%
White & Black Caribbean	0.7%	1.0%	-	1.0%
White & Black African	0.5%	0.6%	-	0.5%
White & Asian	0.6%	1.1%	-	0.8%
Any other mixed	2.9%	1.1%	-	0.8%
Indian	4.6%	2.5%	2.2%	6.1%
Pakistani	0.8%	1.3%	1.0%	2.0%
Bangladeshi	0.2%	1.1%	2.0%	2.2%
Any other Asian	5.8%	1.5%	1.2%	1.9%
Black Caribbean	6.4%	4.0%	5.8%	4.8%
Black African	7.4%	4.0%	7.8%	5.3%
Any other Black	1.3%	0.8%	1.2%	0.8%
Chinese	1.6%	1.3%	1.6%	1.1%
Any other ethnic group	4.0%	2.6%	2.1%	1.6%
Info not given	1.6%	0%	0%	0%

When we compare the Trust workforce with the local and central London census data, it shows a well distributed representation from different ethnic groups.

Appendix 1 also provides detailed analysis.

The Trust has **under-representation** in the following ethnic categories:

White British, white other, white and Asian, white and black Caribbean, white and black African, black African, Pakistani, Bangladeshi (**white British** showing the most significant variation).

The Trust has **over-representation** in the following ethnic categories:

White Irish, black Caribbean, black other, other Asian, Chinese and other mixed or other ethnic origin. (**Indian and any other Asian** showing the most significant variation).

4 Recruitment comparison

4.1 Comparison by Population

Appendix 2 compares the number of applicants against both the local population and central London population data. The data shows that Chelsea and Westminster have a diverse range of applicants to the total posts advertised by the Trust with **more applicants from Asian backgrounds and less applicants from white British and British African backgrounds applying for posts.**

4.2 Comparison of application, shortlist and offer

Appendix 3, Graphs show an analysis of the numbers of applicants compared to those shortlisted and offered posts. The Trust transferred fully to NHS E-Recruitment in August 2005; therefore data provided is split into two periods for comparative purposes (April to July 05 and August 05 to March 06).

For the period April 05 to July 05, the analysis does not show any significant variation in the numbers who apply, are shortlisted and are then offered posts.

For the period August 05 to March 06, the largest single group of applicants were from the Asian categories (54% (8,739) of all applications received).

One potential reason for such high numbers of applicants from this category is that the Trust recruited cohorts of medical staff in the autumn for the February and August 06 intakes, and received a high volume of applications from this ethnic group. The number of applicants from this group are significantly higher than the local population within North West London from the same group.

In relation to appointments made during the same period (August 2005 – March 2006), 57% of those appointed were white, 19% from Asian groups and 13% Black groups.

It should be noted that, when using the E: Recruitment system, the shortlisting panel do not see the candidates' personal details relating to name, sex, age, disability and ethnicity. Each applicant is only identifiable by a unique application reference number. Prior to an E: REC filter system being introduced in December 2005 there were a significant number of applicants who did not meet the essential qualification criteria, therefore this factor should be taken into consideration when assessing trends for the period August 05 to March.

(The total number of applications received between April and July 05 was 1,916. The total number of E: REC applications received between August and March 06 was 16,218.)

Further analysis of recruitment by work area will be undertaken and from the initial data, AHPs and Medical staff will be areas to focus on.

5 Employee Relations comparison

Appendix 4 shows the percentage of staff where formal action has been taken in relation to capability, dignity at work, disciplinary proceedings, grievances and sickness in 2005/06.

The data shows some significant trends:

60% of dignity at work issues and 50% of grievances were formally raised by white British staff. This is above the Trust percentage for this staff group. Further analysis is required to understand if this means that white British staff consider they are subject to unfair treatment more than other ethnic groups, and/or, whether other ethnic groups understand how and feel confident to raise concerns formally.

The number of formal disciplinary actions were higher than Trust ethnicity percentages for staff with the following backgrounds:

White and black 3.4%,
Any other Asian 10.3%,
black Caribbean 13.8%,
black African 24.1%,
any other black 6.9%
not known 3.4%.

Whilst this represents a spread of ethnicity the majority of staff are from black or black and other backgrounds. The HR department have reviewed the reasons for disciplinary action and they are legitimate. We will be conducting a more detailed audit of the cases. A harder to quantify consideration is whether staff from non-black groups are reaching formal action for similar misconduct offences or whether there are cultural differences that lead to misconduct classification. The sickness percentages reveal very similar trends.

The data shows no formal action has been taken in relation to capability in year.

The above results will be discussed in detail at the next Equality and Diversity Steering Group in May.

6 Promotions comparison

Appendix 5a provides an analysis of staff promoted in 2005/06 by staff group.

The pie charts give an immediate indication that there is a diverse mix of ethnic groups in administrative and clerical and nursing and midwifery professions, whereas, allied health professionals and medical staff are predominately white British. The majority of allied health professionals are from white backgrounds (white British and white Irish) with the remaining smaller percentage from Asian backgrounds.

Appendix 5b provides a bar chart outlining the percentage of promotions compared with the Trust ethnicity. This does not seem to indicate any significant variation in promotion due to ethnicity. The chart also details employee relations procedures alongside promotion to see if there are any trends. There is no significant pattern in that formal employee relations action does not appear to affect promotion. Some ethnic groups have no employee relations action and are promoted (white and black African, white and Asian, Indian and Pakistani backgrounds).

Further work is planned by the HR Directorate to analyse ethnicity by salary range once agenda for change conversions complete.

7 Joiners and Leavers comparison

Appendices 6 and 7 detail the numbers of staff by ethnicity joining and leaving the Trust. In the main there appears to be correlation in the proportion of ethnic staff groups joining and leaving the Trust.

9 out of 10 senior management appointments (joiners new to the Trust) were from a white ethnic background.

Further analysis will be undertaken by salary range and the different tiers of staffing in nursing and midwifery, medical staff and allied health professionals.

8 Training comparison

Appendix 8 provides an analysis of staff accessing training in 05-06.

The most significant under-representation is from white British staff (-5.4%) on training courses however there is an over-representation of white Irish staff (2.9%).

Other variations are small with slight under-representation of attendees from Asian backgrounds and slight over-representation of attendees from black backgrounds.

9 Addressing Inequalities

The Trust is committed to challenging discrimination in all its forms and ensuring 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.

Our Equality and Diversity Action Plan and Race Equality Scheme provide a detailed strategy for advancing the Equality and Diversity agenda in service delivery and employment best practice.

Detailed data on staff demographics has been captured, and together with other survey and qualitative data will form the basis for future planning and development in this area. This will ensure we continue to employ, train, value and retain a workforce that reflects the Trust's local community.

10 Recommended Actions

Listed below are some suggested areas for further work to be discussed at the JMTUC, Equality and Diversity Steering Group, BME forum and any other Trust forums where staff can contribute:

1. To agree tailored specific recruitment initiatives within the local community and in partnership with educational establishments for specific staff groups (including comparing their intake ethnicity information).
2. To examine employee relations trends and cases in greater detail and by directorate
3. To examine Trust sickness absence rates by ethnicity and by department.
4. To conduct a detailed promotions and salary analysis by ethnicity.
5. To examine ethnicity by staff group in more detail, in particular AHPs, medical staff and senior managers where there is under representation from minority ethnic groups.
6. To compare ethnicity analysis with sex, gender and disability to assess where there are further patterns or themes.
7. To conduct a Race and Diversity Audit. An Audit tool has been specifically designed to review the effectiveness and awareness of the following workforce themes:
 - Recruitment, retention and progression
 - Appraisal
 - Policies, procedures and practices
 - Communication and Partnership

This will help the Trust to measure how far we meet the actions set out in our Race Equality Scheme and where further targeted work is required to promote diversity.

11. Conclusion

The Board is asked to note the content of the report.

Maxine Foster
Director of Human Resources
April 2006

Trust Ethnic Profile 31.3.06

Appendix 1

Directorate	Ethnic Code % Composition																
	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z
Dietetics	75.0%	0.0%	12.5%	6.3%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Therapies	70.2%	5.6%	11.3%	0.0%	0.8%	0.8%	0.8%	0.8%	0.0%	0.0%	2.4%	5.6%	0.8%	0.0%	0.8%	0.0%	0.0%
Pharmacy*	52.9%	3.7%	8.1%	0.0%	0.7%	1.5%	0.0%	11.8%	2.2%	0.0%	1.5%	3.7%	7.4%	2.2%	2.9%	1.5%	0.0%
HIV/GUM	57.7%	5.2%	12.1%	1.6%	0.8%	0.0%	2.0%	0.8%	0.4%	0.0%	0.8%	5.2%	9.3%	0.4%	1.2%	0.8%	1.6%
Imaging and Anaesthetics	40.0%	4.7%	14.2%	0.2%	0.9%	0.9%	1.2%	6.1%	0.9%	0.2%	9.9%	4.5%	5.4%	1.9%	1.4%	6.9%	0.5%
Management Executive	52.9%	5.0%	12.3%	0.4%	0.0%	0.4%	2.3%	3.1%	0.4%	0.4%	3.4%	5.4%	4.2%	1.5%	1.1%	3.4%	3.8%
Medicine	41.1%	3.3%	11.8%	1.0%	0.4%	0.8%	0.2%	4.5%	1.4%	0.2%	10.0%	5.7%	9.4%	1.0%	1.2%	6.3%	1.6%
Private Patients	41.3%	2.2%	17.4%	2.2%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	8.7%	10.9%	2.2%	2.2%	4.3%	6.5%	0.0%
Surgical	41.7%	4.7%	8.6%	1.1%	0.7%	0.4%	1.4%	7.9%	0.7%	0.4%	6.8%	6.5%	10.8%	1.1%	1.8%	4.3%	1.1%
Women and Children's**	43.9%	4.1%	15.0%	0.5%	0.3%	0.3%	0.9%	3.6%	0.5%	0.2%	3.6%	9.7%	8.1%	1.7%	2.2%	3.0%	2.5%
Trust Summary	46.5%	4.3%	12.6%	0.7%	0.5%	0.6%	1.0%	4.6%	0.8%	0.2%	5.8%	6.4%	7.4%	1.3%	1.6%	4.0%	1.6%
Central London+	53.9%	3.7%	13.7%	n/a	n/a	n/a	n/a	2.2%	1.0%	2.0%	1.2%	5.8%	7.8%	1.2%	1.6%	2.1%	n/a
Greater London	59.8%	3.1%	8.3%	n/a	n/a	n/a	n/a	6.1%	2.0%	2.1%	1.9%	4.8%	5.3%	0.8%	1.1%	1.6%	n/a
Below Trust %																	
Above Trust %																	

* Includes Regional Pharmacy

**Includes ACU and Private Maternity

+Camden, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth, Westminster

Source for London wide data - GLA Data Management and Analysis Group - London Plan Sub-Regional Demographic Profiles July 2004

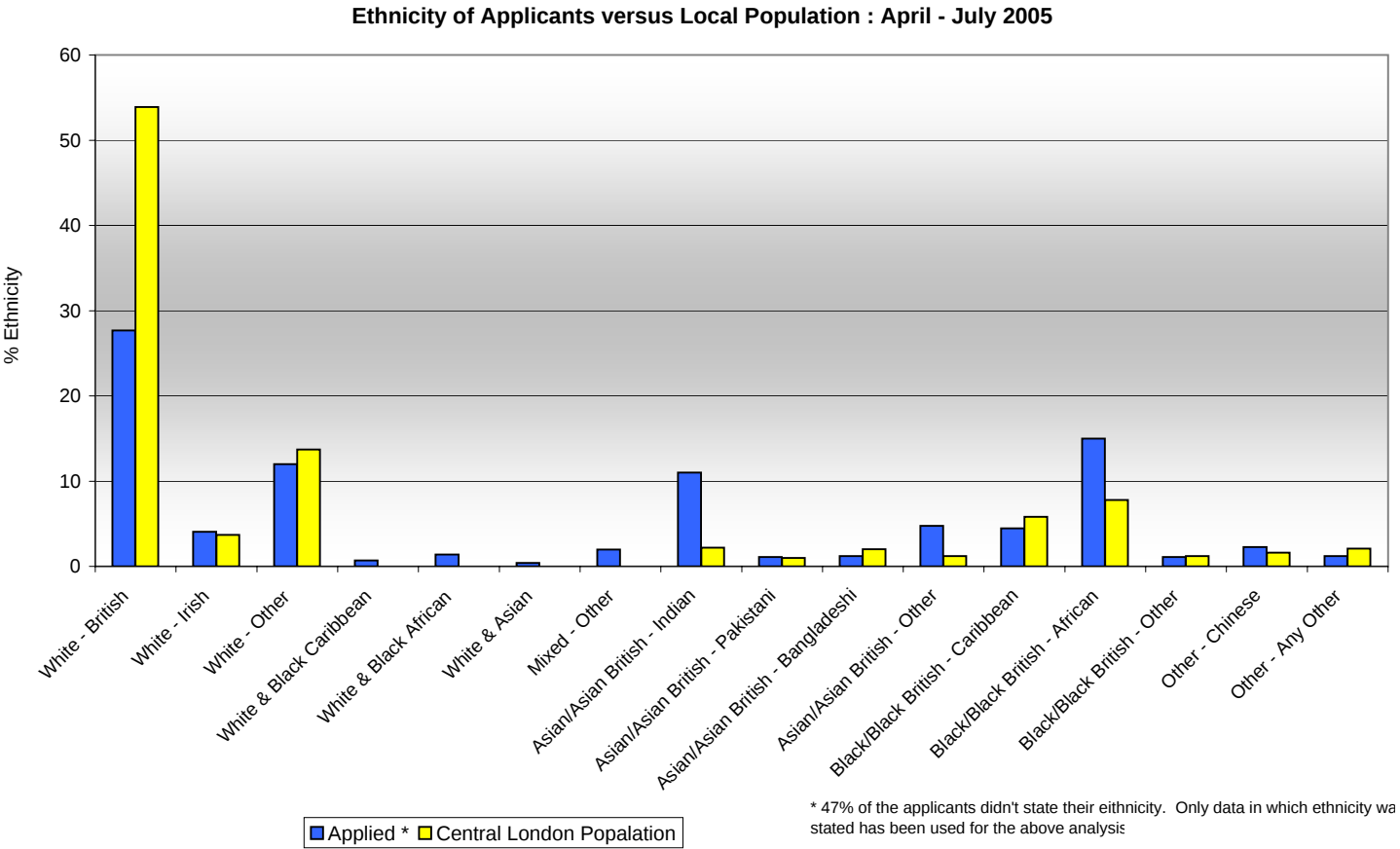
Trust Ethnic Reporting Categories

A - White British
 B - White Irish
 C - Any other White background
 D - White & Black Caribbean
 E - White & Black African
 F - White & Asian
 G - Any other mixed background
 H - Indian
 J - Pakistani
 K - Bangladeshi
 L - Any other Asian background
 M - Black Caribbean
 N - Black African
 P - Any other Black background
 R - Chinese
 S - Any other ethnic group
 Z - No Response

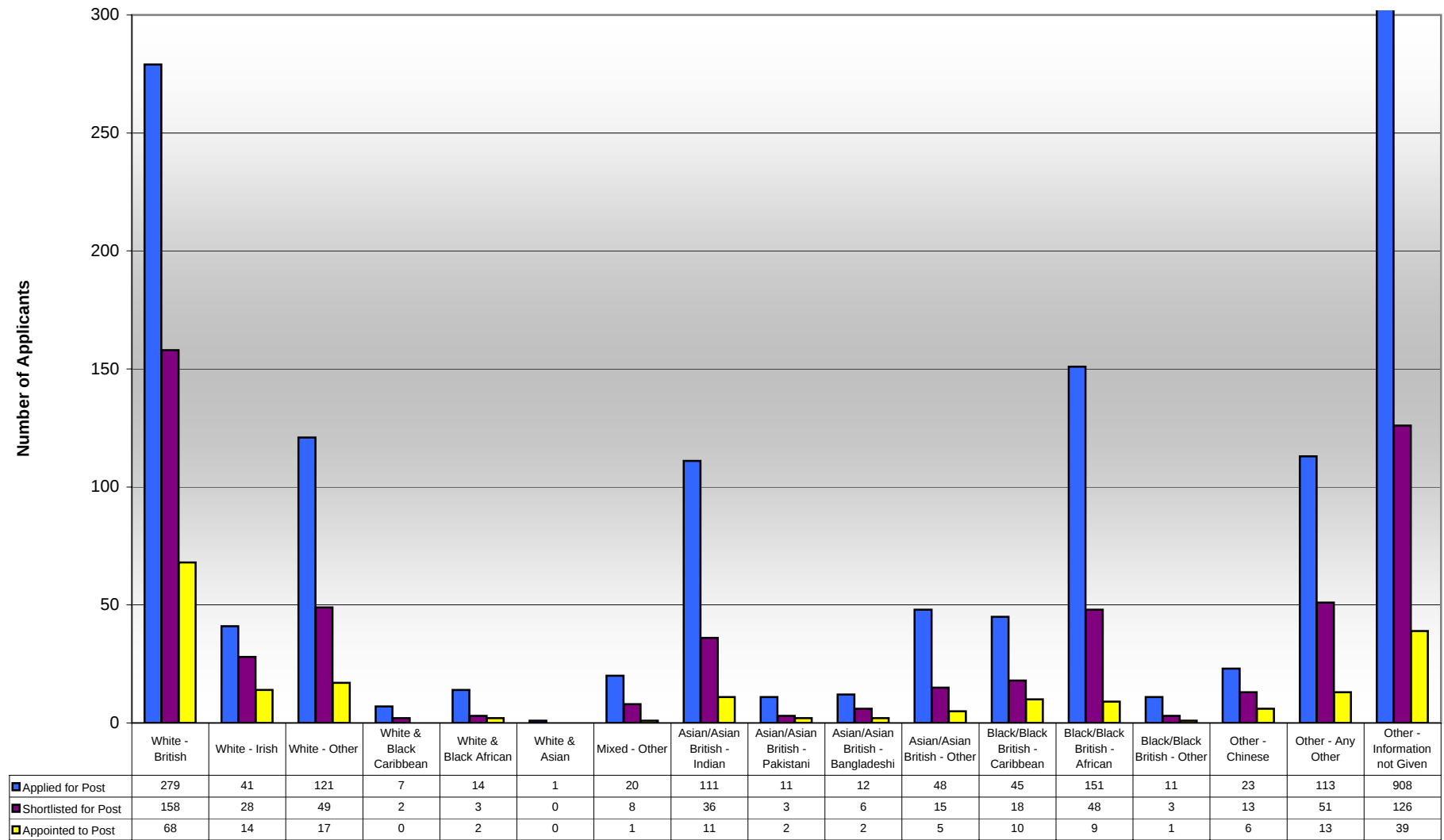
Comparative Data

2001 Census Data -	Greater London	Central London+	C&W
White British	59.8%	53.9%	46.5%
White Irish	3.1%	3.7%	4.3%
White Other	8.3%	13.7%	12.6%
Black Caribbean	4.8%	5.8%	6.4%
Black African	5.3%	7.8%	7.4%
Black Other	0.8%	1.2%	1.3%
Indian	6.1%	2.2%	4.6%
Pakistani	2.0%	1.0%	0.8%
Bangladeshi	2.1%	2.0%	0.2%
Other Asian	1.9%	1.2%	5.8%
Mixed	3.2%	4.0%	2.9%
Chinese	1.1%	1.6%	1.6%
Other	1.6%	2.1%	4.0%

+Camden, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth, Westminster
 Below Central London %
 Above Central London %

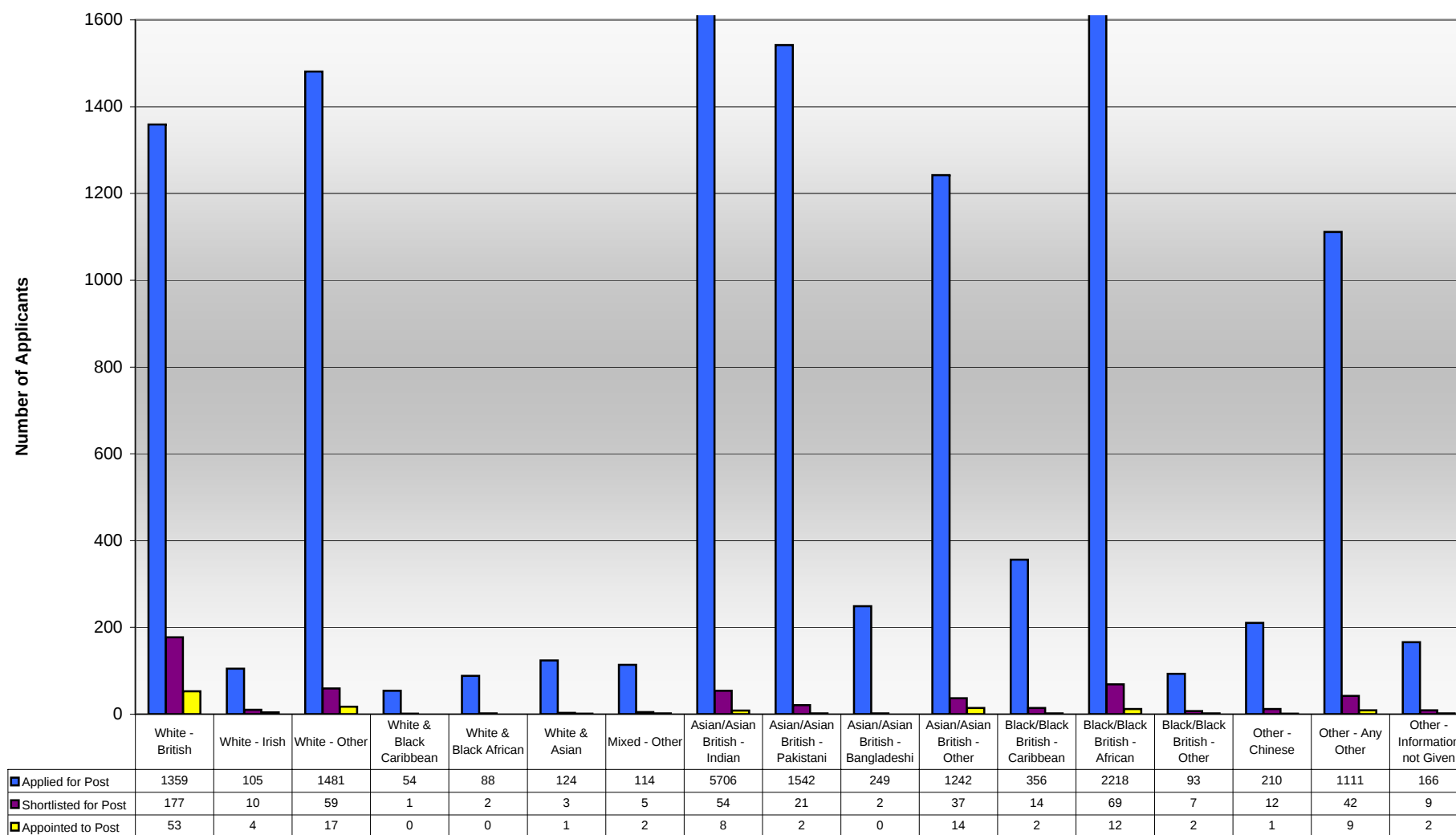


Recruitment Ethnicity Analysis : April - July 2005



Source: TIRS Recruitment System

Recruitment Ethnicity Analysis : Aug 2005 - March 2006

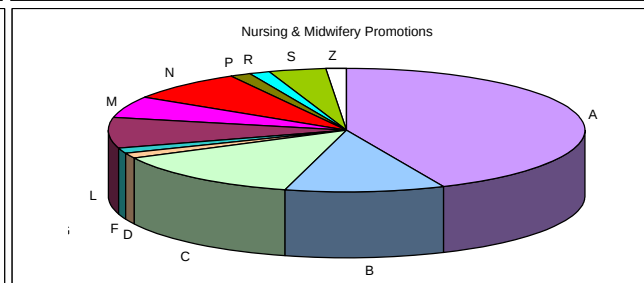
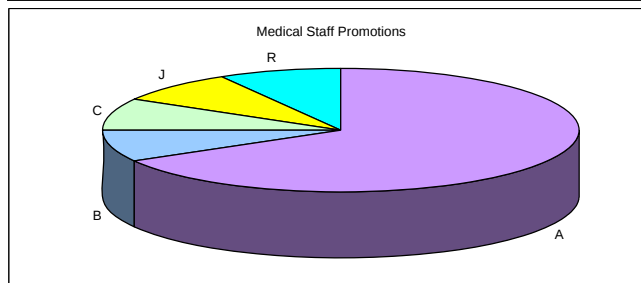
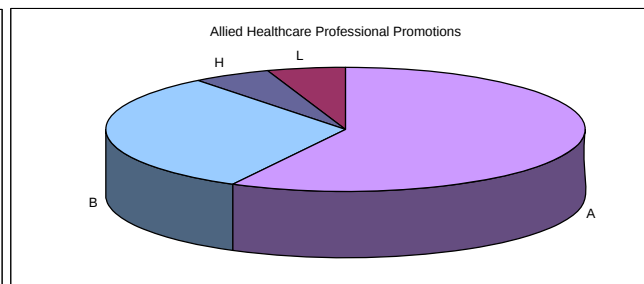
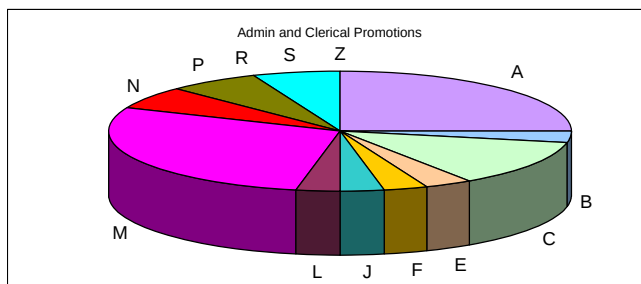


Source: E-Rec Recruitment System

Category	% of All Actions for each Ethnic Code																
	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z
Capability	No Actions																
Dignity at Work	60.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%
Disciplinary	27.6%	3.4%	3.4%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.3%	13.8%	24.1%	6.9%	0.0%	3.4%	3.4%
Grievance	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%
Sickness	36.4%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	9.1%	18.2%	9.1%	0.0%	0.0%	9.1%
All	34.0%	2.1%	2.1%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.5%	10.6%	19.1%	6.4%	0.0%	4.3%	8.5%
Trust Ethnic Summary	47.0%	4.3%	12.4%	0.8%	0.6%	0.6%	1.0%	4.7%	0.8%	0.2%	5.7%	6.4%	7.3%	1.3%	1.4%	4.0%	1.5%
% of Ethnic Group Involved in Disciplinary Procedure - Trust Involvement 1.1%	0.6%	0.9%	0.3%	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	2.3%	3.5%	5.6%	0.0%	0.9%	2.3%
% of Ethnic Group Involved in All Procedures - Trust Involvement 1.8%	1.3%	0.9%	0.3%	10.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	2.9%	4.5%	8.3%	0.0%	1.9%	9.3%
% of Ethnic Group Promoted - Trust 6.4%	6.2%	15.7%	5.0%	10.5%	7.1%	12.5%	0.0%	3.3%	14.3%	0.0%	5.2%	8.7%	5.5%	8.3%	6.8%	6.5%	2.3%
Below Trust %																	
Above Trust %	The nature of this data is such that a directorate level analysis would require a formal audit of individual cases.																

Analysis of Staff Promoted - Staff Group**Trust Ethnic Reporting Categories**

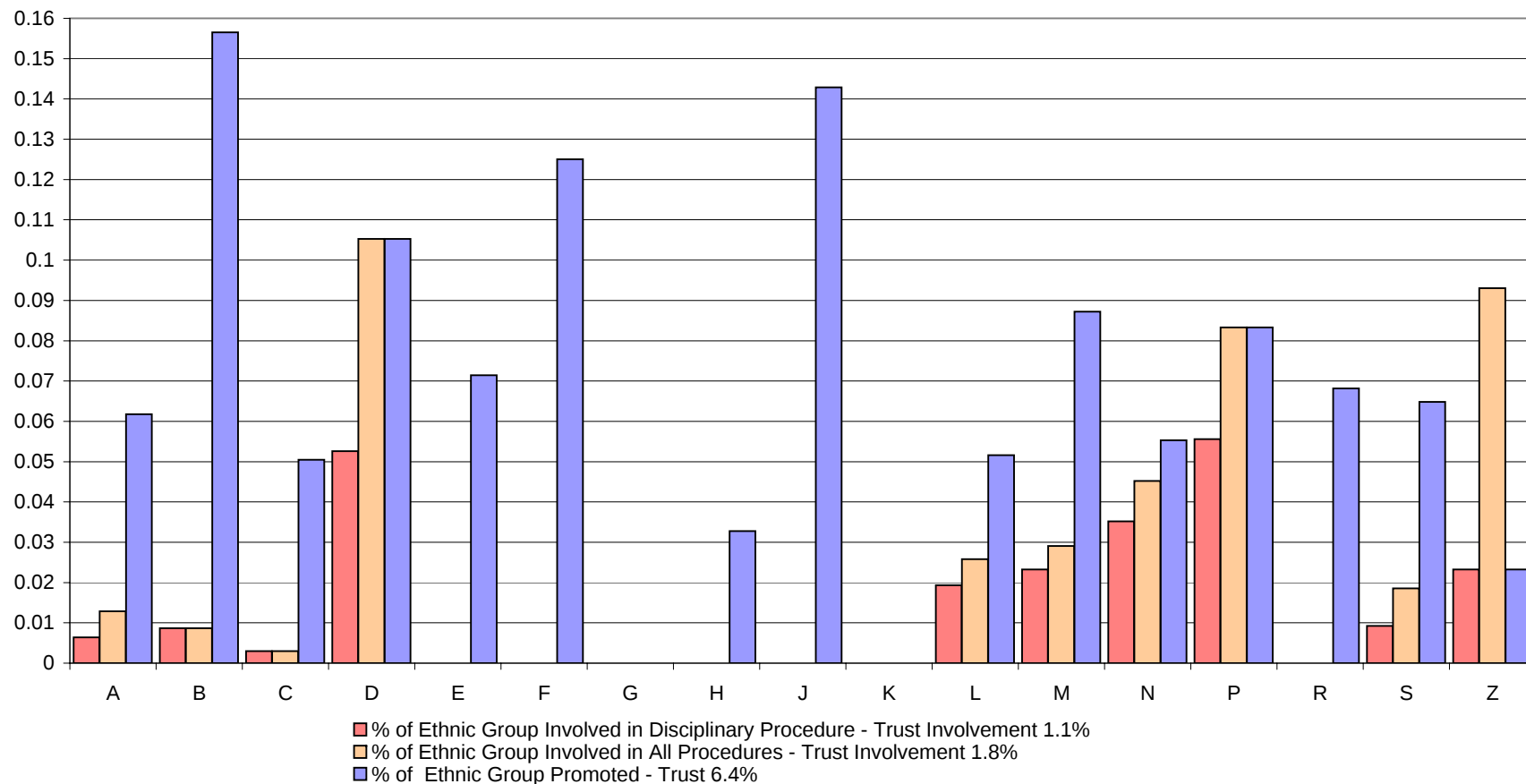
A - White British
 B - White Irish
 C - Any other White background
 D - White & Black Caribbean
 E - White & Black African
 F - White & Asian
 G - Any other mixed background
 H - Indian
 J - Pakistani
 K - Bangladeshi
 L - Any other Asian background
 M - Black Caribbean
 N - Black African
 P - Any other Black background
 R - Chinese
 S - Any other ethnic group
 Z - No Response (Old & New)

**Directorate Promotion Analysis**

	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z
Clinical Support*	52.8%	16.7%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	5.6%	2.8%	0.0%	5.6%	2.8%	0.0%	0.0%	5.6%	2.8%
HIV/GUM	92.9%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Imaging Anaesthetics and Theatres	31.0%	10.3%	13.8%	0.0%	3.4%	3.4%	0.0%	3.4%	3.4%	0.0%	3.4%	13.8%	3.4%	3.4%	0.0%	6.9%	0.0%
Medicine	29.6%	7.4%	22.2%	3.7%	0.0%	0.0%	0.0%	3.7%	0.0%	0.0%	3.7%	7.4%	18.5%	0.0%	0.0%	3.7%	0.0%
Management Executive	36.8%	10.5%	15.8%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	5.3%	10.5%	0.0%	5.3%	0.0%	5.3%	0.0%
Surgery	66.7%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%	8.3%	0.0%
Women's and Children's	37.1%	5.7%	5.7%	2.9%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	8.6%	17.1%	11.4%	2.9%	2.9%	2.9%	0.0%

*Includes Pharmacy, Dietetics, Therapies, Private Patients

Disciplinary, Performance and Promotion 2005/2006



Trust Ethnic Reporting Categories

A - White British

E - White & Black African

J - Pakistani

N - Black African

B - White Irish

F - White & Asian

K - Bangladeshi

P - Any other Black background

C - Any other White background

G - Any other mixed background

L - Any other Asian background

R - Chinese

D - White & Black Caribbean

H - Indian

M - Black Caribbean

S - Any other ethnic group

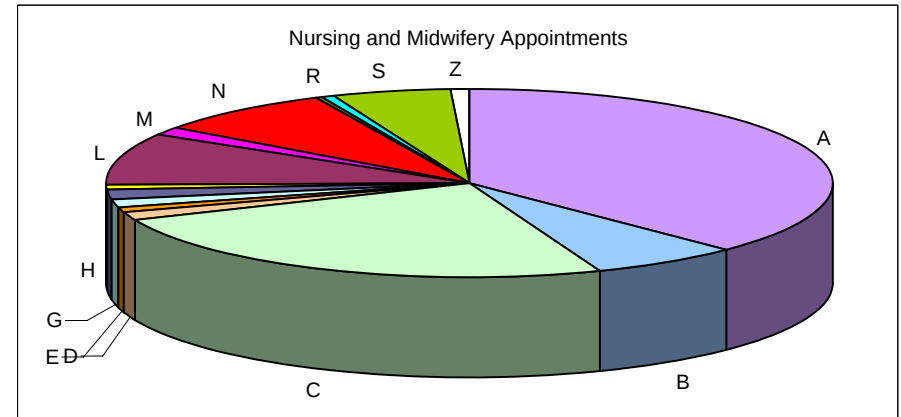
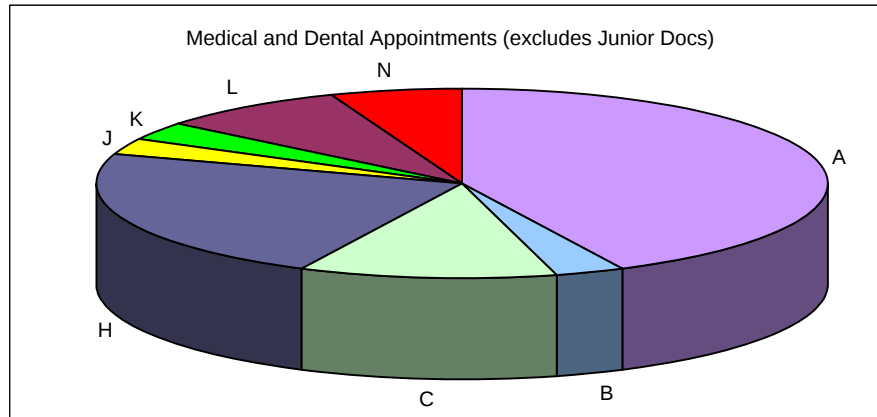
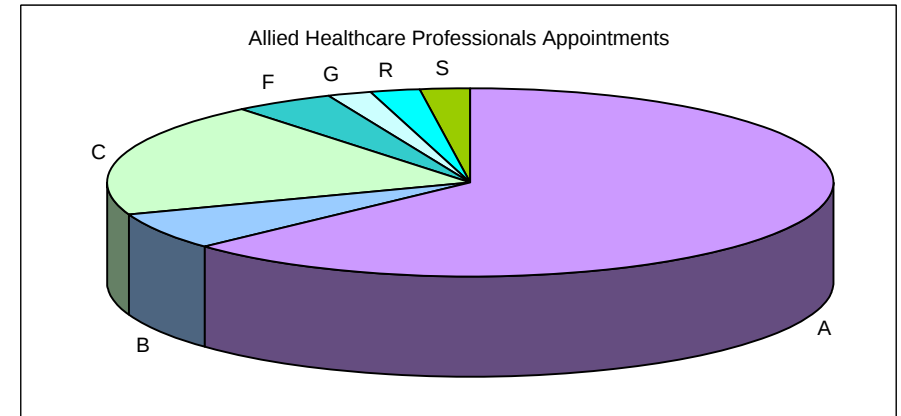
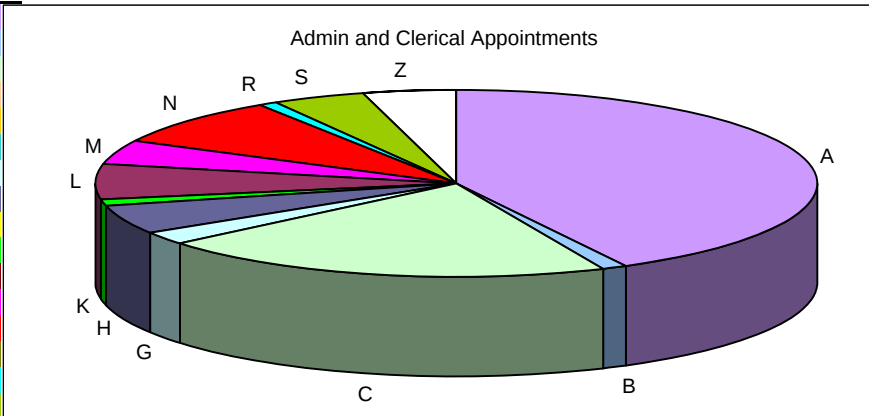
Z - No Response (Old & New)

New to Trust Appointments 2005/06

Trust collected 98.7% of new Joiner Codes successfully. 1.3% of new employees refused to classify themselves.
Analysis excludes Junior Doctors.

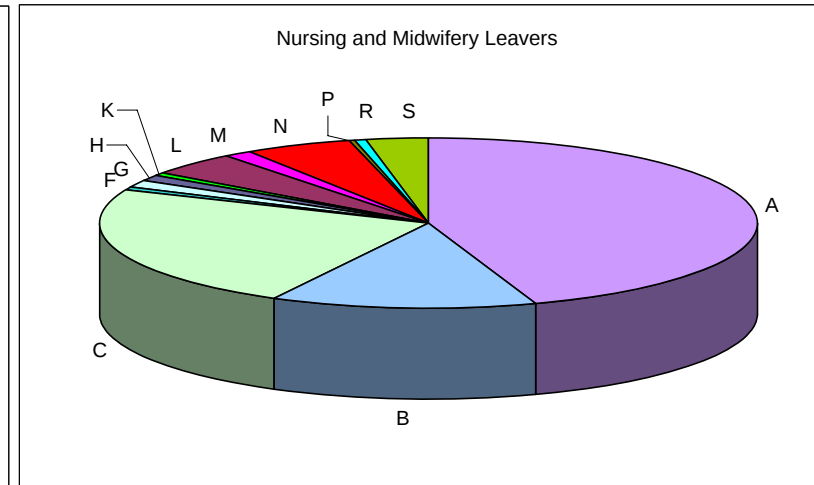
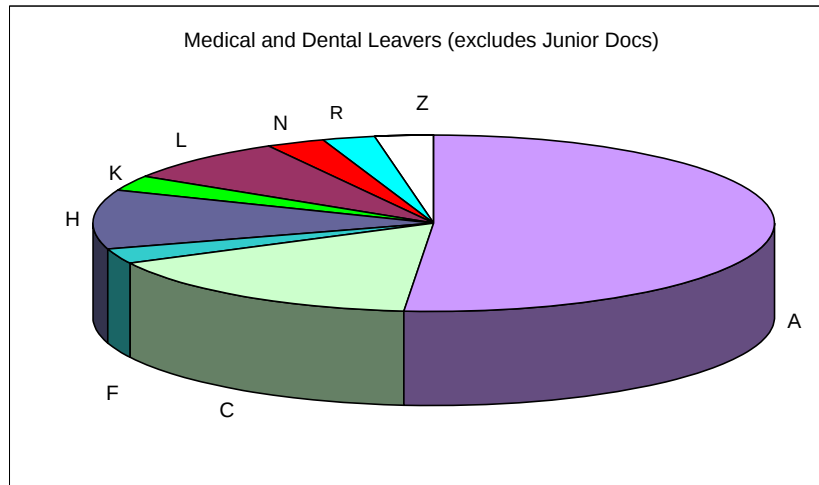
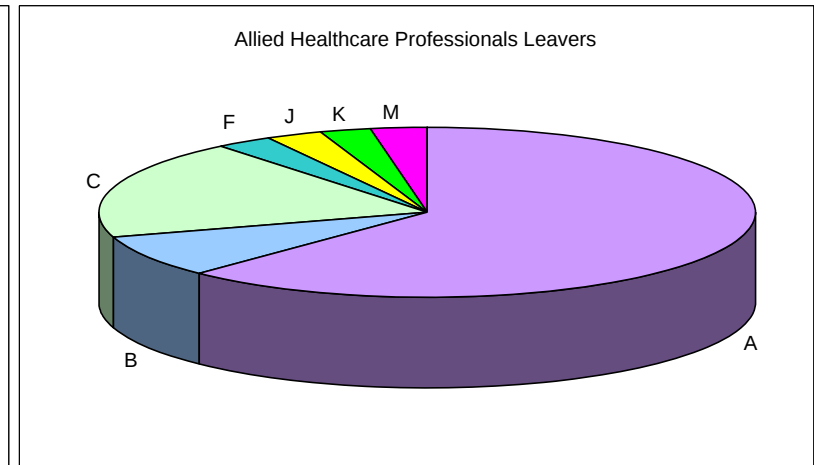
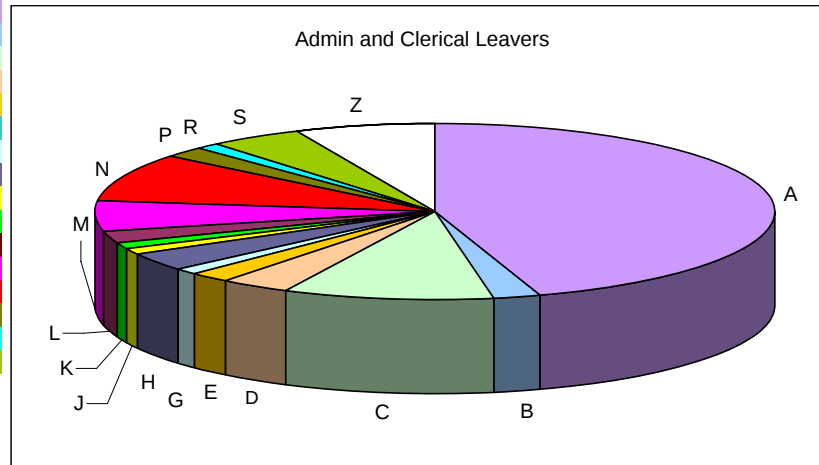
Trust Ethnic Reporting Categories

A - White British
B - White Irish
C - Any other White background
D - White & Black Caribbean
E - White & Black African
F - White & Asian
G - Any other mixed background
H - Indian
J - Pakistani
K - Bangladeshi
L - Any other Asian background
M - Black Caribbean
N - Black African
P - Any other Black background
R - Chinese
S - Any other ethnic group
Z - No Response (Old & New)



Employees Leaving the Trust 2005/06

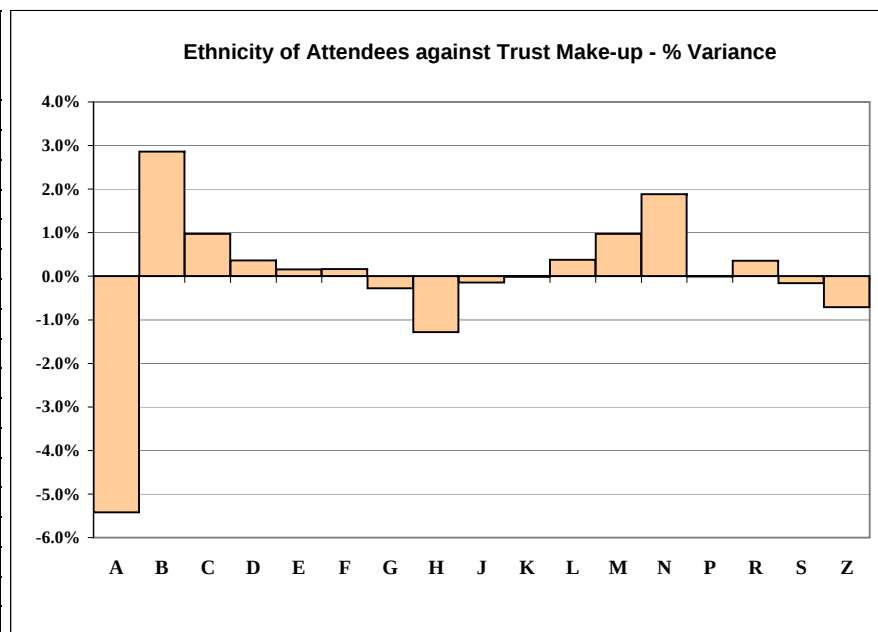
A - White British
 B - White Irish
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 E - White & Black African
 F - White & Asian
 G - Any other mixed background
 H - Indian
 J - Pakistani
 K - Bangladeshi
 L - Any other Asian background
 M - Black Caribbean
 N - Black African
 P - Any other Black background
 R - Chinese
 S - Any other ethnic group
 Z - No Response (Old & New)

**New Appointments Against Leavers by Directorate**

Joiners v Leavers	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z	Total
Dietetics	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-1
Therapies	-4	0	0	0	0	1	0	1	1	0	-1	0	1	5	1	0	0	4
Pharmacy	2	4	-1	0	0	0	-1	2	3	0	-2	4	-2	0	-1	-1	3	9
HIV/GUM	4	0	8	-1	-1	-1	0	0	1	0	1	4	1	-1	-2	0	-1	13
Imaging and Anaesthetics	0	-6	-3	1	-1	-1	0	0	2	0	0	5	0	-1	2	0	4	1
Management Executive	17	-2	3	0	-1	0	0	-1	5	0	0	0	1	3	0	3	0	28
Medicine	-3	-1	0	0	0	0	0	0	-1	0	0	0	0	-1	0	1	0	-7
Private Patients	-4	-3	-2	0	0	0	0	-1	2	0	0	0	0	2	1	-1	0	-6
Surgical	3	0	3	0	0	0	1	0	0	0	0	0	-1	0	0	1	0	7
Women and Children's	8	-7	21	0	2	-1	0	3	1	0	4	0	6	1	0	0	3	41
Trust	22	-15	29	0	0	-2	1	16	1	-2	17	0	13	2	3	6	-2	89

**2005/2006 Ethnic Breakdown of Employees Attending Learning Resource Centre Courses
(Includes all attendees completing an Ethnic Monitoring Form)**

Ethnic Code	Description	No. of Attendees	% of Total	Trust Ethnicity	% Var Trust to Attendees
A	White British	1934	41.1%	46.5%	-5.4%
B	White Irish	337	7.2%	4.3%	2.9%
C	Any other White	639	13.6%	12.6%	1.0%
D	White & Black Caribbean	50	1.1%	0.7%	0.4%
E	White & Black African	31	0.7%	0.5%	0.2%
F	White & Asian	36	0.8%	0.6%	0.2%
G	Any other mixed background	34	0.7%	1.0%	-0.3%
H	Indian	156	3.3%	4.6%	-1.3%
J	Pakistani	31	0.7%	0.8%	-0.1%
K	Bangladeshi	9	0.2%	0.2%	-0.0%
L	Any other Asian	291	6.2%	5.8%	0.4%
M	Black Caribbean	347	7.4%	6.4%	1.0%
N	Black African	437	9.3%	7.4%	1.9%
P	Any other black background	61	1.3%	1.3%	-0.0%
R	Chinese	92	2.0%	1.6%	0.4%
S	Any other ethnic group	181	3.8%	4.0%	-0.2%
Z	No response	42	0.9%	1.6%	-0.7%
Total number		4708			



N.B. Of the 4951 places taken up by on courses 95% of delegates returned Ethnic data. Data relates to C&W Staff only, and excludes Mandatory Training.

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	4.3/May/06
PAPER	Report on UK Inpatient Survey February 2006
LEAD DIRECTOR	Andrew MacCallum, Director of Nursing Contact Number: 020 8846 6706
AUTHOR	Andrew MacCallum, Director of Nursing Contact Number: 020 8846 6706
SUMMARY	A total of 850 questions were sent to patients at home following their stay in Hospital. The survey had a response rate of 48.4% (average 56.1%). The Trusts overall position has improved from 2004. How we compare to other Trusts? The survey showed that Chelsea and Westminster is: Significantly BETTER than average on 6 questions Significantly WORSE than average on 1 question The scores were average on 50 questions Have we improved since the 2004 survey? A total of 42 questions were used in both the 2004 and 2005 surveys. Compared to the 2004 survey Chelsea and Westminster is: Significantly BETTER on 9 questions Significantly WORSE on 0 questions The scores show no significant difference on 33 questions.
BOARD ACTION	To note the contents of the report.

Chelsea and Westminster Healthcare NHS Trust

UK Inpatient Survey February 2006

Introduction and Context	2-3
2005 Inpatient Survey Overview	4
How we compare to other Trusts	5
Have we improved since the 2004 survey	6
Commentary on the 2005 Inpatient Survey	7-8
Objectives	9
Plan	10-13
Appendices	14

Introduction and Context

The 2005 Inpatient Survey shows that the Trusts position has improved in relation to other Trusts, however, it remains average for most questions asked in the survey.

This paper summarises the survey's results and describes how the Trust will target areas for improving patient satisfaction. It will also describe how the Trust will involve staff and patients in selecting what these areas will be. The paper also outlines how the Trust will use the suggestions for improving services made by patients in the survey to inform improvements plans.

The Healthcare Commission requires all NHS Trusts in England to participate in a national programme of Patients' Surveys. The information collected from these surveys contributes to the Performance Indicators and Annual Health Check, on which the Hospital's reputation as a provider of quality services will increasingly depend.

The feedback that the Hospital receives from Inpatients Surveys already has informed service improvements. In a more competitive NHS, feedback from patients is of increased commercial value if used to build patient satisfaction with the service offered, thus maintaining Chelsea and Westminster as a hospital of choice, and increasing its market share in inner London.

The way in which the Hospital, as a Foundation Trust, uses patient feedback to drive service improvement and increase the potential of frontline staff to meet patients' expectations will be critical to the continued success of the Hospital; all of which will undoubtedly inform the development of an authentic and distinctive Chelsea and Westminster brand.

How the feedback from the Inpatients Survey is disseminated, understood and used within the Hospital to ensure that improvement initiatives are effective in driving up patient satisfaction is important. For this to be achieved a culture of challenge, ownership and engagement with our staff and patients, needs to exist to underpin the Hospitals approach in this area. This approach is typified by seven themes:

1. *Frontline Ownership* – front line staff and departments need to own the feedback about the services that they deliver and be fully involved in sharing their ideas along with patients for improvement initiatives.
2. *Specific Feedback* – it has been demonstrated that feedback which is linked to a specific department or group of staff has the potential to affect more change than general feedback to an organisation as a whole.
3. *Targeted Interventions* – simple, well-described and planned interventions to improve patient satisfaction are seen as more effective than general approaches to 'making things better'.
4. *Monitoring Improvement* – describing what improvement initiatives are expected to be achieved and monitoring their progress is important for the motivation of staff and to give assurances that improvements are being made.
5. *Individual Action* – ensuring staff feel enabled to respond positively to patient feedback and act on it as an individual or as part of a team will lead to sustainable improvements in patient satisfaction

6. *Communication* – feedback from patients needs to be communicated at all levels and be accessible to all staff. Successes in improving patients satisfaction also needs to be communicated to patients, the public and staff
7. *Leadership and Challenge* – in driving up patient satisfaction a constant challenge will be 'can we do even better' rather than taking comfort from not being 'below average'.

2005 Inpatients Survey Overview

Picker Institute Europe was commissioned to conduct the Trust's 2005 Inpatient Survey

A total of **850** patients were sent a questionnaire of which **401** patients returned completed questionnaires; a response rate of **48.4%** (2004: response rate 56.1%). The average response rate for Trusts surveyed by Picker Institute Europe was **56.1%**

The questionnaire contained 57 questions in 9 sections:

- | | |
|--------------------------|---|
| 1. Admission to Hospital | 5. Your Care and Treatment |
| 2. The Hospital and Ward | 6. Pain |
| 3. Doctors | 7. Operations and Procedures |
| 4. Nurses | 8. Leaving Hospital |
| | 9. Overall (view of hospital admission) |

How we compare to other Trusts

The survey showed that Chelsea and Westminster is:

Significantly BETTER than average on	6 question
Significantly WORSE than average on	1 question
The scores were average on	50 questions

Significantly better

Ref	Question	Trust	Avg
24	Doctors: didn't always get clear answers to questions	25%	30%
36	Care: not enough chance for family to talk to doctors	31%	37%
38	Care: not always enough privacy when discussing treatment or condition	24%	29%
57	Discharge: not given completely clear written information about medicines	27%	36%
59	Discharge: family not given enough information to help	28%	38%
61	Discharge: did not receive copies of letters sent between hospital doctors and GP	38%	59%

Significantly worse

Ref	Question	Trust	Avg
23	Hospital: food was fair or poor	53%	43%

Problem scores are expressed as a percentage, the higher the score the greater the problem.

For more detailed information, turn to Appendix 1 and 2.

Have we improved since the 2004 survey

A total of 42 questions were used in both the 2004 and 2005 surveys. Compared to the 2004 survey Chelsea and Westminster is:

Significantly BETTER on	9 questions
Significantly WORSE on	0 questions
The scores show no significant difference on	33 questions

Improved Significantly

Ref	Question	Trust	Avg
16	Planned admission: admission date changed by hospital	18%	33%
17	Admission: had to wait a long time to get a room/ward/bed	27%	46%
19	Hospital: bothered by noise at night from other patients	37%	45%
24	Doctors: didn't always get clear answers on questions	25%	32%
34	Care: wanted to be more involved in decisions	43%	51%
38	Care: not always enough privacy when discussing condition or treatment	24%	32%
45	Surgery: risks and benefits not fully explained	17%	25%
51	Surgery: results not explained in a clear way	32%	41%
59	Discharge: family not given enough information to help	28%	40%

Commentary on 2005 Inpatient Survey

The Trust has improved its position in comparison to other Trusts from 2004. Encouragingly, the Trust has scored significantly better on two question that were scored significantly worse in the 2004 survey (Doctors: didn't always get clear answered to questions; and Care: not always enough privacy when discussing condition or treatment.) Disappointingly, the Trust scored significantly worse in the question relating to food (Hospital: food was fair or poor) However, there is a long-standing issue about the use of this question relating to the use of the word fair which some would argue to mean acceptable.

In response to the overall care and Treatment, 79% of respondents said they had always been treated with respect and dignity while 89% of respondents rated their overall care they received as good, very good or excellent.

The Trust scored above 50% on four questions.

Patients identified for the survey were inpatients in the Autumn of 2005. Since then, a number of significant changes have occurred that would have affected patient responses.

1. Not asked to give views on quality of care

The Hospital PEAT Group, working with the Trust contractors ISS-Mediclean, has introduced a system that ensures that during routine cleaning a comment card is placed on the top of the bedside locker before a patient is admitted. Clinical Lead Nurses are working with Ward Sisters and Charge Nurses to ensure that the completion of the comment card is seen as a key part of the discharge process.

2. Discharge delayed by 1 hour or more

Since the beginning of the year, the Trust has developed streams of work to improve the timeliness of patients discharge. The discharge team following restructuring has a dedicated person to transfer patient form wards to the Hospital discharge lounge. Pharmacy now have set response times for prescriptions for patients awaiting discharge and now can arrange to have discharge prescription delivered to wards the day before patients are discharged. The way in which transport is arranged of patients has been reviewed and the first wave of staff training had been delivered.

3. Not given choice of admission date

Since December 2005, the Hospital has offered all elective patients a choice of admission dates.

4. Food was fair or poor

The Trust, with its contractors ISS-Medical, has reviewed and amended the menu on offer to patients. The PEAT Group has identified that patients are least satisfied with breakfast. The content of breakfast and the way that it is serviced is now under review by the PEAT group.

Respondents to the survey questionnaire were asked to identify if there was anything particularly good about their hospital care (217 responses) and if there was anything that could have been improved (352 responses). It is important that as with the Trust's 1000 good ideas campaign, any suggestions to improve service are used in improvement plans.

When the Trust commissioned the 2005 Patients' Survey, it requested information on each ward in the Hospital. Due to sample size and response rate, this was statistically possible for only six wards. This exercise, however, demonstrated marked differences in responses to questions between the wards surveyed.

The Picker Institute Europe is currently surveying a further cohort of patients with the objective of providing each ward in the Hospital with a bespoke Inpatients Survey report. This will engender local ownership of the feedback from patients, which is not possible with a Trust-wide report. Each ward will be required to have an improvement plan based on their survey report.

In conclusion, the most significant message from the Inpatients' Survey is that Chelsea and Westminster is average. The challenge for the Hospital will be how to drive up patient satisfaction to create a new benchmark for hospitals in London. The next step is a seven-point plan that is designed to foster ownership by staff working at all levels in the Hospital and to drive up patient satisfaction through targeted initiatives. Key to the plan will be the monitoring of improvements, which when communicated with the public, patients and staff will build the Hospitals reputation.

Objectives

- a. Increase to >90% the percentage of patients who rate the care they receive as good, very good or excellent.**
- b. Decrease the problem scores associated with the four questions that received a score of above 50%.**
- c. Significantly decrease the problem score of 5 questions that have been identified by staff, patients and the public as being the most consequential to patients overall satisfaction with the Hospital.**
- d. Use the 'good ideas' for improvements identified by patients in the survey report to inform improvement plans.**
- e. Build the hospital's reputation and brand by communicating how the Hospital has improved its service and patients satisfaction.**

Plan

1. Communication of the survey results to staff at all levels within the Hospital

Rationale

If staff are to have ownership of the survey they need to be aware of the survey report and its key messages.

Key Actions

- Distribution of Trust Survey to all General Managers / Clinical Directors and Senior Nurses and to the Trust contractors ISS and Hayden (completed).
- Post the Trust survey report in a summary form on the Trust Internet (completed).
- Prepare Power Point presentation for use in Trust and Directorate meetings (complete).
- Head line article in Trust News (April 2006).
- Update on improvement plans through Team Brief (ongoing from June).
- Include survey results and key messages in Induction, Mandatory Update and Customer Care Training for staff (May 2006).
- Convene Patients' Survey feedback event for staff and the public (May 2006).
- Develop ongoing communications plan (May 2006).

Expected Outcome

Staff at all levels within the Trust will have access to the survey results and will understand the key messages from the survey report. An ongoing communication plan linked to the Patients' Survey will be in place for 2006 – 2007.

2. Identification from the survey of questions and improvement suggestions that will impact on patients overall satisfaction with the Hospital.

Rationale

It is impossible to address every issue identified in a survey at one time however targeted initiatives in areas that people agree are important to patient satisfaction is effective in driving up patient satisfaction with a service overall. Involving staff, patients and the public in deciding what areas are important also engenders partnership and ownership of improvement initiatives.

Key Actions

- Report on the 352 improvement suggestions made in the survey identifying suggestions that can be realistically implemented (May 2006).

- Conduct three open events for patients staff and the public (Members) to rank order the importance of survey question to overall patients satisfaction (June 2006).
- Identify the 5 survey question to be specifically addressed in 2006 – 2007 (June 2006).

Expected Outcome

A report that lists improvement suggestions against each section of the Patients' Survey and identifies 5 survey question that staff patients and the public feel are the most important in respect to patient satisfaction with the service overall.

3. Identification of lead groups to take forward improvement plans for each section of the Inpatients Survey.

Rationale

The Trust has existing groups that have responsibility for areas of work associated with the sections contained in the Patients' Survey:

Survey Section	Group
Admission to hospital	Impact Steering Group
The Hospital and Ward	PEAT Steering Group
Doctors	Clinical Governance Trust Executive
Nurses	Nursing and Midwifery Advisory Committee
Your Care and Treatment	Clinical Governance Trust Executive
Pain	Pain Team
Operations and Procedures	Surgical Directorate
Leaving Hospital	Discharge Steering Group

To avoid duplication of effort and to ensure patient feedback and associated improvement suggestions feed into existing work streams each group will be asked to lead on the development and implementation of improvements plans linked to the feedback contained within the Patients' Survey, including the 5 questions identified by staff patients and the public.

Key Actions

- Each group to be briefed on the areas within the Patients' Survey they are responsible for including the 5 survey questions identified by staff, patients and the public (June 2006).
- Each group to receive the report on improvement suggestion for their area which are to be included in improvement plans (June 2006).
- Executive to agree improvement plans including time scales and costs (June 2006).

Expected Outcome

Each group will have a measurable improvement plan linked to feedback and suggestions from the Inpatients Survey.

4. Development of ward-based survey reports and improvement plans

Rationale

Targeted feedback to individual wards is more likely to ensure that there is local ownership and that action will be taken by staff to make improvements that increase patient satisfaction.

Key Actions

- Distribution of ward-based Patients' Survey reports to each Clinical Nurse Lead, Ward Sister and General Manager (June 2006).
- Facilitation of ward teams in drawing up improvement plans (linked to Trust wide improvement plans) that address survey questions with significantly above average problems scores .

Expected Outcome

Each ward in the Hospital will have an improvement plans based on the Patients' Survey for 2006 to 2007.

5. Monitoring objectives, expected outcomes and improvement plans

Rationale

The Trust must demonstrate that improvements are being made to increase patient satisfaction which will be tested in the 2007 Inpatients Survey.

Key Actions

- All Trust wide (i.e. lead groups) and ward based improvement plans to be in place by June 2006.

- Ward-based improvement plans to be measured monthly by Directorate Management Teams.
- Trust-wide improvement plans to be reported by all lead groups within existing governance assurance reporting arrangements.

Expected Outcome

Progress against objectives and improvement plans will be monitored and reported to the Executive Committee and the Trust Board.

Appendix 1	UK Inpatient Survey 2005 Section 4: Problem Score Summary
Appendix 2	UK Inpatient Survey 2005 Section 8: External Benchmarks
Appendix 3	UK Inpatient Survey 2005 Section 8: Ranked Problem Scores



SECTION 4

Problem Score Summary

Problem Score Summary

This section shows your Problem Score* for each question and a comparison against the average score for all Picker Trusts. Significant differences* between your Trust and the average are indicated as follows:

-  scores significantly better than average
-  scores significantly worse than average

Trust The problem score for your Trust
Average Average score for all Picker Trusts

* For an explanation of Problem Scores and significant differences please see Section 2.
 Note that lower scores indicate better performance.

Lower scores are better

ADMISSION TO HOSPITAL

		Trust	Average
3	Ambulance: crew not totally reassuring	10 %	10 %
4	Ambulance: crew did not fully explain care and treatment in a clear way	29 %	29 %
5	Ambulance: crew didn't do everything they could to control pain	18 %	18 %
6	Ambulance: crew did not always treat with respect and dignity	4 %	5 %
8	Emergency Department: order in which patients seen was not fair	6 %	4 %
9	Emergency Department: not enough/too much information about condition or treatment given	21 %	16 %
10	Emergency Department: not given enough privacy when being examined or treated	20 %	21 %
11	Emergency Department: waited 4 hours or more for admission to bed on a ward	29 %	25 %
12	Planned admission: not given choice of admission date	59 %	65 %
14	Planned admission: should have been admitted sooner	21 %	24 %
15	Planned admission: not given enough notice of admission	2 %	3 %
16	Planned admission: admission date changed by hospital	18 %	18 %
17	Admission: had to wait long time to get to room/ward/bed	27 %	27 %

THE HOSPITAL AND WARD

		Trust	Average
18	Hospital: patient in mixed sex ward	21 %	21 %
19	Hospital: bothered by noise at night from other patients	37 %	37 %
20	Hospital: bothered by noise at night from staff	16 %	18 %
21	Hospital: room or ward not very or not at all clean	9 %	8 %
22	Hospital: toilets not very or not at all clean	16 %	13 %
23	Hospital: food was fair or poor	53 %	43 % 

DOCTORS

		Trust	Average
24	Doctors: didn't always get clear answers to questions	25 %	30 % 
25	Doctors: didn't always have confidence and trust	19 %	20 %
26	Doctors: talk in front of you as if you're not there	26 %	28 %
27	Doctors: did not always wash or clean hands between touching patients	16 %	19 %

NURSES

		Trust	Average
28	Nurses: didn't always get clear answers to questions	33 %	32 %
29	Nurses: didn't always have confidence and trust	30 %	27 %
30	Nurses: talk in front of you as if you're not there	23 %	22 %
31	Nurses: sometimes, rarely or never enough on duty	36 %	41 %
32	Nurses: did not always wash or clean hands between touching patients	21 %	22 %

YOUR CARE AND TREATMENT

		Trust	Average
33	Care: staff contradict each other	36 %	34 %
34	Care: wanted to be more involved in decisions	43 %	46 %
35	Care: not enough (or too much) information given on condition or treatment	22 %	20 %
36	Care: not enough chance for family to talk to doctors	31 %	37 % 
37	Care: couldn't always find staff member to discuss concerns with	39 %	35 %
38	Care: not always enough privacy when discussing condition or treatment	24 %	29 % 
39	Care: not always enough privacy when being examined or treated	11 %	12 %
40	Care: did not always get enough help from staff to eat meals	12 %	9 %
41	Care: more than 5 minutes to answer call button	8 %	8 %

PAIN

		Trust	Average
43	Pain: staff didn't do everything to help control	28 %	28 %

OPERATIONS & PROCEDURES

		Trust	Average
45	Surgery: risks and benefits not fully explained	17 %	18 %
46	Surgery: what would be done during operation not fully explained	26 %	24 %
47	Surgery: questions not fully answered	20 %	20 %
48	Surgery: not told fully how could expect to feel after operation or procedure	47 %	43 %
50	Surgery: anaesthetist did not fully explain how would put to sleep or control pain	18 %	16 %
51	Surgery: results not explained in clear way	32 %	35 %

LEAVING HOSPITAL

		Trust	Average
52	Discharge: was delayed	39 %	36 %
54	Discharge: delayed by 1 hour or more	81 %	81 %
55	Discharge: not fully told purpose of medications	15 %	17 %
56	Discharge: not fully told side-effects of medications	45 %	44 %
57	Discharge: not given completely clear written information about medicines	27 %	36 % 
58	Discharge: not fully told of danger signals to look for	43 %	44 %
59	Discharge: family not given enough information to help	28 %	38 % 
60	Discharge: not told who to contact if worried	24 %	21 %
61	Discharge: did not receive copies of letters sent between hospital doctors and GP	38 %	59 % 

OVERALL

		Trust	Average
62	Overall: not treated with respect or dignity	18 %	21 %
63	Overall: doctors and nurses working together poor or fair	7 %	8 %
64	Overall: rating of care poor or fair	7 %	8 %
65	Overall: not asked to give views on quality of care	83 %	84 %



SECTION 5

Ranked Problem Scores

Ranked Problem Scores

This section ranks the scores from the highest problem score (most patients reporting room for improvement) to lowest problem score (fewest patients reporting room for improvement). Significant differences between your Trust and the average are indicated as follows:

-  scores significantly better than average
-  scores significantly worse than average

Trust

The problem score for your Trust

Average

Average score for all Picker Trusts

Lower scores are better

Problem scores 50%+

		Trust	Average	
65	Overall: not asked to give views on quality of care	83 %	84 %	
54	Discharge: delayed by 1 hour or more	81 %	81 %	
12	Planned admission: not given choice of admission date	59 %	65 %	
23	Hospital: food was fair or poor	53 %	43 %	

Problem scores 40% - 49%

		Trust	Average	
48	Surgery: not told fully how could expect to feel after operation or procedure	47 %	43 %	
56	Discharge: not fully told side-effects of medications	45 %	44 %	
58	Discharge: not fully told of danger signals to look for	43 %	44 %	
34	Care: wanted to be more involved in decisions	43 %	46 %	

Problem scores 30% - 39%

		Trust	Average	
52	Discharge: was delayed	39 %	36 %	
37	Care: couldn't always find staff member to discuss concerns with	39 %	35 %	
61	Discharge: did not receive copies of letters sent between hospital doctors and GP	38 %	59 %	
19	Hospital: bothered by noise at night from other patients	37 %	37 %	
31	Nurses: sometimes, rarely or never enough on duty	36 %	41 %	
33	Care: staff contradict each other	36 %	34 %	
28	Nurses: didn't always get clear answers to questions	33 %	32 %	
51	Surgery: results not explained in clear way	32 %	35 %	
36	Care: not enough chance for family to talk to doctors	31 %	37 %	
29	Nurses: didn't always have confidence and trust	30 %	27 %	

Problem scores 20% - 29%

		Trust	Average
11	Emergency Department: waited 4 hours or more for admission to bed on a ward	29 %	25 %
4	Ambulance: crew did not fully explain care and treatment in a clear way	29 %	29 %
59	Discharge: family not given enough information to help	28 %	38 % 
43	Pain: staff didn't do everything to help control	28 %	28 %
17	Admission: had to wait long time to get to room/ward/bed	27 %	27 %
57	Discharge: not given completely clear written information about medicines	27 %	36 % 
46	Surgery: what would be done during operation not fully explained	26 %	24 %
26	Doctors: talk in front of you as if you're not there	26 %	28 %
24	Doctors: didn't always get clear answers to questions	25 %	30 % 
38	Care: not always enough privacy when discussing condition or treatment	24 %	29 % 
60	Discharge: not told who to contact if worried	24 %	21 %
30	Nurses: talk in front of you as if you're not there	23 %	22 %
35	Care: not enough (or too much) information given on condition or treatment	22 %	20 %
18	Hospital: patient in mixed sex ward	21 %	21 %
14	Planned admission: should have been admitted sooner	21 %	24 %
32	Nurses: did not always wash or clean hands between touching patients	21 %	22 %
9	Emergency Department: not enough/too much information about condition or treatment given	21 %	16 %
47	Surgery: questions not fully answered	20 %	20 %
10	Emergency Department: not given enough privacy when being examined or treated	20 %	21 %

Problem scores 10% - 19%

		Trust	Average
25	Doctors: didn't always have confidence and trust	19 %	20 %
5	Ambulance: crew didn't do everything they could to control pain	18 %	18 %
62	Overall: not treated with respect or dignity	18 %	21 %
16	Planned admission: admission date changed by hospital	18 %	18 %
50	Surgery: anaesthetist did not fully explain how would put to sleep or control pain	18 %	16 %
45	Surgery: risks and benefits not fully explained	17 %	18 %
27	Doctors: did not always wash or clean hands between touching patients	16 %	19 %
20	Hospital: bothered by noise at night from staff	16 %	18 %
22	Hospital: toilets not very or not at all clean	16 %	13 %
55	Discharge: not fully told purpose of medications	15 %	17 %
40	Care: did not always get enough help from staff to eat meals	12 %	9 %
39	Care: not always enough privacy when being examined or treated	11 %	12 %
3	Ambulance: crew not totally reassuring	10 %	10 %

Problem scores 0% - 9%

		Trust	Average
21	Hospital: room or ward not very or not at all clean	9 %	8 %
41	Care: more than 5 minutes to answer call button	8 %	8 %
63	Overall: doctors and nurses working together poor or fair	7 %	8 %
64	Overall: rating of care poor or fair	7 %	8 %
8	Emergency Department: order in which patients seen was not fair	6 %	4 %
6	Ambulance: crew did not always treat with respect and dignity	4 %	5 %
15	Planned admission: not given enough notice of admission	2 %	3 %



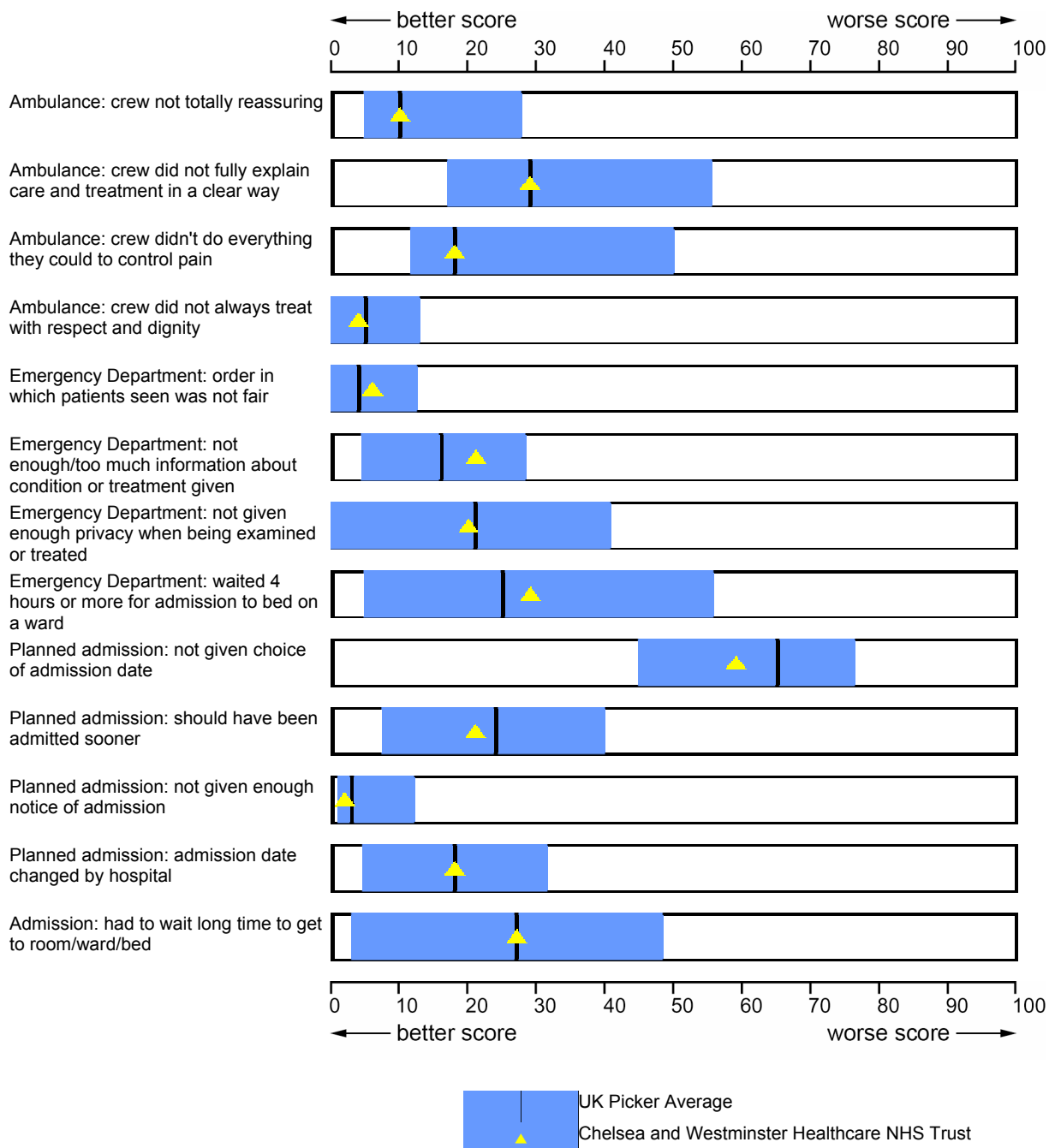
SECTION 8

External Benchmarks

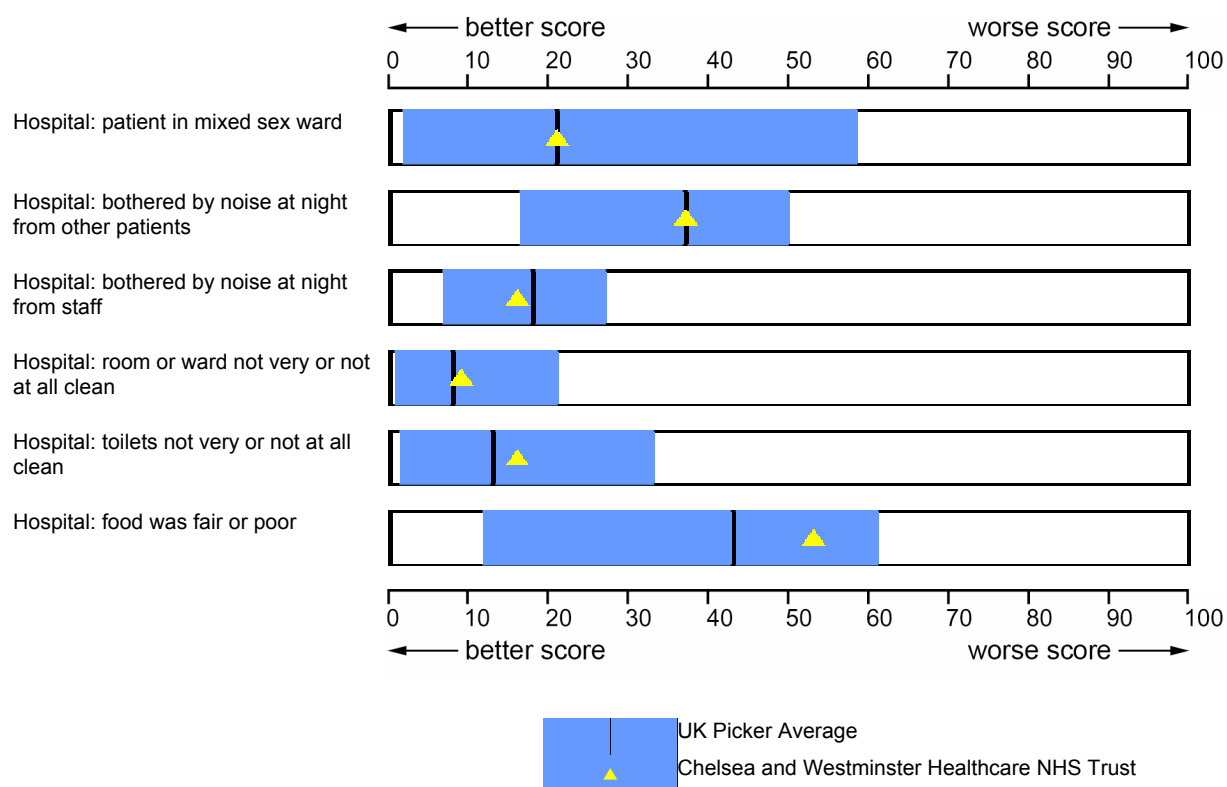
External Benchmarks

This section shows how your Trust compared to all Picker Trusts in this survey, (88 trusts). The range of scores are shown as a blue bar from the Best Trust (at the left edge of the bar), to the Worst Trust (at the right edge of the bar). The average score is shown as a black line towards the middle of the bar. Your Trust is shown as the yellow triangle.

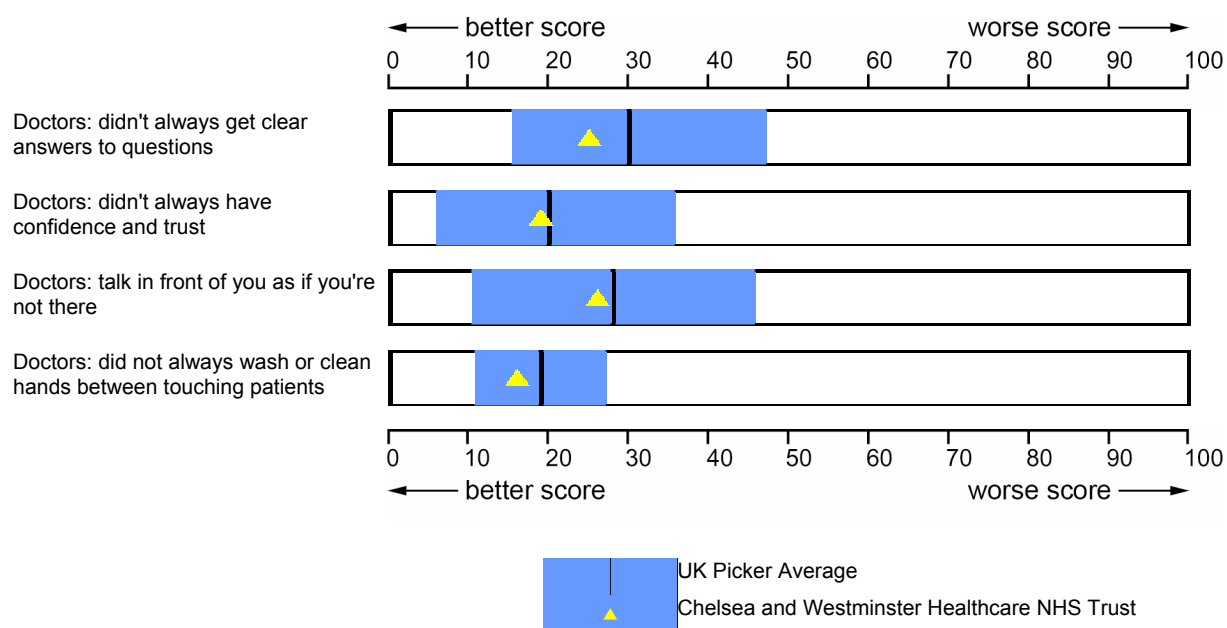
ADMISSION TO HOSPITAL



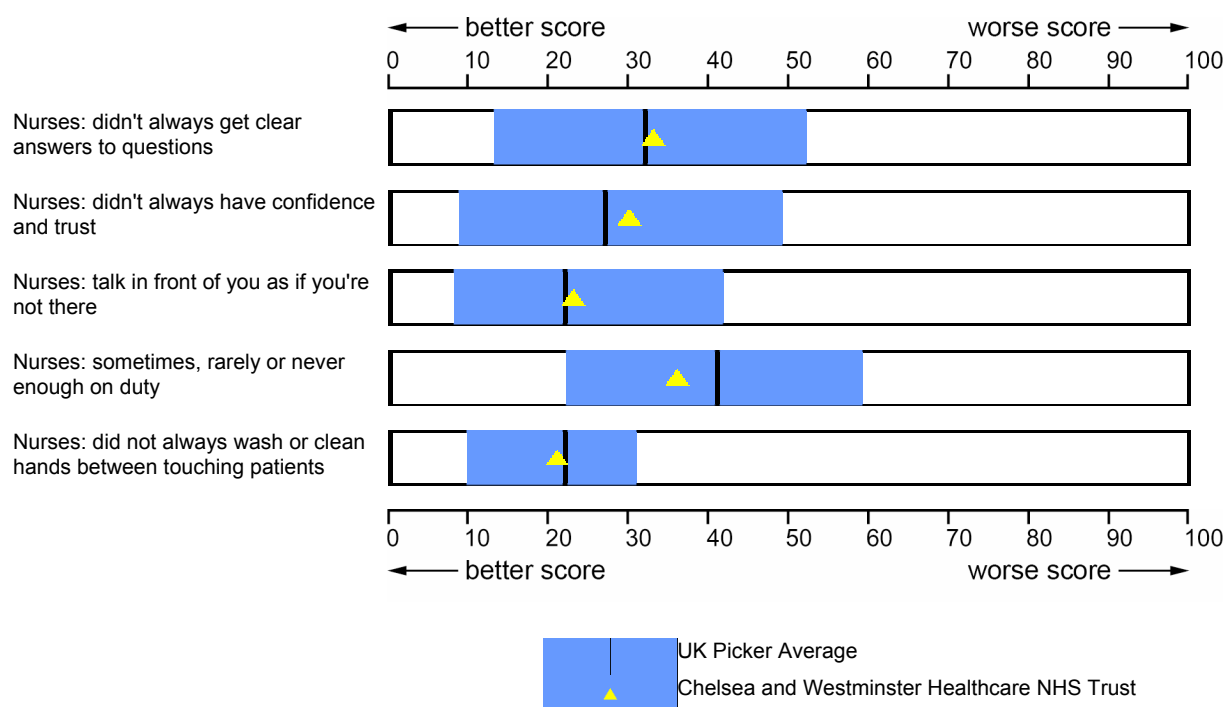
THE HOSPITAL AND WARD



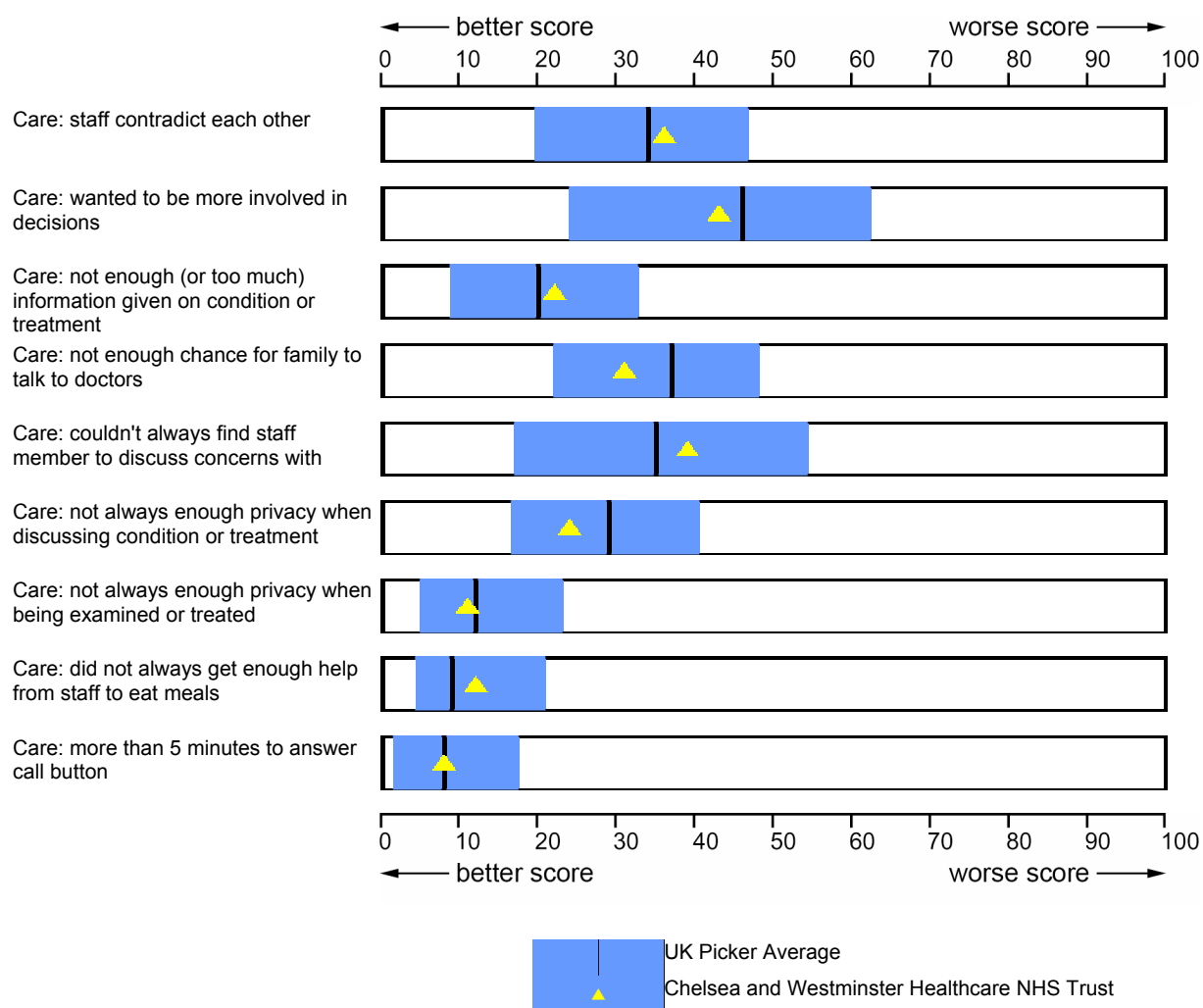
DOCTORS



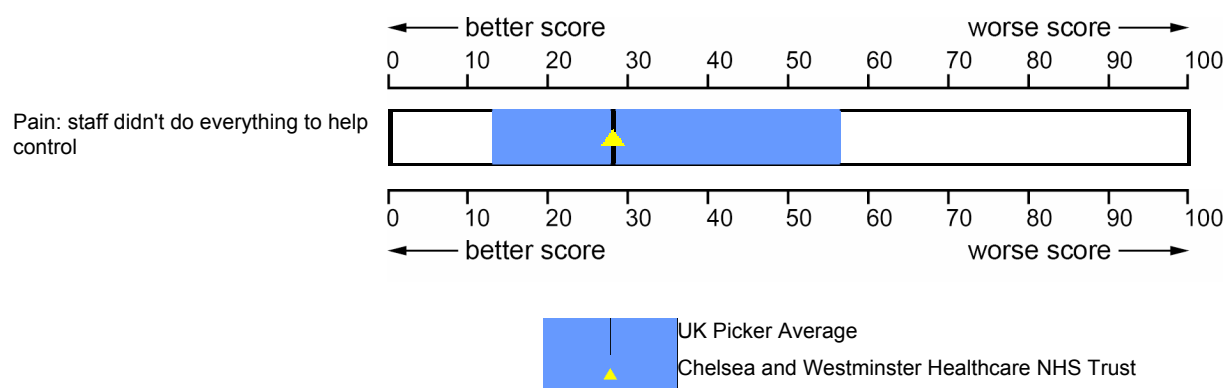
NURSES



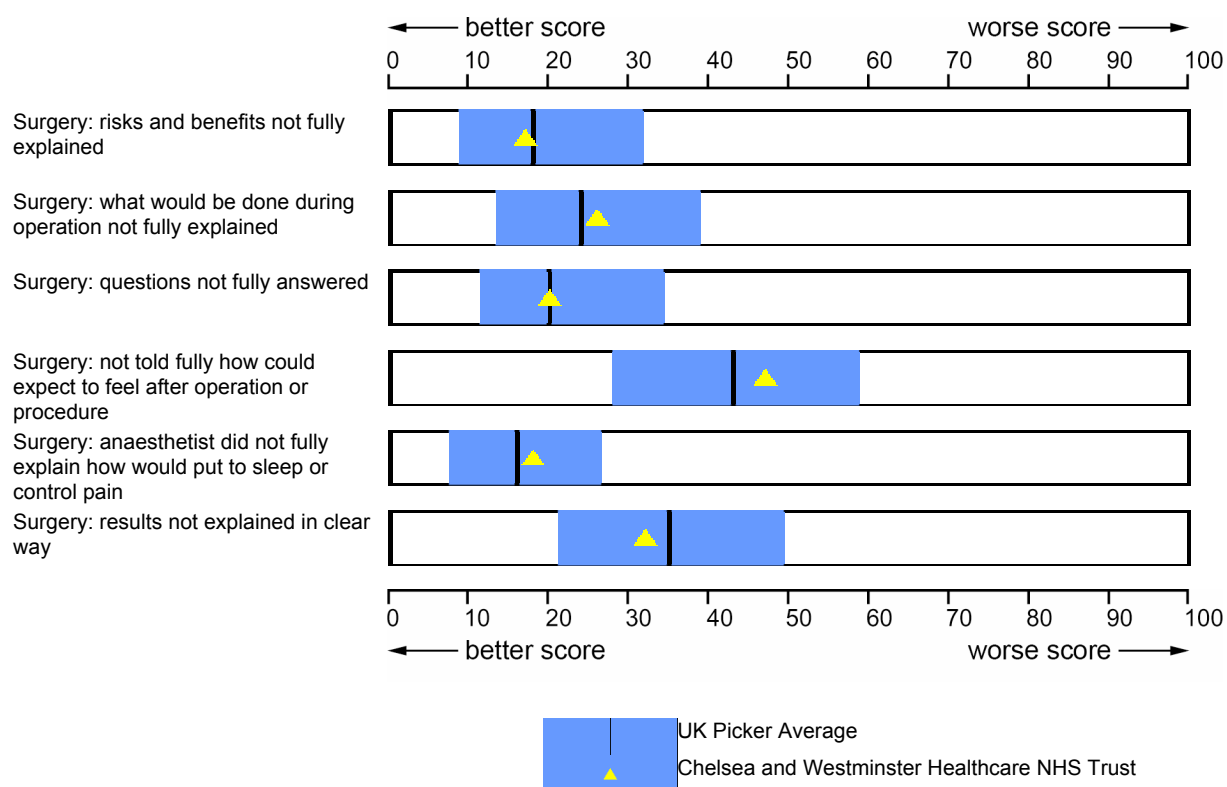
YOUR CARE AND TREATMENT



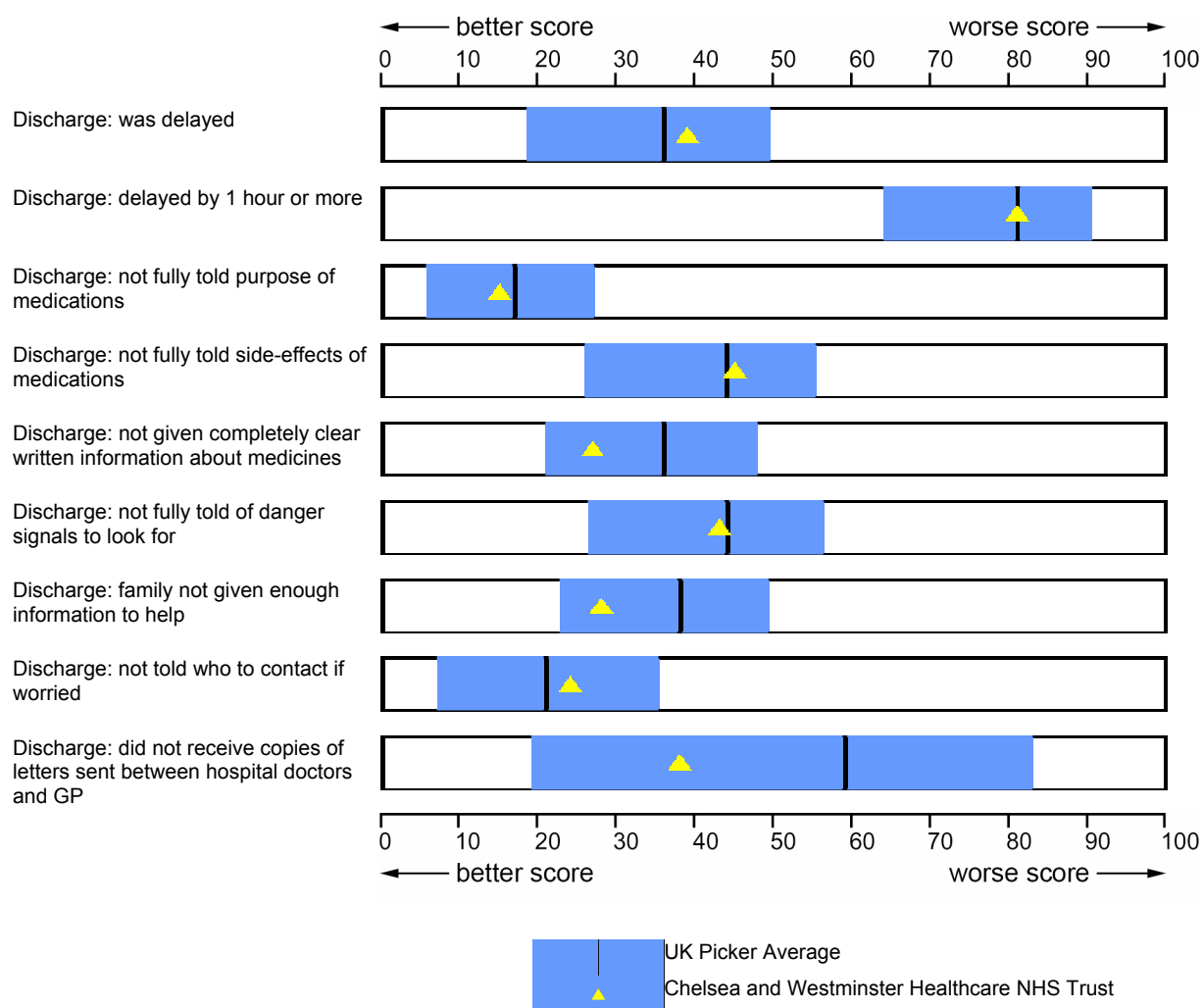
PAIN



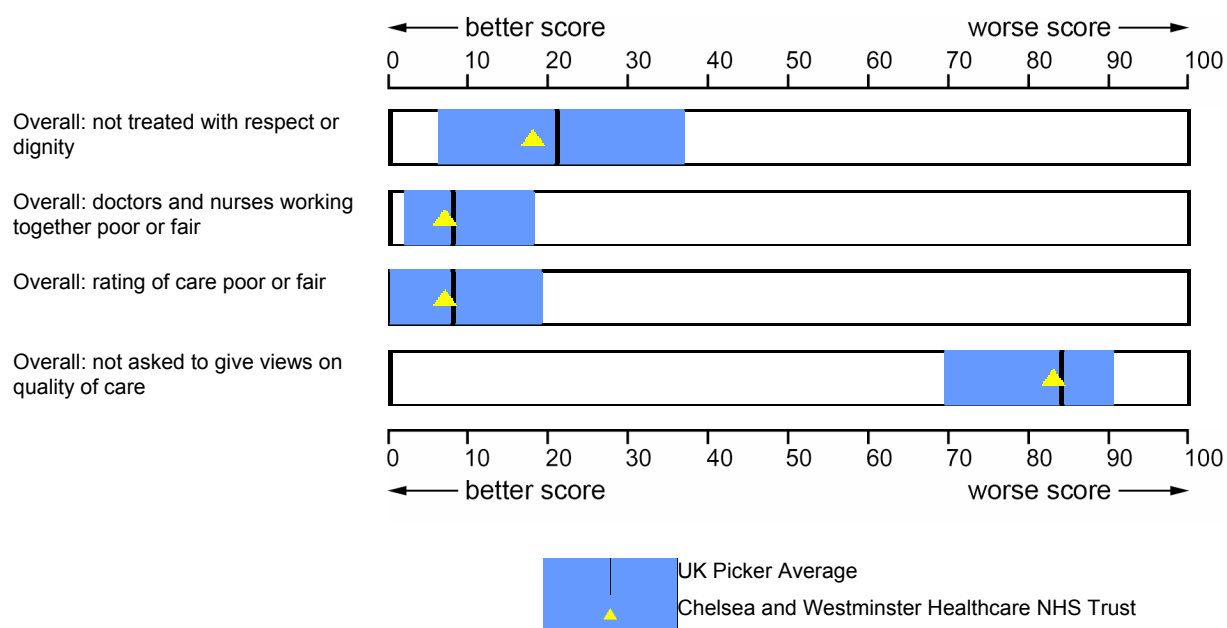
OPERATIONS & PROCEDURES



LEAVING HOSPITAL



OVERALL



Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	5.1/May/06
PAPER	Executive Summary of the Draft Influenza Pandemic Plan
LEAD DIRECTOR	Andrew MacCallum, Director of Nursing Contact Number: 020 8846 6721
AUTHOR	Andrew MacCallum, Director of Nursing Contact Number: 020 8846 6721
SUMMARY	This paper condenses and highlights the main points contained within Draft Influenza Pandemic Plan.
BOARD ACTION	The Board is asked to note the Summary.

Executive Summary

Draft Influenza Pandemic Plan

Background

Influenza pandemics occurs when a new influenza A subtype emerges which is able to infect humans; spread efficiently from person to person; cause significant clinical illness in a high proportion of those infected; and spread widely because a high proportion of the population is susceptible, having little or not immunity. Pandemics occur sporadically and unpredictably, and whilst the emergency of a new strain is neither inevitable nor imminent, concern has increased regarding the likelihood of Avian Influenza A/H5NI mutating to produce the next pandemic.

General Impact

It is impossible to predict the impact of a pandemic with accuracy, theoretical modelling suggests that a pandemic might result in at least 350,000 additional deaths. The impact on health services is likely to be intense, sustained and nationwide, and generally there is likely to be widespread disruption to the social infrastructure.

Phases

The World Health Organisation describes the progression from low risk to pandemic through six phases. In the UK, the activity of the virus is classified into four phases.

1. Virus cases outside the UK
2. Isolated cases within the UK
3. Outbreak within the UK
4. Widespread activity across the UK

Past evidence indicates that a second wave is likely to occur between three and nine months after the first wave has subsided, possibly with greater intensity than the first.

Clinical features and treatment

Influenza is a respiratory illness characterised by fever, cough, headache, sore throat, aching muscles and joints. There is a wide spectrum of illness ranging from minor symptoms through to pneumonia and death. However the clinical disease associated with a new pandemic strain cannot be determined currently and may differ from that described for inter pandemic influenza.

During the initial stages of a pandemic there may be limited supplies of antiviral drugs and a specific pandemic vaccine will be unavailable. Both interventions will therefore be prioritised in accordance with Department of Health guidance issued at the emergence of a pandemic.

Impact of Chelsea and Westminster Hospital

Assuming a 25% clinical attack rate, estimates are an additional 5000 emergency department attendances, 3.500 extra hospitalisations and 600 deaths.

When a pandemic is announced, Gold control will convene and will meet on a daily basis throughout the crisis.

The plan includes management of a surge in capacity with the redeployment of available staff, and takes into account infection control measures.

The treatment centre will be isolated for the assessment of adult and paediatric patients presenting with influenza like illness. The hospital's fifth floor (excluding the Burns Unit) will be allocated for inpatients with suspected or confirmed influenza.

Action cats have been developed for the following areas.

- Communications
- Death and bereavement service
- Emergency department
- Treatment centre
- Gold control
- Human resources
- Infection control
- Occupational health
- Pharmacy

The plan will be reviewed and updated on a monthly basis to ensure that the Trust fulfils its statutory responsibilities to mitigate significant risks in respect to an influenza pandemic.

Trust Board Meeting, 4th May 2006

AGENDA ITEM NO.	5.2/May/06
PAPER	Minutes of the Facilities Assurance Committee meeting held on 2 nd March 2006.
LEAD DIRECTOR	Edward Donald, Director of Operations Contact Number: 020 8846 6718
AUTHOR	Helen Elkington, General Manager, Estates & Facilities Contact Number: 020 8237 2145
SUMMARY	The paper records the minutes of the March Facilities Assurance Committee meeting.
BOARD ACTION	These minutes are for the information of the Board. Any amendments should be forwarded to Helen Elkington.

FACILITIES ASSURANCE COMMITTEE MEETING

MINUTES OF THE MEETING HELD ON THURSDAY 2nd MARCH 2006

Present

Charles Wilson	Non-Executive Director (Chair)
Edward Donald	Director of Operations
Berge Azadian	Director of Infection Control
Maxine Foster	Director of Human Resources
Andrew MacCallum	Director of Nursing & Patient Services
Sharon Terry	Deputy Director of Nursing
Helen Elkington	General Manager, Estates & Facilities
Catherine Horne	General Manager, ISS Mediclean
Denise Hollebon	Operations Director, ISS Mediclean
Peter Rooney	Account Manager, Haden Building Services
Dave Lawrence	Regional Manager, Haden Building Services

ITEM	MINUTE	ACTION
1.	General Business	
1.1	Apologies Jon Bell – Deputy Director of Finance, Roz Wallis – Senior Nurse, Infection Control	
1.2	The minutes of the meeting held on 6 December 2005 were agreed as an accurate record.	
1.3	Matters Arising from Previous Meeting	
	Legionella Update It was noted that additional pumps had been installed and plumbing modifications were being made to the St Stephens Centre water supply. This work was being undertaken by the main building contractor completing the refurbishment of clinical areas. As an interim measure, two electric showers had been installed for patients staying overnight as part of clinical trials. The approach had been approved by Berge Azadian. Cleaning Methods Information A leaflet for patients setting out the cleaning methods used within the hospital had been prepared. ISS Mediclean were arranging graphics to incorporate into the leaflet which would be distributed to wards shortly. HTM Compliance An update on HTM compliance was given. Roles and responsibilities had been clearly defined for 18 of the 19	CH/HE

	relevant HTMs and work was underway with the Electrical Services HTM to achieve full compliance.	PR/HE
2.	Facilities Risk Register – Top Five Risks	
	Progress to mitigate the top five risks identified by the Facilities Directorate was noted. It was recognised that a great deal of work had been completed over the previous months to reduce the Facilities associated risks. Only two of the top five risks had scored 12, the level at which risks are tracked centrally and progress would be monitored closely until these risks had significantly reduced.	HE
3.	Key Performance Indicators – ISS Mediclean	
	CH presented the performance indicators for ISS Mediclean services over the last quarter. Of particular note were: That the Healthcare Commission had confirmed a 97% score for cleaning standards following an independent inspection completed in 2005. As a result, the Trust had been ranked third in the country. The annual PEAT audit had been completed in February. Excellent results had been achieved in a number of areas including dermatology and ITU, but had been disappointing in Outpatients 4 and A&E. Issues identified were being addressed jointly with the nursing teams. A number of catering initiatives were underway, with the blue tray initiative – a means of discretely identifying patients requiring assistance – working particularly well. The Trust waste campaign started at the end of February, with an aim of raising waste segregation expectations and highlighting the Trust’s recycling scheme. A number of cost improvements had been introduced in consultation with the Trust and included utilising volunteers at reception, changing the staffing on the helpdesk and achieving savings with the Trusts postal service. It was agreed that both Haden and ISS Mediclean would present to the next Committee meeting their approach to staff relations, particularly with regards diversity and equality. Action: PR/CH to prepare staff-focused presentation for the next meeting	PR/CH
4.	Haden Reinvigoration Programme	
	PR presented the report highlighting progress with the contract Reinvigoration Programme. The Trust had carried out a	

	verification of compliance in terms of its regular quality monitoring audit with a score of 45% achieved from November to January 2006. 26% compliance had previously been record (from March to May 2005). Key concerns addressed by the reinvigoration programme included: • consultation with staff on the introduction of new shift patterns, which would come into effect from April 2006; • improved record keeping and evidence of operational protocols and procedures; • improved data collection via the helpdesk. Outstanding issues included minor aspects of Health & Safety compliance and statutory compliance with electrical testing. It was recognised that a score of 45% fell significantly short of the Trusts expectations. Haden confirmed their commitment to embed changes introduced during the reinvigoration exercise. The Committee would continue to monitor progress closely over future meetings and made clear its expectation of rapid and sustained improvement. Action: PR/DL to continue to progress outstanding aspects of the programme and to provide written updates to the committee on a regular basis with regards contract compliance	PR/DL
5.	Energy Campaign	
	HE discussed the Trust's introduction of an energy campaign, aimed at reducing escalating costs associated to utilities, as well as improving the overall energy consumption across the hospital. A number of initiatives required an 'invest to save' approach in terms of capital funding to support infrastructure enhancements. It was agreed that the Committee would support a capital bid for the top three items identified with a cost of £170,000. Action: HE to prepare capital bid for consideration by the Capital Steering Group based on the Committee's recommendation	HE
6.	Generator Failure	
	PR reported the actions taken on 19th February when the all day generator test sequence was abandoned, primarily as a result of battery faults on Generator 1. It was noted that the batteries had been replaced on Generator 2 previously, but had not been replaced on Generator 1. This was an error, and a full set of batteries had subsequently been fitted.	

	The Committee considered the benefits of installing a third set of batteries on site with an automatic switch in the event of a future battery failure. It was agreed that the technical team undertaking the generator work would consider the proposal and agree the way forward. It was also agreed to consider the optimum frequency of tests required to assure the Trust of the resilience of the generators. The Trust had appointed an independent adviser to report on the overall efficiency of the generators and to agree any future action required in order to support the hospital load requirements. It was noted that a further all-day test had been scheduled for 4th March. Action: PR to consider back-up proposals with the generator technical team and to agree the future testing regime. HE to update the next committee meeting regarding the outcome of the independent assessment.	PR HE
7.	Capital Projects Update	
	Progress with the annual capital projects plan was noted.	
8.	Estates & Facilities Business Plan	
	Agenda item deferred to next meeting	HE
9.	Date of Next Meeting	
	Thursday 1 st June 2006 at 10.00 am	All