Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting

NB: This will follow the Joint Board Away Day

Brewers' Hall.
Aldermanbury Square, London. EC2V 7HR
Tel: +44 (0) 20 7606 1301

Chair: Prof. Sir Christopher Edwards
Date: 4 December 2008
Time: 4:00 -5:30 pm

Agenda

* = The Chairman will not discuss these items. Any matters you wish to raise should be done in advance with the Chairman in advance

1. GENERAL BUSINESS	**4.00pm**
1.1 Apologies for Absence	**CE**
1.2 Declaration of Interests	**CE**
1.3 Minutes of Previous Meeting held on 18 September 2008 (attached)	**CE**
1.4 Matters Arising (attached)	**CE**
1.5 Chairman's Report (oral)	**CE**
2. ITEMS FOR DISCUSSION/DECISION/APPROVAL	**4:45pm**
2.1 Development of Annual Business Plan 09-10 (attached)	**LB**
2.2 Membership: Membership Sub Committee Highlights (attached)	**MR**
2.3 Members' Council Funding Report (attached)	**JC**
2.4 Foundation Trust Membership Area – Content for Screens (oral)	**MA/JC**
2.5 Proposal for Chair Appraisal (attached)	**CW**
2.6 Major Nursing and Midwifery Provider Seat on Council (oral)	**CE**
2.7 Northwest London Strategy Update: Stroke and Major Trauma (attached)	**HL**
2.8 Quality Care Commission (attached)	**HL**
2.9 MedMedia Ltd (attached)	**HL**
3. ITEMS FOR INFORMATION	**5:00**
3.1 Finance Report – Month 7 (attached)	**LB**
3.2 Performance Report – Month 7 (attached)	**LB**
3.3 Q2 Progress on Objectives (attached)	**HL**
4. ANY OTHER BUSINESS	
5. AGENDA ITEMS FOR NEXT MEETING	
6. DATE OF THE NEXT MEETING	

19 March 2009 at 4:30pm –THIS HAS CHANGED FROM 12 MARCH

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting Minutes, 18 September 2008

Present:

[Quorum: 12 Council Members with a minimum of 4 public/patient, 1 Staff and 2 appointed]

Council Members:
Prof. Sir Christopher Edwards (CE), Chairman
Jim Smith (JS), Patient
Christine Blewett (CBT), Public – Hammersmith & Fulham 2
Catherine Longworth (CL), Westminster PCT
Maria-Elena Arana (MA), Patient
Peter Molyneux (PM), Appointed, Kensington & Chelsea PCT
Jane King (JK), Patient
Alison Delamare (AD), Staff – Contracted
Cathy James (CJ), Staff – A&C
Martin Rowell (MR), Patient
Ann-Mills Duggan (AMD), Public – Westminster Area 1
Nathan Billing (NB), Staff-Allied Health Professionals
Chris Birch (CB), Patient
June Bennett (JB), Patient
Walter Balmford (WB), Patient
Mary Symons (MS), Public, Wandsworth area 1
Martin Bradford (MB), Hammersmith and Fulham area 1
Nicky Browne (NBr), Royal Marsden NHS Foundation Trust
Frances Taylor (FT), Appointed - Royal Borough of Kensington & Chelsea
Sue Smith (SS), Patient

In Attendance:
Heather Lawrence (HL), Chief Executive
Andrew MacCallum (AMC), Director of Nursing
Cathy Mooney (CM), Director of Governance and Corporate Affairs
Charles Wilson (CW), Non-Executive Director
Richard Kitney (RK),Non-Executive Director
Amit Khutti (AK), Director of Strategy and Service Performance
Lorraine Bewes (LB), Director of Finance
Hannah Coffey (HC), Director of Operations
Julie Cooper (JC), Foundation Trust Secretary

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:

Prof Salman Rawaf (SR), Appointed,
Sandra Jowett (SJ), Appointed – Thames Valley University
Brian Gazzard (BG), Staff – Medical & Dental
Duncan Macrae, Appointed - Royal Brompton & Harefield NHS Trust
Michael Henry (MH), Patient
Hugo Fitzgerald (HF)
Mervyn Maze (MM), Imperial College
Lionel Foulkes (LF), Public – Wandsworth 2
Martin Lewis (ML), Public
Amanda Pritchard (AP), Deputy CEO

1.2 Declaration of Interests

None

1.3 Minutes of the Previous Meeting Held 24 July 2008

The minutes were approved with the following amendments:

Remove the duplicate 'a key' under section 1.7.

1.4 Matters arising

Monitor Consultation on the Private Patient Cap (2.2/Jul/08)
The consultation was discussed at the Trust Board.

Annual Plan 08-09
Involvement of the Members' Council in business planning covered under 2.7
A letter was sent to Monitor regarding the removal of the point about named alternatives attending the Members' Council.

Membership Development Strategy
JC said that it would cost around £40 for 500 business cards. She suggested ordering cards which simply stated 'public', 'patient' or 'staff' representative rather than having each name printed on the card. It was agreed that this a good way forward.

JC said a schedule of membership surgeries would be agreed and publicised as soon as the membership area was fully functional.

Patient feedback covered under agenda item 2.1.

Action: Council Members to inform JC if they are interested in being involved with surgeries.

Nominations Process
The proposed change to the constitution will be voted on at the Annual Members' Meeting.

Annual Members' Meeting
The possibility of holding the AGM at a different time of day was discussed but ruled out as the time was already in many people's diaries. It was agreed that a more targeted event would be held later in the year, perhaps during school holidays which would target mothers with young children.

The chairman thanked CB for agreeing to present the membership report.

Involvement in the Assurance Committee
CM thanked those Council Members who expressed an interest in joining the committee and said that the Chairman would agree an appropriate selection process.

Action: Define selection Process for Assurance Committee Memebrship

1.5 Chairman's Report

CE said that we expected to have a specification for specialist paediatrics but it has been delayed. He said it is very political and politics have interfered in the process. We already have close links with Imperial and the announcement of funding for Health Innovation Education Clusters will offer a great opportunity for workforce planning.

2. ITEMS FOR DECISION/APPROVAL

2.1 Listening to Patients

AMC presented a paper about learning from patient feedback. He said we have come a long way

in how we manage complaints in the last 20 years. He stressed that it is common for patients to not want to raise concerns prior to a procedure and they may only fully appreciate their complaint once home. We have a formal complaints procedure and a PALS office open Monday to Friday where patients and carers can raise concerns in a formal or informal manner. He noted that we have a small number of complaints in comparison to the number of patients we see. HL said that we also receive letters of praise and a copy is sent to that staff member(s) if they are mentioned by name. The Council felt this is not necessarily a good thing and could even be a sign that we must make it easier to share feedback. AMC said the top three areas about which people complain are attitude and behaviour of staff, aspects of clinical care and appointments. Complaints about cleaning have come down dramatically. The issue of being able and comfortable to raise concerns on the wards was discussed and that the Members' Council might play a role in being more proactive and seeking such feedback on the wards. It was also suggested that PALS could be more proactive but there would be resource issues. CE said we will be initiating a real-time patient feedback project.

2.2 High Quality Care for All

A key feature of the healthcare review is about quality. We are tendering for a firm(s) to support the Trust in seeking real-time feedback Paediatrics is a big issue. CE explained some of the potential changes to our current services around trauma and stroke.

2.3 Public Consultation on Congestion Charge

HL presented the paper. The congestion charge has been an important issue for the Trust. This paper is brought to the Council in hope that individual members will write to TfL to request that the Western extension be abolished or that further exemptions be made for the hospital. Access is a key determinant in a competitive health market. Our staff are loyal but the charge makes it impossible for some staff to continue working for the Trust. It was suggested that JC circulate some key points to all Council Members to help them in drafting their own letters should they choose to do so. It was agreed that a joint letter from the Council will be useful. The Council agreed that they must disregard personal views about the congestion charge and take action in their capacity as Council Members for the Trust. The Council agreed that the only real option for the Trust was to abolish the western extension.

Action: Encourage Members to write individual letters to TfL and the chairman will write a letter on behalf of the whole Council.

2.4 Membership Report

CE introduced the latest membership figures. Patient membership is our key focus for this year and we have just produced a new discharge leaflet with a membership application form attached which should help to drive up numbers. We are now running our second membership week following the success of the first week. We have added some new events during the week including free mini health checks and 'writing on the wall' which will take place during the Annual Members Meeting. MR reported that the communications sub committee had met and spent most of its time planning for the new membership area and plans for using this area to increase membership and further engage with existing members.

Action: Distribute membership leaflets to local pharmacies.

2.5 Members' Council Funding Report

CE presented the report and said that the paper provides an account of the monies spent to date and the funds remaining for allocation in the financial year. JC went through the figures and explained that some of the discrepancies between the estimates and actual amount spent was due to VAT. She said approximately £37k remains and asked for further suggestions. WB suggested we take out an advert in the free newspapers like Metro. JC reported that the Borough of Kensington and Chelsea offered mystery shopping and it would cost about £3,500.

2.6 Foundation Trust Membership Area

JC reported that the Foundation Trust Membership Area is now up and running. She explained

that we took the decision to order two self service kiosks as well as a 46" LCD Flat screen. The large screen is more promotional and directs interested visitors to the kiosks to learn more about foundation trust membership and getting involved. JC encouraged Council Members to visit the area and provide suggestions for future changes as well as content for both of the machines. It was agreed that the area and the programming be a regular agenda item.

Action: Make the membership area a regular agenda item for the Members' Council

2.7 Developing the Role of Governors

CE said that the paper provided a summary of the results from the Monitor survey of Foundation Trust governors conducted last Spring. As these suggestions are based on the responses of over 1300 governors, some are not relevant to our Trust. The results provide us with an opportunity to discuss what is feasible and to prioritise our own work plan. LB picked up on business planning and reminded the Council that last year we had set up a sub group of Council Members to review an early draft of the business plan. A similar process was followed for the Healthcare Commission Declaration. We could follow a similar process this year with the Board preparing the initial draft plan which could then be shared with the Council. However, the document is quite unwieldy and some Council Members may find it difficult to follow. We raised business planning at the last meeting and there were mixed views. Some felt it was better to have a small group get involved in reviewing the early draft of the plan with the full final draft being shared with the full Council. BG wanted to be sure all Council Members had a chance to get involved. It was agreed that we would set up a sub group to look at an early draft and then bring the final document to the Council

CE suggested a dedicated away day with all Council Members and Board members was a good idea. WB suggested we might use a livery hall. It was confirmed that funds for the day would come out of the Members' Council budget.

Action: LB will provide more detail on business planning for the December meeting.
Action: Draft a proposal for a joint Members' Council / Board Away Day

2.8 Summary of Changes to the Constitution
The paper provides an over view of the proposed changes to the constitution which are being voted on tonight. These have all been discussed previously by the Council.

2.9 Annual Members Meeting

JC reminded the Council that we have a Foundation Trust information stand at the annual members meeting. She asked those people who agreed to man the stand to be available following the meeting and invited all other Council Members to encourage people to visit the stand as well as the new membership area.

2.10 Progress on Objectives

HL said the paper was an update on progress against our corporate objectives and she said she would take any questions. CBT asked about 2b the objective relating to working in partnership with PCTs. HL said that Hammersmith and Fulham, Westminster and Kensington and Chelsea were setting up a joint group on commissioning. The group will be looking at stroke care, urgent care and paediatrics. She is concerned that we might be at a disadvantage because of the size of Imperial.

2.11 NHS Champions

HL explained that NHS champions is an award launched in the Evening Standard last week. It is a great opportunity to draw attention to the work of the hospital and our staff. Sarah Cox, from Chelsea and Westminster, was shortlisted last year. MA encouraged Council Members to spread the word and nominate individuals.

2.12 Red/Yellow Alerts

HL asked for the Members' Council support on this policy. She said that we mostly have a good rapport with our patients but there are occasions when patients and relatives abuse the staff. Our staff are a precious resource and we cannot tolerate abuse. On most occasions there is no problem but in the event that issues arise in relation to a patient, we need to have clear procedures in place to take action. CB asked about the appeals process and whether there was only one person involved in the review panel. HL said this is a new part of the policy. Patients are asked to write a letter to our Director of Operations and she in turn asks another executive director to review the case. It was suggested that it might be helpful to involve someone from the Members' Council in an appeal. CB said that volunteers should also be made aware of this process. MS said it is not clear to whom the policy refers. MR said that the Communications Sub Group had agreed to seek out 'critical readers' and that this was something they might review in future. WB asked if Council Members would be protected should an incident occur.

THE COUNCIL SUPPORTS THE POLICY

Action: Explore possibility of involving a Council Member in the appeal process.
Action: LB to check if Council Members would also be covered in the case of an incident.

2.13 DOH Consultation on the NHS Consultation

The proposed NHS Constitution was published on the 60th anniversary of the NHS. It is about safeguarding its core principles and values for the next generation, whilst setting a clear direction for the future. It reaffirms rights to NHS services, free of charge and with equal access for all. HL said the question is should we have a constitution and second, does the draft cover the values you would want to see included. The DH is consulting widely on its contents and how to put it into practice, until 17 October 2008.

JB asked about the role of NICE and if this is covered. HL said that the draft constitution enshrines patient rights to choice and to NICE-approved drugs recommended by clinicians.

Action: Circulate hospital commentary on the constitution to the Members' Council

3.1 Finance Report – Month 3

The Council noted the report.

QUESTIONS FROM THE PUBLIC

None

4. ANY OTHER BUSINESS

JC said that the call for nominations for candidates to run for the two seats in Kensington and Chelsea had closed. We had three nominations for area 2 and none for area 1. To this end, we have restarted the election process for area 1 with calls for nominations closing in one months time.

5. DATE OF NEXT MEETING

4 December 2008

Signed by

Prof. Sir Christopher Edwards
Chairman
4th December 2008

Members' Council Meeting, 04 December 2008

AGENDA ITEM NO.	1.4/Dec/08
PAPER	Matters Arising
AUTHOR	Julie Cooper, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from previous meeting(s) and the action taken/to be taken.
DECISION/ ACTION	The Members' Council is asked to note the matters arising and update where appropriate.

Matters Arising from Previous Meetings

Reference	Item	Action
1.4/Sept/08	MATTERS ARISING Council Members to inform JC if they are interested to be involved with membership surgeries.	JC
1.4/Sept/08	MATTERS ARISING Define selection process for Assurance Committee.	CM
2.3/Sept/08	PUBLIC CONSULTATION ON CONGESTION CHARGE Encourage Members to write individual letters to TfL and the chairman will write a letter on behalf of the whole Council.	JC
2.4/Sept/08	MEMBERSHIP REPORT Distribute membership leaflets to local pharmacies.	ALL
2.6/Sept/08	FOUNDATION TRUST MEMEBRSHIP AREA Make the membership area a regular agenda item.	JC
2.7/Sept/08	DEVELOPING THE ROLE OF GOVERNORS LB to provide more detail on business planning for the December meeting. Draft a proposal for a joint Members' Council / Board Away Day.	LB CE/JC
2.12/Sept/08	RED/YELLOW ALERTS Explore possibility of involving a Council Member in the appeal process. LB to check if Council Members would also be covered in the case of an incident.	HL LB
2.13/Sept/08	DOH CONSULTATION ON THE NHS CONSTITUTION Circulate hospital commentary on the constitution to the Members' Council	JC

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 4 December 2008

AGENDA ITEM NO.	2.1/Dec/08
PAPER	Business Planning Update
AUTHOR	Fleur Hansen, Strategy
LEAD	Amit Khutti, Director of Strategy
EXECUTIVE SUMMARY	This paper outlines key issues discussed at the meeting of the Members Council.
DECISION/ ACTION	1. To note the dates of the annual planning workshops and sign up as appropriate. 2. To decide if a dedicated Members' Council business planning meeting is required.

UPDATE ON BUSINESS PLANNING

Introduction

The business planning cycle for 2009/10 has recently commenced with the Trust intending to build on the strong programme of last year. The culmination of the cycle will be the publication of the Annual Plan for 2009/10 which the Trust will be publishing in April 2009.

The Members' Council plays an important role in business planning as outlined in the constitution:

> "to provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Foundation Trust's forward planning;" (7.3.1.2.)

Members' Council Involvement

As with previous years, the business planning team is keen to ensure that all members of the Council have the opportunity to be involved in the planning cycle and provide feedback. Last year a dedicated business planning session was arranged for the Members' Council although attendance was low at this event which may have been in part due to its daytime scheduling. Therefore this year, all members will be invited to attend the staff business planning workshops which will be held during the second half of December.

These workshops will be dedicated to different aspects of business planning with the sessions being repeated at different times of the day to maximise attendance for both staff and Council members. The topics of the workshops will be as follows:

- Workforce (led by Mark Gammage, interim director of HR)
- Strategy and the PCT environment (led by Heather Lawrence and Amit Khutti, Director of Strategy)
- Finance (led by Lorraine Bewes, director of finance)
- Quality and Governance (led by Mike Anderson, medical director, Andrew MacCallum, director of nursing and Catherine Mooney, director of governance)

At this stage the timings are still being finalised but a schedule of the meetings will be distributed at the Members' Council meeting. If members would like to attend, can they please notify Julie Cooper julie.cooper@chelwest.nhs.uk , ph. 020 8846 6716.

A dedicated session for Council members could also be arranged covering all topics addressed in the workshops, albeit briefly.

In addition, it was agreed at the September meeting to set up a sub group to look at an early draft of the plan. It is suggested that the first meeting of this group be set up for late January. Those interested in being involved should contact Julie or Fleur.

Decision/Action

The Members' Council are asked to note the business planning workshops and also decide if they require a dedicated business planning session.

Fleur Hansen
Strategy
25 November 2008

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 4 December 2008

AGENDA ITEM NO.	2.2 /Dec/08
PAPER	Membership Report
AUTHOR	Julie Cooper, FT Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	The paper provides the membership figures as of 31st October 08 with commentary in regards to progress against membership targets as set out in the annual plan 07/08, together with the draft minutes of the Members' Council Sub Committee Meeting.
DECISION/ ACTION	The Council is asked to note the report.

MEMBERSHIP REPORT

1.0 Membership size and movements

OVERALL MEMBERSHIP OVERVIEW	Figures for 06/07	Figures for 07/08	Target for 08/09	Figures at end Oct 08
Members at start of year	10,740	13,287	13,140	
New Members	5,162	565		583
Members leaving or changing constituency	-2,615	-958		-433
TOTAL	**13,287**	**13,140**	**15,296**	**13,290**
PUBLIC MEMBERSHIP OVERVIEW	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Figures at end Oct 08**
Members at start of year	3,500	6,982	6,580	
New Members	4,192	76		190
Members leaving or changing constituency	-710	-478		-237
TOTAL	**6,982**	**6,580**	**6,580**	**6,501**
PATIENT MEMBERSHIP	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Figures at end Oct 08**
Members at start of year	6,536	5,898	6,095	
New Members	969	362		380
Members leaving or changing constituency	-1,607	-165		-195
TOTAL	**5,898**	**6,095**	**6,399**	**6,280**
STAFF MEMBERSHIP	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Figures at end Oct 08**
Members at start of year	704	*653	465	
New Members	1	127		13
Members leaving or changing constituency	-298	-315		-1
TOTAL	***407**	**465**	**2317**	**477**

*The discrepancy between these two figures is due to on-going data migration during this period. The correct number of staff members as of 1 April 2007 is 653.

2.0 Membership Commentary

Recruitment and Engagement

The overall membership size has increased since September by 138. We have gained 583 new members since the beginning of the year which is positive, but we have lost 432 due to people leaving the area, patient passing away and members choosing to leave. This means the overall increase in membership is minimal.

We have agreed to focus our efforts on increasing the patient membership this year. The main vehicles for doing this are the hospital discharge leaflet which includes a membership application form and the self-service kiosks which promote membership. We hope to see the results of these new vehicles over the next six months.

With regards to increasing public membership, Julie Cooper is working successfully with the GP Liaison Manager and public Council Members to promote membership via GP surgeries, public libraries and community groups.

The Foundation Trust Membership Area was formally launched at the annual members meeting. Both the plasma screen and the two self-service kiosks share the latest news from the Trust as well as promote foundation trust membership. Once the work on the area is complete, we will be encouraging the directorates to use this 'public face' of the hospital to communicate with members and visitors about their services.

Colin Glass has agreed to meet with those Council Members who are interested to hold constituency meetings to help them with the initial meeting conception. We are working to schedule this meeting so we can kick start our programme of constituency meetings in the new year.

We will be holding our first Joint Members' Council/Board Away Day on 4 December. The aim of the day is to forge relationships and better mechanisms for joint working.

Diversity

We continue to audit our membership compared with our local population to identify groups which are under-represented. We have asked Computershare to provide us with a breakdown of our public membership within the four boroughs to better understand where we have areas of underrepresentation. These maps will be studied at the next communications sub committee meeting to guide our work. We have invited a representative from Computershare to speak to the Members' Council on building a representative membership and the challenges of growing membership.

3.0 Minutes from the Members' Council Membership Development & Communication Sub-Committee, 24 February 2008

DRAFT MINUTES FROM 4 NOVEMBER 2008

Present:

Council Members:

Martin Rowell (MR) - Chair
June Bennett (JB)
Chris Birch (CB)
Jane King (JK)
Nathan Billing (NB)
Alison Delmare (AD)
Cathy James (CJ)

In Attendance:

Cathy Mooney, Director of Governance and Corporate Affairs
Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance
Matt Akid (MA), Head of Communications

1. Apologies and welcome:
Apologies were received from Sue Smith.

2. Minutes of Sub-Committee meeting held on 2 September 2008

CB said the 'a' in MA needed to be capitalised.

THE MINUTES WERE APPROVED WITH THIS AMENDMENT

3. Matters arising from the Sub-Committee meeting held on 2 September 2008

Minutes
JC said the date and file name are now included at the bottom of the documents. CB asked that the version and circulation be included as well for sake of tracking.

JC now sends draft minutes to Chairman of the Communications Sub Group.

Action: Include version and circulation detail at bottom of all documents

Matters Arising
JC has included the double-feature for Trust News in the committee work plan. The Chairman has encouraged public members to join the Communications Group. JC agreed to approach Martin Lewis about joining the Group as it was felt more public members would be useful. JC gave leaflets to the organisers of the Duathlon. It was agreed that next year the Members' Council should have a stand at the finishing tent.

JC announced that Lady Smith-Gordon had been elected for the public seat representing Kensington and Chelsea Area 2. She said that no candidate nominations were received for area 1.

Action: JC to approach Martin Lewis about the joining the Communications Sub Group.
Action: Include the double-feature for Trust News in the committee work plan.
Action: Explore possibility of having a Members' Council stand at the finishing tent next year at the Duathlon.

Membership Week
JC has requested detailed maps of our public constituencies. A first draft came through and JC has requested they redo them with more detail. JC agreed to circulate the final version.

Action: JC to circulate constituency maps.

Membership Area
The content for the screens and kiosks is a regular agenda item. CB suggested that the numerous slides regarding our sexual health services be broken up. MA said that we have had a lot of requests from individual departments to place information onto the screens. We currently update the screens every two weeks. JC said that she is looking into vehicles to garner feedback from visitors to the membership area. She has reordered both the dedication plaque and the sign for the area

It was agreed that a note would be included in the Daily Bulletin saying that members of the Council are happy to serve as proof readers for patient – related information and to contact the Trust Secretary with upcoming projects.

Membership Development Strategy
JC has updated the membership strategy action tracker to reflect the agreed objectives for this year. JC shared a very simple calendar for the committee and asked for further information on what members wanted included in the document.

4. Membership Week
JC said we ran our second membership week during the week of the Annual Members Meeting. We had two recruiters in the Trust throughout the week and one floating recruiter to cover various GP surgeries. We had two additions to the week, a free 'mini health check' on Friday as well as a 'writing on the wall' session on the day of the members meeting. NB said that about 30 or 40 members took part in the health checks. It was a good hook for recruitment. JC said all in all we have recruited between 200-400 members as there is a large fall out once the application forms are processed due to people already being members or incomplete forms.

5. Membership Strategy
JC introduced the updated tracker. MR agreed that we quickly review action to date. It was agreed that the tracker be done using excel to make it easier to follow. The objective of working in partnership with other organisations including PCTs was raised. JC asked that members identify opportunities within their respective constituencies to have a recruitment stand or to communicate about the hospital.

JB raised the issue of the membership area and that it needed to be staffed. MR said that we are working through a new concept and it will take some time to get it right. The question of whether the machines record the number of users was raised. JC said that she would find out. CB suggested that the slides regarding sexual health services be split up. JC explained that we will be finalising the IT support for the machines so when one machine goes down we have a number to call to rectify the problem. MA raised the issue that the machines are not in the right place. It was suggested that one machine be moved to PALS.

Action: JC to redo the tracker using excel to make it easier to follow.
Action: Investigate whether kiosks can record the number of users.
Action: Members to identify opportunities within their respective constituencies to have a recruitment stand or to communicate about the hospital.
Action: Change order of slides on LCD screen.

Action: Explore possibility of moving one kiosk to PALS.

6. Annual Members Meeting

MA said we did not count the number of attendees. We believe the numbers were slightly down this year and possibly closer to 200. JB suggested that we give advance notice and information surrounding any votes taking place in future. CM confirmed that we will do this going forward. CM said that she had noted the questions raised and we could reflect this in the presentation next time? MR said he thought that the Chairman answered the questions well but he liked the format of the year before where all of the directors spoke. It was agreed that preparation for the Annual Members Meeting be included in the Committee work plan. It was agreed that the group consider further how to handle questions and whether to cover off responses in Trust News.

Action: Explore possibility of using Trust News to address questions raised at the AGM.
Action: Dedicate next Comms Group meeting to understanding the diversity of our membership and local population and areas where we have under representation. Invite Adrian Aggett from Computershare to talk to Comms group or Members' Council about the challenges of membership and to share some of the things other trusts are doing successfully. Invite Priti Bhatt to the meeting to discuss equality and diversity and how we ensure our actions are best suited for the population we serve.

7. AOB

CB raised the issue of funding as it is not recurrent. He suggested that we look at remaining budget and discern how to best use it.

JB raised issue of NHS charges for parking. MA explained that we have free parking for cancer patients and anyone with a child in hospital. This is at the discretion of the hospital.

CB suggested that we have lunch available prior to the joint away day.

Action: Encourage members to give their email addresses. Check existing addresses to see how many we have and the best way of using them.
Action: Re-circulate funding paper to allow time to discern how to spend remaining budget for this for this financial year.
Action: Send Terms of Reference for Committee to CB

8. Date of Next Meeting

24 February 2009, 4pm

Julie Cooper
FT Secretary
November 2008

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 4 December 2008

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MEMBERSHIP REPORT

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Members leaving or changing constituency	-710	-478		-237
TOTAL	**6,982**	**6,580**	**6,580**	**6,501**
PATIENT MEMBERSHIP	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Figures at end Oct 08**
Members at start of year	6,536	5,898	6,095	
New Members	969	362		380
Members leaving or changing constituency	-1,607	-165		-195
TOTAL	**5,898**	**6,095**	**6,399**	**6,280**
STAFF MEMBERSHIP	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Figures at end Oct 08**
Members at start of year	704	*653	465	
New Members	1	127		13
Members leaving or changing constituency	-298	-315		-1
TOTAL	***407**	**465**	**2317**	**477**

*The discrepancy between these two figures is due to on-going data migration during this period. The correct number of staff members as of 1 April 2007 is 653.

2.0 Membership Commentary

Recruitment and Engagement

The overall membership size has increased since September by 138. We have gained 583 new members since the beginning of the year which is positive, but we have lost 432 due to people leaving the area, patient passing away and members choosing to leave. This means the overall increase in membership is minimal.

We have agreed to focus our efforts on increasing the patient membership this year. The main vehicles for doing this are the hospital discharge leaflet which includes a membership application form and the self-service kiosks which promote membership. We hope to see the results of these new vehicles over the next six months.

With regards to increasing public membership, Julie Cooper is working successfully with the GP Liaison Manager and public Council Members to promote membership via GP surgeries, public libraries and community groups.

The Foundation Trust Membership Area was formally launched at the annual members meeting. Both the plasma screen and the two self-service kiosks share the latest news from the Trust as well as promote foundation trust membership. Once the work on the area is complete, we will be encouraging the directorates to use this 'public face' of the hospital to communicate with members and visitors about their services.

Colin Glass has agreed to meet with those Council Members who are interested to hold constituency meetings to help them with the initial meeting conception. We are working to schedule this meeting so we can kick start our programme of constituency meetings in the new year.

We will be holding our first Joint Members' Council/Board Away Day on 4 December. The aim of the day is to forge relationships and better mechanisms for joint working.

Diversity

We continue to audit our membership compared with our local population to identify groups which are under-represented. We have asked Computershare to provide us with a breakdown of our public membership within the four boroughs to better understand where we have areas of underrepresentation. These maps will be studied at the next communications sub committee meeting to guide our work. We have invited a representative from Computershare to speak to the Members' Council on building a representative membership and the challenges of growing membership.

3.0 Minutes from the Members' Council Membership Development & Communication Sub-Committee, 24 February 2008

DRAFT MINUTES FROM 4 NOVEMBER 2008

Present:

Council Members:

Martin Rowell (MR) - Chair
June Bennett (JB)
Chris Birch (CB)
Jane King (JK)
Nathan Billing (NB)
Alison Delmare (AD)
Cathy James (CJ)

In Attendance:

Cathy Mooney, Director of Governance and Corporate Affairs
Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance
Matt Akid (MA), Head of Communications

1. Apologies and welcome:
Apologies were received from Sue Smith.

2. Minutes of Sub-Committee meeting held on 2 September 2008

CB said the 'a' in MA needed to be capitalised.

THE MINUTES WERE APPROVED WITH THIS AMENDMENT

3. Matters arising from the Sub-Committee meeting held on 2 September 2008

Minutes
JC said the date and file name are now included at the bottom of the documents. CB asked that the version and circulation be included as well for sake of tracking.

JC now sends draft minutes to Chairman of the Communications Sub Group.

Action: Include version and circulation detail at bottom of all documents

Matters Arising
JC has included the double-feature for Trust News in the committee work plan. The Chairman has encouraged public members to join the Communications Group. JC agreed to approach Martin Lewis about joining the Group as it was felt more public members would be useful. JC gave leaflets to the organisers of the Duathlon. It was agreed that next year the Members' Council should have a stand at the finishing tent.

JC announced that Lady Smith-Gordon had been elected for the public seat representing Kensington and Chelsea Area 2. She said that no candidate nominations were received for area 1.

Action: JC to approach Martin Lewis about the joining the Communications Sub Group.
Action: Include the double-feature for Trust News in the committee work plan.
Action: Explore possibility of having a Members' Council stand at the finishing tent next year at the Duathlon.

Membership Week
JC has requested detailed maps of our public constituencies. A first draft came through and JC has requested they redo them with more detail. JC agreed to circulate the final version.

Action: JC to circulate constituency maps.

Membership Area
The content for the screens and kiosks is a regular agenda item. CB suggested that the numerous slides regarding our sexual health services be broken up. MA said that we have had a lot of requests from individual departments to place information onto the screens. We currently update the screens every two weeks. JC said that she is looking into vehicles to garner feedback from visitors to the membership area. She has reordered both the dedication plaque and the sign for the area

It was agreed that a note would be included in the Daily Bulletin saying that members of the Council are happy to serve as proof readers for patient – related information and to contact the Trust Secretary with upcoming projects.

Membership Development Strategy
JC has updated the membership strategy action tracker to reflect the agreed objectives for this year. JC shared a very simple calendar for the committee and asked for further information on what members wanted included in the document.

4. Membership Week
JC said we ran our second membership week during the week of the Annual Members Meeting. We had two recruiters in the Trust throughout the week and one floating recruiter to cover various GP surgeries. We had two additions to the week, a free 'mini health check' on Friday as well as a 'writing on the wall' session on the day of the members meeting. NB said that about 30 or 40 members took part in the health checks. It was a good hook for recruitment. JC said all in all we have recruited between 200-400 members as there is a large fall out once the application forms are processed due to people already being members or incomplete forms.

5. Membership Strategy
JC introduced the updated tracker. MR agreed that we quickly review action to date. It was agreed that the tracker be done using excel to make it easier to follow. The objective of working in partnership with other organisations including PCTs was raised. JC asked that members identify opportunities within their respective constituencies to have a recruitment stand or to communicate about the hospital.

JB raised the issue of the membership area and that it needed to be staffed. MR said that we are working through a new concept and it will take some time to get it right. The question of whether the machines record the number of users was raised. JC said that she would find out. CB suggested that the slides regarding sexual health services be split up. JC explained that we will be finalising the IT support for the machines so when one machine goes down we have a number to call to rectify the problem. MA raised the issue that the machines are not in the right place. It was suggested that one machine be moved to PALS.

Action: JC to redo the tracker using excel to make it easier to follow.
Action: Investigate whether kiosks can record the number of users.
Action: Members to identify opportunities within their respective constituencies to have a recruitment stand or to communicate about the hospital.
Action: Change order of slides on LCD screen.

Action: Explore possibility of moving one kiosk to PALS.

6. Annual Members Meeting

MA said we did not count the number of attendees. We believe the numbers were slightly down this year and possibly closer to 200. JB suggested that we give advance notice and information surrounding any votes taking place in future. CM confirmed that we will do this going forward. CM said that she had noted the questions raised and we could reflect this in the presentation next time? MR said he thought that the Chairman answered the questions well but he liked the format of the year before where all of the directors spoke. It was agreed that preparation for the Annual Members Meeting be included in the Committee work plan. It was agreed that the group consider further how to handle questions and whether to cover off responses in Trust News.

Action: Explore possibility of using Trust News to address questions raised at the AGM.
Action: Dedicate next Comms Group meeting to understanding the diversity of our membership and local population and areas where we have under representation. Invite Adrian Aggett from Computershare to talk to Comms group or Members' Council about the challenges of membership and to share some of the things other trusts are doing successfully. Invite Priti Bhatt to the meeting to discuss equality and diversity and how we ensure our actions are best suited for the population we serve.

7. AOB

CB raised the issue of funding as it is not recurrent. He suggested that we look at remaining budget and discern how to best use it.

JB raised issue of NHS charges for parking. MA explained that we have free parking for cancer patients and anyone with a child in hospital. This is at the discretion of the hospital.

CB suggested that we have lunch available prior to the joint away day.

Action: Encourage members to give their email addresses. Check existing addresses to see how many we have and the best way of using them.
Action: Re-circulate funding paper to allow time to discern how to spend remaining budget for this for this financial year.
Action: Send Terms of Reference for Committee to CB

8. Date of Next Meeting

24 February 2009, 4pm

Julie Cooper
FT Secretary
November 2008

Members' Council Meeting, 4 December 2008

AGENDA ITEM NO.	2.3/Dec/08
PAPER	Members' Council Funding Report
AUTHOR	Julie Cooper, FT Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper provides an overview of the funds spent to date from the Members' Council budget on the Open Day and other membership related activity. The paper provides detail of the actual costs for each item together with the projected spend for those recurrent budget items which were agreed at the last Council meeting.
DECISION/ ACTION	The Council is asked to note the report and discuss how they would like to allocate the remaining funds for this financial year.

Members' Council Funding Report

1.0 Background

The decision was made at the November 2007 Members' Council meeting that a recurring budget of £100,000 per financial year was to be made available to the Members' Council to spend at their discretion on relevant projects. This budget was made available as of this financial year (1 April 2008-31 ~March 2009).

2.0 Funding Overview

An initial allocation of £35,000 was agreed to go towards the hospital Open Day, Membership Week, the creation of a membership information area in the hospital, and the improvement of patient and public information. The report of all monies spent together with initial estimates is provided in Table 1.

In light of some of the agreed objectives in the Membership Strategy it was proposed that an annual budget be agreed for recurrent activities relating to membership engagement and recruitment. These activities were discussed and agreed at the last Council meeting. The respective budgets for the agreed actions are listed in Table 2.

In light of the agreement that the funding not be carried over, an overview of the money spent to date together with those funds that have been committed for the remainder of this financial year are provided in Table 3.

3.0 Decision/Action

The Council is asked to note the report and discuss how they would like to allocate the remaining funds for this financial year.

Allocation for 08/09 = £100,000

4.0 Funding Overview

Of the £100k, about £60k has been spent. Approximately £9k is committed for those activities already agreed which leaves approximately £30k for allocation for the remainder of the financial year (March 2009).

TABLE 1

Activity	Estimate	Actual
OPEN DAY AND MEMBERSHIP WEEK		
Development of Trust brand including: design templates, information stands, publicity materials for Open Day, Membership Recruitment Leaflet template and Council name badges	c. £10,000	£10,324
Membership Leaflet Dispensers x 50	£600	£306
Purchase 48" Plasma Screen and related programming and software for members area.	£10,000- £15,000 (IT)	£14,500 (two self –service kiosks + Installation) £3,055 (46" LCD Screen) £293.75 (keyboards) Total = £17,849
Design and work relating to membership area	£3,000 Building Work	£3,176 (VM Server) £942 (3 wall ports and 3 network patches) Total = £4,118
Re-design of Membership Recruitment Leaflets with attached application form to reflect feedback. (10,000 print job)	£3,000	£1,184 (printing) £1,368 (design) Total = £2,552
Internet Diagnostic	£5,000	£7,872.40
Discharge Leaflet x 65,000	£9,635	£8,200
Membership Advertising/Promotion	--	£3,809.98
Membership Week x 2	£5,900	£5,098.17
TOTAL	**£52,135**	**£60,129**

TABLE 2

FUTURE ACTIVITY 08/09	Estimate	Actual
MEMBER RECRUITMENT		
DEVELOPMENT		
Joint Away Day	2,500	
Mystery Shopping	3,525	
Membership Area Works	3000	
PATIENT INFORMATION		
TOTAL	**9,025**	

TABLE 3

BUDGET SUMMARY		
Expenditure 08/09	£60,129	
Committed Expenditure 08/09	£9,025	
Remainder for allocation in 08/09	£30,846	

5.0 Proposed Activities for 08/09

5.1 Paediatric DVD

Create a DVD from the perspective of a child for promotional use towards both children and their parents. The DVD could capture the services we offer in an interactive and visionary fashion to present the true depth of the services we provide here at Chelsea and Westminster.

5.2 Join the Consultation Institute

The Consultation Institute seeks to promote the highest standards of public, stakeholder and employee consultation by initiating research, publications and specialist events in order to disseminate best practice.

The Consultation Institute's Charter offers authoritative definitions, illustrates classic consultation scenarios and establishes and explains seven clear principles of best practice

The Institute is designed to help all those engaged in public or stakeholder consultation become aware of best practice , encourage Innovation and improve its value to decision-makers whilst providing a much needed opportunity for professional networking. By publishing specialist papers and briefings, and organising a range of events on many aspects of consultation, it helps both consultors and consultees gain more from the process.

The Trust would pay for the initial membership, but we would propose to include a budget of £5000 for Council Members and staff to attend key training sessions around engagement.

Members' Council Meeting, 4 December 2008

AGENDA ITEM NO.	2.7 /Dec/08
PAPER	Northwest London Strategy Update: Stroke and Major Trauma
AUTHOR	Heather Lawrence, Chief Executive
LEAD	Heather Lawrence, Chief Executive
SUMMARY	We submitted a bid to NHS London to become a Hyper Acute, Acute and Transient Ischemic Attack (TIA) centre. Each of the three elements had to stand alone and together. Trust Chief Executives will be told if their bid to be a Hyper Acute Stroke Unit is supported in the week commencing 1st December 2008. NHS London will hold a Public Consultation on the proposed hospital sites for Trauma and Stroke Centres services between 5th January – 6th April 2009. PCTs have been requested to work closely with hospitals to organise public meeting in the New Year.
DECISION/ ACTION	The Council is asked to note the report.

1.0 Major Trauma Centres

The designation of 3- 5 major Trauma Centres has been delayed by two weeks whilst costings are submitted. Five major Trauma Centres bids were received from Kings, St Georges, Royal London, Royal Free and Imperial. At this stage, three have been approved.

2.0 Stroke Care

We submitted a bid to NHS London to become a Hyper Acute, Acute and Transient Ischemic Attack (TIA) centre. Each of the three elements had to stand alone and together. The PCTs would like to see 2 in North West London.

17 bids for Hyper Acute Centres were received and NHS London will support between 7 – 10. Trust Chief Executives will be told if their bid to be a Hyper Acute Stroke Unit is supported in the week commencing 1st December 2008.

NHS London will hold a Public Consultation on the proposed hospital sites for Trauma and Stroke Centres services between 5th January – 6th April 2009. PCTs have been requested to work closely with hospitals to organise public meeting in the New Year.

Members' Council Meeting, 4 December 2008

AGENDA ITEM NO.	2.8 /Dec/08
PAPER	Quality Care Commission
AUTHOR	Heather Lawrence, Chief Executive Officer
LEAD	Heather Lawrence, Chief Executive Officer
SUMMARY	The new Care Quality Commission will bring together independent regulation of health, mental health, and adult social care for the first time from April 2009. The Care Quality Commission (CQC) will be responsible for registering, reviewing and inspecting health, adult social care and mental health services. This paper provides the background and next steps in the move to this new body.
DECISION/ ACTION	The Council is asked to note the report.

3.1 Care Quality Commission

The new Care Quality Commission will bring together independent regulation of health, mental health, and adult social care for the first time from April 2009.

The Care Quality Commission (CQC) will be responsible for registering, reviewing and inspecting health, adult social care and mental health services.

Registration is a new concept for the NHS but already happens in independent healthcare and social care. The CQC will provide a licence to operate moving us away from the retrospective Health Care Commission assessment for the financial year 08/09 the HCC assessment will remain as is. 2009/10 will be a transitional year and in 2010/11 it will be an integrated system for all sectors. In 2009/10 the new powers will only apply to regulations in respect of healthcare acquired infections in the NHS. We need to apply to be registered and the key dates are:

You Apply to register	12 Jan – 6 Feb 2009
We cross-check application and discuss with you our likely decision	February – March 2008
The regulations come into force	March 2009
Registration decisions confirmed	By 14 March 2009
New enforcement powers can be used	From 1 April 2009

The Chief Executive must sign the form and the Board must approve the application at the January Board.

<u>The New Powers and the CQC</u>

The powers of the CQC build on existing powers et out in the existing Health and Social Care Act 2000.

The powers are to:

- Impose a warning notice
- Impose, vary or remove conditions
- Issue a penalty notice in lieu of prosecution
- Suspend registration
- Cancel registration
- Prosecute for specified offences

<u>Principle guiding CQC work</u>

- Protect the safety of service users and improve quality of care
- Proportionate, risk-based approach
- Transparent and accountable processes
- Encourage improvement wherever possible
- Emphasis on equality, diversity and human rights
- Use of appropriately trained, skilled staff
- Follow up in a timely fashion
- Co-ordinate our work with others
- Principles applied consistently, but our approach can be tailored
- Monitor our own progress, taking comments on board

<u>How CQC will use their powers</u>

- Issue a statutory warning notice
- Impose, vary or remove conditions
- Financial penalty notice
- Suspend registration

- Cancel registration
- Prosecution
  CQC may consider issuing a simple caution as an alternative to prosecution, where the offender admits offence

HCAI Registration

The Health and Social Care Act 2008 provides for the Registration of a service provider requiring the commission to be satisfied that the requirements under section 20 'are being and will continue to be complied with'.

The CQC model of quality care

- Safety and safeguarding
- Outcomes, including clinical outcomes
- Experience of people who use services
- 'Functionality', independence and quality of life
- Access to services
- Making best use of our resources

The Values of CQC

- Put the people who use services first
- Be independent, expert and authoritative
- Champion joined-up care
- Work with service providers and professions to agree definitions of quality
- Be visible, open and transparent

Investigation

- CQC also has the power to carry out investigations into NHS health care and social care
- Powerful means of identifying root causes of systemic problems
- Separate powers but closely linked to enforcement (e.g. investigation may lead CQC to take enforcement action)
- CQC will publish criteria for undertaking investigations
- The principles that apply to enforcement also apply to the way in which we manage investigations.

Working with other organisations

- We aim to co-ordinate our respective powers and avoid inconsistencies
- Whenever there are safeguarding concerns, we will ensure that relevant agencies are engaged without delay
- We expect to liaise with Monitor before taking enforcement action in relation to and NHS foundation trust – but may take immediate action in order to protect the safety of people who use services
- We will publish reports of our work to promote learning and review trends

Evolving the hygiene code – 2009/10 onwards

Draft s20 registration requirement with respect HCAI:

"… a service provider must, so far as practicable, ensure that patients, healthcare workers and others… are protected against identifiable risks of acquiring such an infection by means of:

a) (systems to assess risks, prevent detect, treat and control HCAI)
b) (the maintenance of appropriate standards of design, cleanliness and hygiene)"

Registration decision – the weight of evidence

Registration Categories			
Registered – no conditions	Registered – no conditions	Registered with conditions	Not registered
No concerns	Minor weaknesses: small risk of non-compliance	Significant weaknesses: significant risk of non-compliance	Evidence of non-compliance: serious failure to protect

Balance of probabilities ↔ Beyond reasonable doubt

Application for registration

Part 1: details for the register
Part 2: statement that the provider complies with the requirements of regulations
Part 3: statement regarding the code 9about compliance) – are suitable systems in place and are they sufficiently robust?
Part 4: supplementary information
Part 5: Agreement to electronic communication
Part 6: Sign-off

Registration classifications

We both agree things are OK	Registered
We agree there are some things you are putting right quickly	Registered + action plan
There are some urgent, serious things to improve	Registered with conditions
WE CANNOT REGISTER YOU!	

The Register

- CQC must make the Register available to the public
- We must inform PCTs, SHAs, Monitor if we impose conditions
- We want to provide useful information for patients

Consultation

The CQC are consulting on some key questions:

1. Do you agree with our proposed principles and overall approach to enforcement?
2. Do you agree with the circumstances and manner in which we intend to use each enforcement power?
3. Does the way in which we propose to work with other organisations ensure a co-ordinated approach to enforcement?

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 4 December 2008

AGENDA ITEM NO.	2.9 /Dec/08
PAPER	Medmedia Ltd
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Affairs
LEAD	Heather Lawrence, Chief Executive
SUMMARY	The Trust has been approached by a company Medmedia Ltd. about providing an aesthetic mechanism of providing health promotion messages whilst gaining income for the Trust. Medmedia Ltd. is a new company created about 6 months ago offering creative solutions in healthcare communications. Their focus is to provide large, artistic panels with tailored health promotion messages in line with our key services. The panels will be sponsored by industry and would be structured as a revenue partnership. The fee for each panel is £25,000 with 50% of the profits coming back to the Trust. All initial costs would be borne by Medmedia Ltd. The panels would be placed in prominent areas in the Trust for a minimum period of one year. During such time, we would have control over the development of messaging in conjunction with the sponsor.
DECISION/ ACTION	Does the Members' Council support the proposal to use this approach to convey health promotion messages using the hospital environment.

1.0 Medmedia Ltd

The Trust has been approached by a company Medmedia Ltd. about providing an aesthetic mechanism of providing health promotion messages whilst gaining income for the Trust. Medmedia Ltd. is a new company created about 6 months ago offering creative solutions in healthcare communications. Their focus is to provide large, artistic panels with tailored health promotion messages in line with our key services. The panels will be sponsored by industry and would be structured as a revenue partnership. The fee for each panel is £25,000 with 50% of the profits coming back to the Trust. All initial costs would be borne by Medmedia Ltd. The panels would be placed in prominent areas in the Trust and would remain there for one year. During such time, we would have control over the development of messaging in conjunction with the sponsor.

The company has assured us that this form of sponsorship is permissible under Department of Health regulation and was further endorsed by Lord Turnberg. The Chairman feels the key issue will be content, and suggested that we present this opportunity to the Members' Council.

2.0 Examples of Creative Work

We have asked Medmedia to mock up some art work in the field of infection control which could then be presented to the Members' Council on 4 December. We think this could be a good opportunity for the Trust to get our messages out to the public whilst also securing a small revenue stream, but feel it important to have Members' Council involvement around the content of these panels.

We have received three examples of the art work and messaging that could be placed on the panels. All three are focussed on infection control.

3.0 Decision/Next Steps

Does the Members' Council support the proposal to use this approach to convey health promotion messages using the hospital environment.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members Council Meeting, 4th December 2008

AGENDA ITEM NO.	3.1/Dec/08
PAPER	Finance Report – October 2008
AUTHOR	Neil Callow, Deputy Director of Finance
LEAD	Lorraine Bewes, Executive Director of Finance
EXECUTIVE SUMMARY	The Trust is reporting a £7.34m income and expenditure surplus for the 7 months to 31st October 2008 (£1.15m above plan). The current month's performance shows an income and expenditure surplus of £1.31m which is £0.49m above plan. This includes some exceptional costs and income which are detailed in the report. After accounting for exceptionals, the normalised surplus for October is £0.96m which is £0.14m ahead of plan driven by: • £0.5m overperformance against NHS contract income • £0.25m private maternity contribution (noting the plan assumed a transfer date of 1st October 2008) • £0.1m deficit against utilities budgets • £0.4m deficits against drugs and medical & surgical budgets in Surgery, A&I and Medicine Directorates The forecast surplus has improved from £8.38m to £8.94m, which is £0.96m ahead of the annual planned surplus of £7.9m. The cash position is lower than the Monitor plan by £4.84m. This is mainly as a result of higher creditor payments than planned for both capital and revenue payments. There is a timing delay for NHS income relating to invoicing rules and also a rise in accrued income from Directorates. The Capital Budget for the year has been reduced to £27.01m due to deferring capital projects totalling £10.25m to next financial year. The year to date actual spend for capital programme is £10.1m and there are further commitments of £1.72m.
DECISION/ ACTION	The Members' Council is asked to note the financial position for the period to 31st October 2008 and the updates in this report.

DISTRIBUTION	Board only ☐	Directors ☐	Trust Exec ☐	General **x**

LEGAL REVIEW REQUIRED?	Yes/ **No**/ Uncertain

Financial Summary to October 2008

1. Introduction

1.1. This paper sets out the financial position for the 7 month period to 31st October 2008.

2. Overall Financial Position (Form F1)

2.1 The following table summarises Income & Expenditure performance and financial risk ratings.

	Year to 31st October 2008				Forecast			
	Budget £'m	Actual £'m	Variance £'m	% Var	Budget £'m	Actual £'m	Variance £'m	%Var
Income	157.0	161.6	4.6	2.9%	268.3	277.0	8.7	3.3%
Expenditure	141.7	145.2	-3.5	-2.4%	244.2	251.5	-7.3	-3.0%
EBITDA	15.3	16.5	1.1		24.1	25.5	1.4	
EDITDA Margin %	9.7%	10.2%			9.0%	9.2%		
Interest, Dividends and Depreciation	9.1	9.1	0.0		16.1	16.6	-0.4	
Surplus/Deficit (-ve)	6.2	7.3	1.1		8.0	8.9	1.0	
Surplus Margin %	3.9%	4.5%			3.0%	3.2%		
ROA %	5.7%	7.2%			5.5%	6.0%		
Liquidity (days)	60.2	27.9			61.2	35.3		
Risk Rating	5.0	5			5	5		
					Forecast %	Breach %		
Private Patient Cap					3.12	3.50		Within Limit

2.2 The income and expenditure position to the end of October is a surplus of £7.34m, which is £1.15m ahead of plan. Current month performance shows a surplus of £1.31m, which is an improvement of £0.49m against plan.

2.3 After accounting for exceptional income and costs the income and expenditure surplus for October is £0.95m which is £0.14m ahead of plan.

2.4 The EBITDA margin is 10.9% in October (plan 9.6%), bringing the year to date EBITDA margin to 10.2% (plan 9.7%). This performance is equivalent to the maximum Monitor financial risk rating of 5 as planned.

2.5 There is a positive variance against both planned EBITDA and I&E surplus. This reflects overperformance against planned income which has exceeded overspends against pay, non-pay and post-EDITDA items. This is analysed as:

- Income is £2.1m above plan in month and £4.63m above plan year to date with £2.95m relating to overperformance against NHS contract income and £1.66m relating to overperformance against other income types. This reflects over-performance against elective, emergency and outpatient income offset by underperformance against NICU/SCBU, critical care and other income targets.

- Pay has overspent by £0.82m in October resulting in a year-to-date overspend of £1.53m. Non-pay budgets have overspent by £0.75m in October resulting in a year-to-date overspend of £1.92m.

- Post EBITDA items are overspent by £0.03m in month and by £0.01m year to date.

2.6 £6.179m (94%) of the £6.53m annual savings requirement has been identified and is currently forecast to be delivered. £3.882m (98%) of the year to date target of £3.962m has been delivered.

2.7 Cash at bank and in hand at 31st October is £29.09m which is behind both the Monitor plan of £33.93m and the internal forecast of £32.83m. The variance to both the Monitor Plan and the internal forecast is explained by higher capital spend and decrease in working capital offset by increased operating surplus.

2.8 Foundation Trusts are required to follow the national timetable in adopting International Financial Reporting Standards (IFRS), therefore The Trust will be restating 2008/09 opening balances to comply with IFRS by 31st December 08. The Trust has engaged KPMG to help with this project.

2.9 The Capital Budget for the year 08-09 has been reduced from £33.71m to £27.01. This is due to deferring the expenditure of £3.55m agreed at the Executives meeting on 1st September and subsequently reported to the Trust Board, and a further deferment of expenditure of £6.70m approved at the Capital Board on 28th October. The major Capital Programmes being deferred in full or in part to next year are Adele Dixon Ward Project (£2.40m) Paediatrics Specialist Programme (£5.46m), administrative accommodation project (shelf) (£1.50m), GP Primary Care front end (£0.50m) and others (£0.39m).

2.10 The year to date actual spend for Capital Programme is £10.1m and represents 37% of the budgeted amount for the Capital Programme for the year. A high proportion of year to date spend relates to carry forward projects such as the Private Maternity Project (£1.40m), Building Management System (£0.54m) and the CT & MRI scanner project (£2.62m).

Lorraine Bewes
Director of Finance and Information
26th November 2008

GLOSSARY OF TERMS

18 week target	Government access target to ensure that the time from GP referral to the first definitive treatment is no more than 18 weeks.
A&E	Accident and Emergency
A&I	Anaesthetics and Imaging
ACU	Assisted Conception Unit
AFC	Agenda for Change
AHPs	Allied Health Professionals
BPPC	Better Payment Practice Code. This is an NHS good practice guidance to pay creditors within 30 days.
Capacity Plan	The Trust's activity plan which is the basis of contract income from commissioners and sizes the Trust's bed base, theatre slots, outpatient clinics.
CIP	Cost Improvement Programme i.e. efficiency savings programme
Contribution	The difference between income and variable costs
CPI	Consumer Prices Index
CT scanner	Computed Tomography scanner
DC	Day case
EBITDA	Earnings before Interest, Tax, Depreciation and Amortization. This equates roughly to the Trust's cash profit.
ECG	Electrocardiogram
EL	Elective admissions
FA	First attendance (outpatient)
GUM	Genito-Urinary Medicine
HMU	Hand Management Unit
I&E	Income and Expenditure
ICSI	Intracytoplasmic sperm injection
ICT	Information and Communications Technology
IUI	Intrauterine insemination
LIBOR	London Inter Bank Offered Rate

LOS	Length of Stay
MFF	Market Forces Factor. This is an income levy that the Trust receives to compensate it for geographic specific costs.
Monitor	The independent regulator of foundation trusts.
MRI	Magnetic Resonance Imaging
N12	This is a maternity related short stay admission.
NEL	Non-elective or emergency admission
NICU/SCBU	Neonatal intensive care/Special Care Baby Unit
OPD	Outpatient department
OPFA	Follow up attendance (outpatient)
PCT	Primary Care Trust
PDC	Public Dividend Capital
RBS	Royal Bank of Scotland
ROA	Return on Assets
SIFT	Service Increment for Teaching. This is an income levy to cover the costs to the hospital of undertaking teaching of medical undergraduates.
T&O	Trauma and Orthopaedics
W&C	Women's and Children's services
Working Capital	The level of operating cash needed to fund operational activities.
WTE	Whole Time Equivalent (staff)
YTD	Year to date
XBD	Excess bed days above expected length of stay

Monitor Oct 2008

Monitor Indicators								
Indicator Name	**YTD Target**	**Q1 (M1 to M3) Performance**	**Q2 (M4 to M6) Performance**	**Q3 Performance (M7)**	**Q4 Performance**	**Score Year to Date**	**Score Expected at Year End**	**Weight of Indicator**
Clostrium difficile cases	63	9	12	3		0.0	0.0	1.0
MRSA cases	11.1	2	2	0		0.0	0.0	1.0
Cancer patients waiting 31 days from decision to treat to start of treatment extended to cover all cancer treatments	TBC					0.0	0.0	1.0
Cancer patients waiting 62 days from all referrals to treatment for all cancers	TBC					0.0	0.0	1.0
18 Week Maximum Wait for Admitted Patients from Point of Referral to Treatment	90%	93.0%	93.1%	90.4%		0.0	0.0	1.0
18 Week Maximum Wait for Non Admitted Patients from Point of Referral to Treatment	95%	98.6%	98.5%	98.95%		0.0	0.0	1.0
Max time in A&E of 4 hours from arrival to admission, transfer or discharge	98%	98.9%	98.8%	98.4%		0.0	0.0	0.5
Cancer patients waiting 31 days from decision to treat to first treatment for all cancers	98%	100.0%	100.0%	100.0%		0.0	0.0	0.5
Cancer patients waiting 62 days from urgent referrals to first treatment for all cancer	98%	100.0%	100.0%	100.0%		0.0	0.0	0.5
People suffering heart attack to receive Thrombolysis within 60 mins of call	Not Applicable							
Cancer patients waiting 2 weeks from Urgent GP referral to first appointment for all Urgent Suspect Cancer Referrals	98%	100.0%	99.7%	100.0%		0.0	0.0	0.5
						0.0	**0.0**	

Key		Total Score
The Trust is on track to meet this target		<1
It does not seem likely that the Trust will meet this target.		1+
It is not possible to accurately assess performance in this area.		

Healthcare Commission Oct 2008

Existing Commitment indicators

Indicator Name	Target	YTD Performance	Expected Performance at Year End	Score Year to Date	Score Expected at Year End
48 Hour access to GUM clinics - offered 2008/09	100%	100.0%		3	3
Data quality on ethnic group	95%	96.00%		2	3
Time to reperfusion for patients who have had a heart attack	Not Applicable				
Delayed transfers of care	3.5%	2.9%		3	3
Total time in A&E (4 hours of less)	98%	98.8%		3	3
Inpatients waiting longer than the 26 week standard	0.03%	0.00%		3	3
Outpatients waiting longer than the 13 week standard	0.03%	0.00%		3	3
Patients waiting longer than three months (13 weeks) for revascularisation	Not Applicable				
Waiting times for Rapid Access Chest Pain Clinic	98%	95.9%		2	2
Cancelled operations and those not admitted within 28 days	95.0%	98.75%		3	3
Cancelled operations by the hospital for non-clinical reasons	0.8%	0.51%			
			Available Points:	24	24
			Points Scored:	22	23
			Predicted Band:	Fully Met	Fully Met

National priority indicators

Indicator Name	Target	YTD Performance	Expected Performance at Year End	Score Year to Date	Score Expected at Year End
Data completeness: Infant Health Data completeness --breast feeding 2008/09	95%	98.2%			
Data completeness: Infant Health Data completeness --smokers 2008/09	95%	100.0%		3	3
Smoking: difference is <=0% as compared with previous year	<=0%	-7.6%			
Breastfeeding initiation: difference is >=-5% (negative value) compared with previous year	>=-5%	-0.3%			
Experience of patients – health & wellbeing domain(s)***	YES				
Participation heart disease audits: MINAP >=90% completion for key fields	YES	YES			
Trust took part annual 2008 MINAP data validation exercise	YES	YES			
Trust participation in cardiac rhythmn management audit	YES	YES			
Trust provide PCI procedures participated in BCIS-CCAD audit with monthly uploading CCAD servers				3	3
Trust provides PCI>=90% completion of key fields recorded by BCIS-CCAD project					
Trust provides primary PCI procedures>=90% key date/time fields for primary PCI patients	Not applicable				
Engagement in clinical audits: Trust participation in local and/or national audits	YES	TBC			
Trust has a clinical strategy and programme related to both local and national priorities with the overall main of improving patient outcomes	YES	TBC			
Trust make available suitable training, awareness or support to all clinicians	YES	TBC			
Trust ensure that all clinicians and other relevant staff conducting and/or managing clinical audits were given appropriate time knowledge and skills	YES	TBC			3
Trust to undertake a formal review of the local and national audit programme	YES	TBC			
Trust's management or governance leads receive regular reports on the progress being made in implementing the outcome of national clinical audits and review the outcomes	YES	TBC			
Stroke Care: Percentage of patients recorded within the National Sentinel Audit of Stroke that have spent more than 90% of their stay in hospital on a stroke unit**		76.0%			
Screening for swallow disorders < 24 hrs of admission		96.00%			
Brain scan within 24hrs after stroke (admission)		100.00%			
Aspirin by 48 hrs after stroke		100.00%		3	3
Physiotherapist assessment within 72hrs of admission		95.00%			
OT assessment within 7 days of admission		100.00%			
Patient weighed during admission		100.00%			
Patient's mood assessed by discharge		98.00%			
Rehabilitation goals agreed by the multi-disciplinary team		100.00%			
Overall score 8 other indicators excluding % of patients spending >90% time on stroke unit	TBC	98.6%			
Experience of patients – clinical quality domain(s)	TBC				
Maternity Hospital Episode Statistics: data quality indicator****	YES				
Incidence of MRSA Bacteraemia*	11.1	4		3	3
Experience of patients – safety domain(s)***	TBC				
Incidence of Clostridium Difficile	63.0	24		3	3
18 Week Maximum Wait for Admitted Patients from Point of Referral to Treatment	90.0%	92.6%		3	3
18 Week Maximum Wait for Non Admitted Patients from Point of Referral to Treatment	95.0%	98.6%			
All cancers: two week wait	98.0%	99.9%		3	3
Long-standing existing commitment: Cancer patients waiting 31 days from decision to treat to first treatment for all cancers	100.0%	100.00%			
All cancers: one month diagnosis to treatment (including new cancer strategy commitment)	100.0%				
Long-standing existing commitment: Cancer patients waiting 62 days from urgent referrals to first treatment for all cancer	100.0%	100.00%			
All cancers: two month GP urgent referral to treatment (including new cancer strategy commitment)	100.0%				
Experience of patients – patient focus & access domain(s)***	TBC				
NHS staff satisfaction	TBC				
			Available Points:	24	24
			Points Scored:	21	21
			Predicted Band:	Fully Met	Fully Met

*-Full year target is no more than 19 cases of MRSA
**Data to be collected from National Sentinel Audit Stroke 2008
***HCC inpatient survey
**** Data to be taken from Hospital Episodes Statistics (April to December 2008)

Healthcare Commission Scoring System

Component of Healthcare Commission Assessment	Targets: Existing	Targets: National
Number of Applicable Indicators	8	16
Maximum number of points available	24	48
Range of points required to achieve a "Fully Met" or "Excellent" score for the component		
Range of points required to achieve a "Almost Met" or "Good" score for the component		
Range of points required to achieve a "Partly Met" or "Fair" score for the component		
Range of points required to achieve a "Not Met" or "Weak" score for the component		

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.	

Stroke Care Oct 2008

Key Indicator Scores	%
Patients Treated in a stroke unit	100
Patients treated for ≥90% of stay in a stroke unit	76
Screening for swallow disorders < 24 hrs of admission	96
Brain scan within 24hrs after stroke (admission)	100
Aspirin by 48 hrs after stroke	100
Physiotherapist assessment within 72hrs of admission	95
OT assessment within 7 days of admission	100
Patient weighed during admission	100
Patient's mood assessed by discharge	98
Patient on antithrombotic therapy by discharge	100
Rehabilitation goals agreed by the multi-disciplinary team	100
Home visit performed before discharge	100
Key 12 indicator score	**97**

Total number of patients (April 2008 to date): 47

Efficiency and Use of Resources to Month 7

Admissions	Indicator Name	2007/08 to Oct	2008/09 to Oct	Oct 2007/08	Oct 2008/09	Target
	Total Inpatient Average Length of Stay	3.29	3.36	3.25	4.24	3.16
	Elective Inpatient Average Length of Stay	2.04	1.83	2.15	1.81	3.01
	Non-Elective Inpatient Average Length of Stay	4.16	4.29	4.11	4.43	3.19
	Day Case Rate	73%	73%	72%	74%	73%

Outpatients	Indicator Name	2007/08 to Oct	2008/09 to Oct	Oct 2007/08	Oct 2008/09	Target
	New to Follow Up Rate	3.04	2.15	2.73	2.23	1.97
	Outpatient DNA Rate	12.4%	11.1%	12.0%	11.3%	TBC
	Outpatient Outcomes	38.4%	84.8%	54.5%	82.9%	100.0%

Access to Month 7

Access	Indicator Name	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Avg 2007/08 YTD	Avg 2008/09 YTD
	Waiting List Suspensions (as % of waiting list)	10.6%	14.1%	14.8%	15.6%	15.7%	13.1%	14.5%						20.70%	14.05%
	Waiting List Suspensions > 3 months (as % of suspensions)	34.7%	35.7%	36.0%	34.60%	36.10%	31.73%	34.13%						44.22%	34.71%

Access	Points of Delivery	Actual Oct 2007	Actual Oct 2008	Actual to M7 2007/08	Actual to M7 2008/09	Variance on last year	YTD Plan from the Capacity Plan	YTD Variance from the Capacity Plan
	New Outpatient Attendances	11116	11760	70861	85255	20.3%	73875	15.40%
	Follow Up Outpatient Attendances	21370	20709	137171	140577	2.5%	138055	1.83%
	Day Case Spells	1662	1746	10647	11571	8.7%	N/A	-
	Elective Inpatient Spells	637	618	4019	4313	7.3%	N/A	-
	Day Case Spells & Elective Inpatient Spells	2299	2364	14666	15884	8.3%	15170	4.70%
	Non-Elective Spells	3164	2963	21008	20991	-0.1%	20832	0.76%

Trust Coding Levels for 2008/09

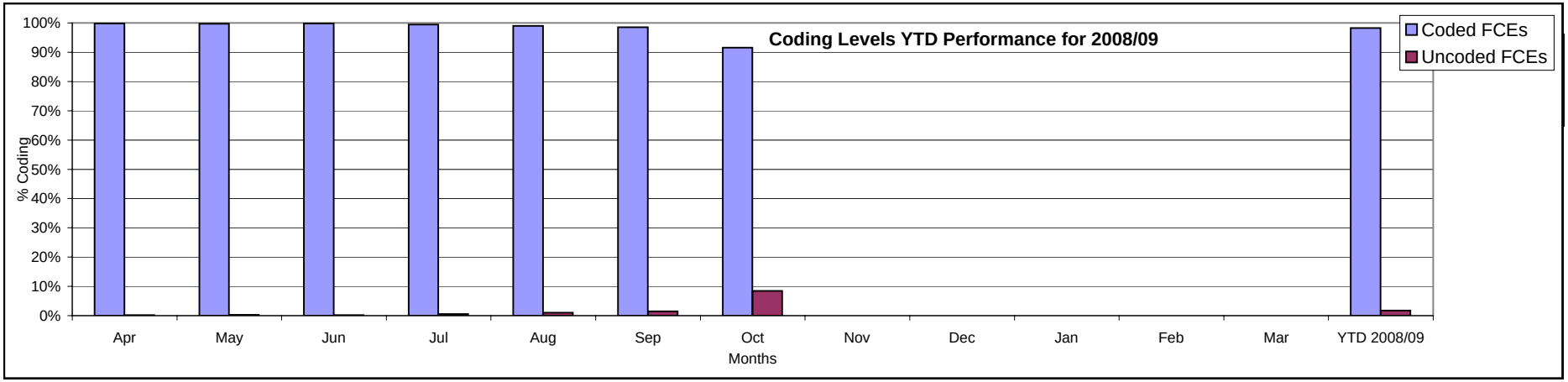


Chart 1. Coding levels YTD Performance for 2008/09

7-DayCoding Target

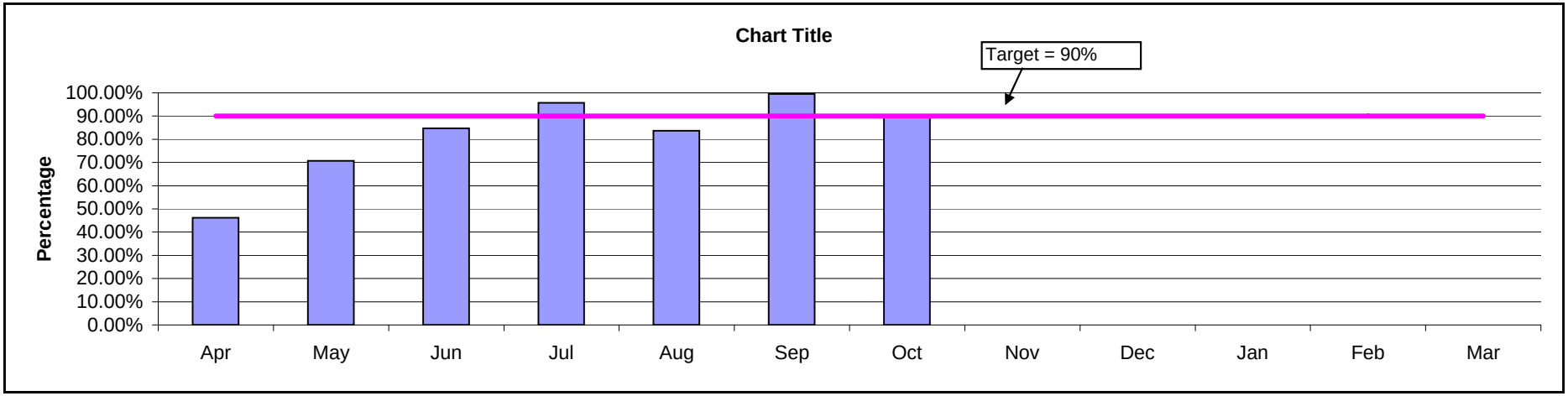


Chart 2. 7-DayCoding Target

Direct slot availability issues report - Monthly summary to Oct 2008

Percentage of DBS outpatient bookings for which there were no slot issues								
Measure	**Apr-08**	**May-08**	**Jun-08**	**Jul-08**	**Aug-08**	**Sep-08**	**Oct-08**	**YTD**
Slot issues	89	84	226	365	517	466	479	**2226**
DBS bookings	813	1004	1261	1195	963	1262	1411	**7909**
% of DBS outpatient bookings	89.05%	91.63%	82.08%	69.46%	46.31%	63.07%	66.05%	**71.85%**

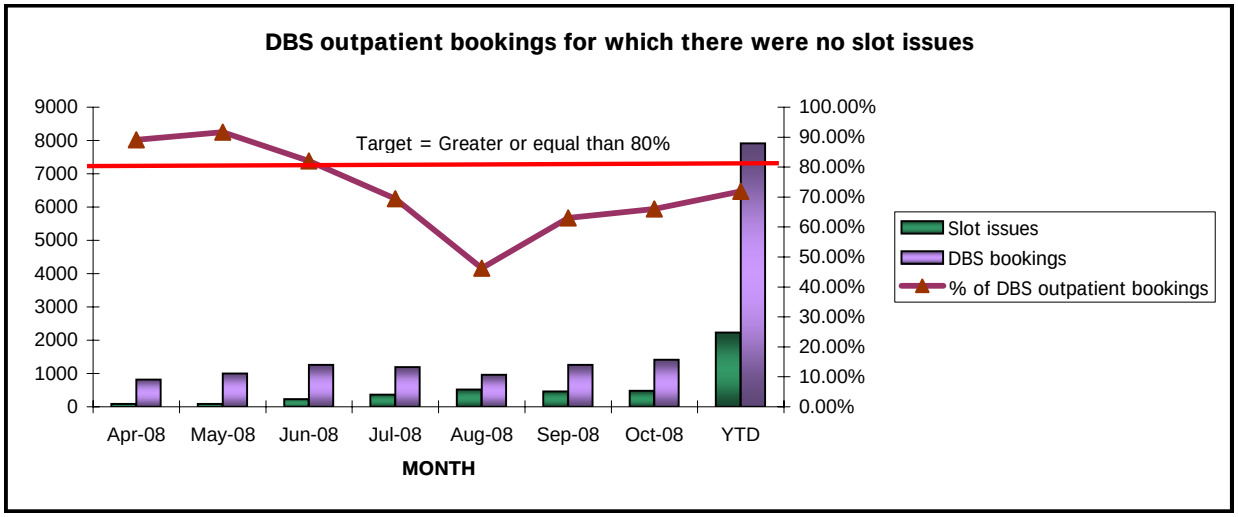


Chart 3. Direct slot availability issues report

YEAR TO DATE services bookable:	
Direct Booking	124
Indirect Booking	18
	87.00%

* In October 2008, 87% of the services on Choose and Book were directly bookable.

The following table reports the percentage of bookings that are directly booked on Choose and Book

Percentage of bookings made through Choose and Book into Directly Bookable Services								
Measure	**Apr-08**	**May-08**	**Jun-08**	**Jul-08**	**Aug-08**	**Sep-08**	**Oct-08**	**YTD**
The number of bookings made into directly bookable services through Choose and Book	813	1004	1261	1195	963	1262	1411	7909
The total number of bookings made into all services through Choose and Book (Indirect and Direct)	1343	1569	1741	1587	1286	1648	1721	10895
% of bookings directly booked through Choose and Book.	60.54%	63.99%	72.43%	75.30%	74.88%	76.58%	81.99%	72.59%

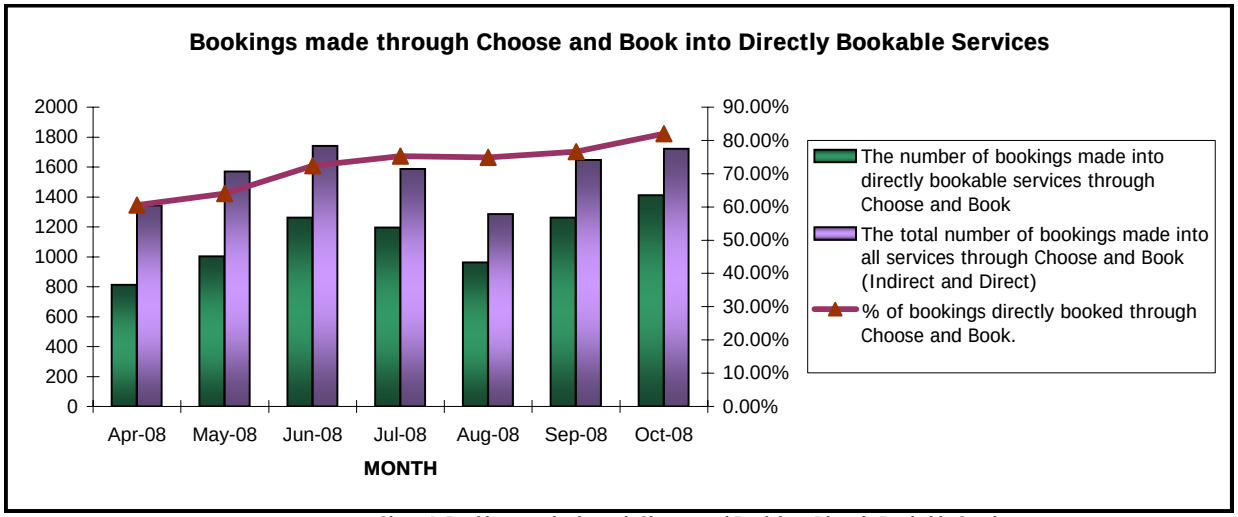
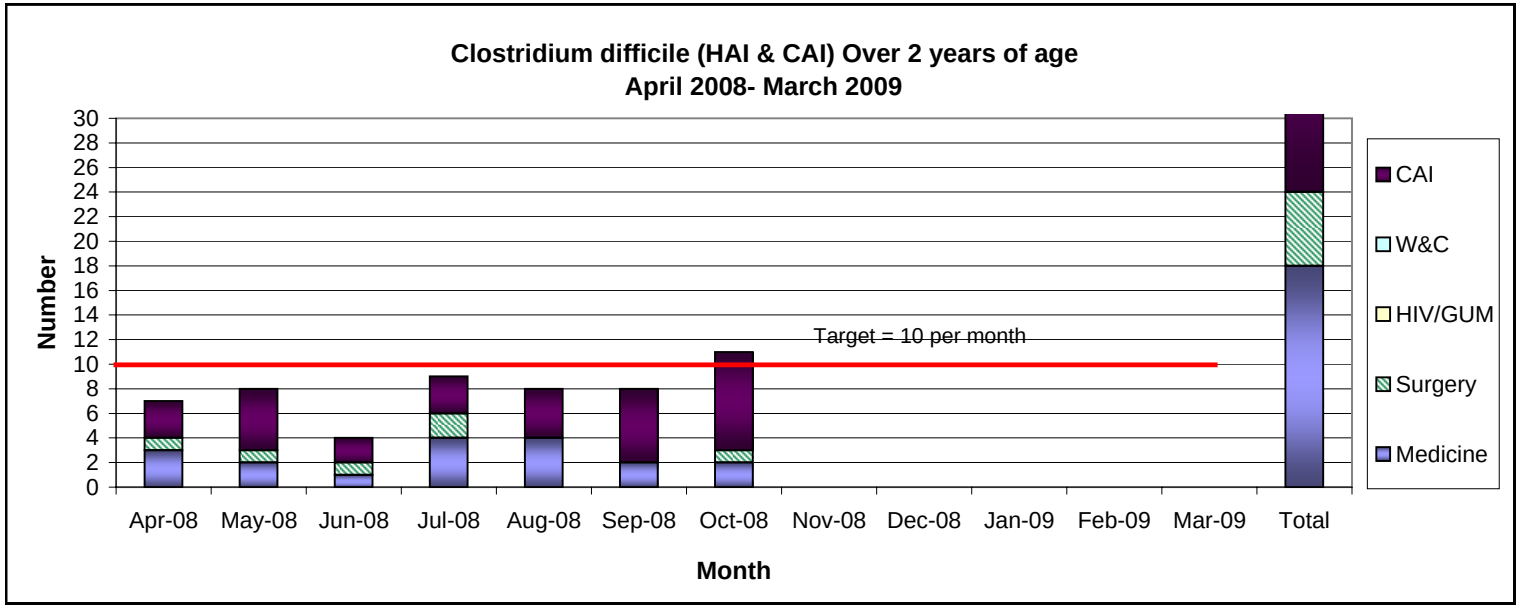


Chart 4. Bookings made through Choose and Book into Directly Bookable Service

Infection Control 2008-2009



Note: Community Acquired Infections (CAI) do not count towards the Trust target for Clostridium difficile

Chart 4. Clostridium difficile (HAI & CAI) Over 2 years of age April 2008- March 2009

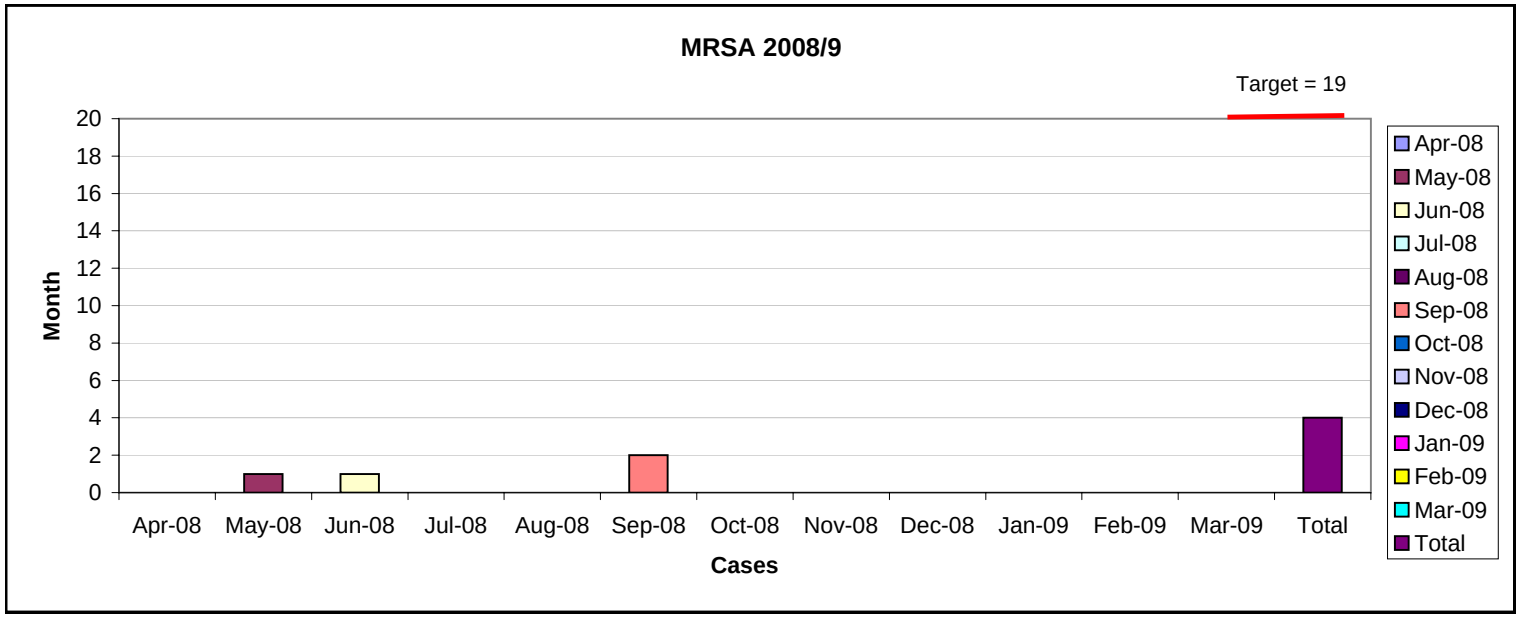


Chart 5. MRSA 2008/9

Local Stretch targets 2008/2009

Potential Trajectory for PCT Stretch targets

MRSA

Level	April	May	June	July	August	September	October	November	December	January	February	March	Target	INCENTIVE
1	1	1	1	1	1	1	1	1	1	2	2	2	15	£50,000
2	1	1	1	1	1	1	1	1	1	1	1	1	12	£100,000
3	0	0	0	1	1	1	1	1	1	1	1	1	9	£150,000
Actual	0	1	1	0	0	2	0							

Clostridium difficile

Level	April	May	June	July	August	September	October	November	December	January	February	March	Target	INCENTIVE
1	7	7	7	7	8	9	9	10	10	11	11	12	108	£50,000
2	7	7	7	7	8	8	9	9	10	10	11	11	104	£100,000
3	7	7	7	7	7	7	7	8	8	8	8	8	89	£150,000
Actual	4	3	2	9	4	2	3							

18 Week Wait
Admitted Patients

Level	April	May	June	July	August	September	October	November	December	Target By December	INCENTIVE
1	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	£50,000
2	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	£100,000
3	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	£150,000
Actual	92.00%	93.00%	93.50%	93.98%	93.06%	92.08%					

Discharge Summary Completion

Level	April	May	June	July	August	September	October	November	December	January	February	March
Actual	50.12%	52.79%	49.28%	49%	51.88%	61.15%	63.62%					

Note: Currently, this actual value is the number of patients who received an electronic discharge. It does not take into account the 72 hours in which the GP should be sent the discharge form.

Discharge Summary completed < 72 hours

Level	April	May	June	July	August	September	October	November	December	January	February	March	Target By March	INCENTIVE
1	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	95%	95%	95%	95%	£25,000
2	TBC	TBC	TBC	TBC	TBC	TBC	TBC	95%	95%	95%	95%	95%	95%	£50,000
3	TBC	TBC	TBC	TBC	TBC	TBC	95%	95%	95%	95%	95%	95%	95%	£75,000
Actual						54.06%	57.61%							

Note: The report excluded TOPs, Well babies, Stillbirth, Maternity from Ann Stewart and SIMP wards (as this is post natal activity), Maternity from LABW and LABU wards (as this is post natal activity), MAPP and ZMPP wards (as private maternity) and Any CHEL ward activity that is private

18 Week Waits and Discharge Summaries for 2008/09

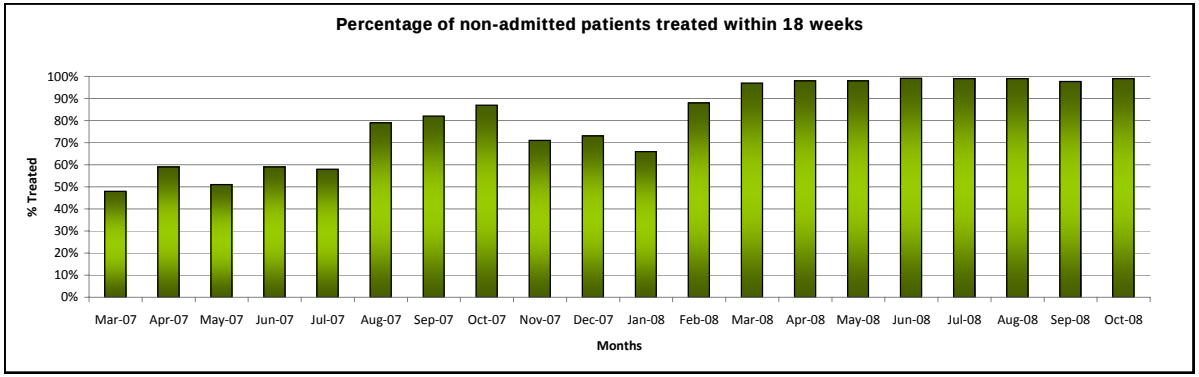


Chart 6. Percentage of non-admitted patients treated within 18 weeks

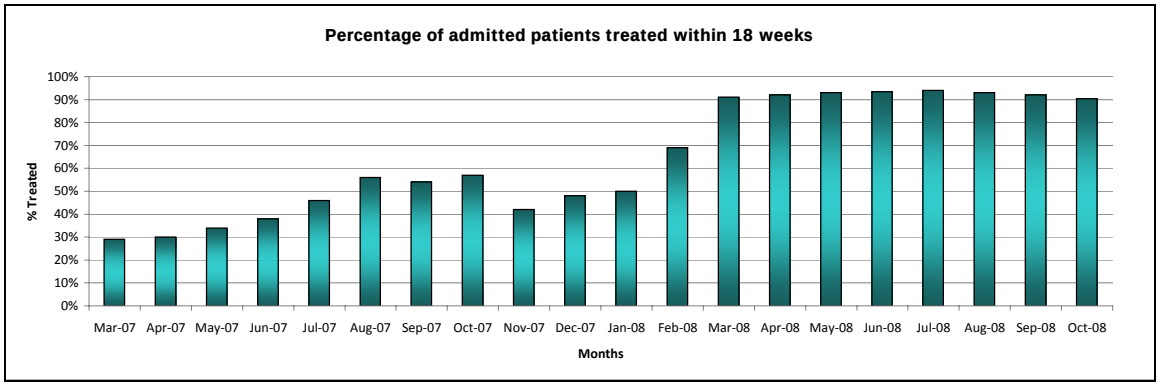


Chart 7. Percentage of admitted patients treated within 18 weeks

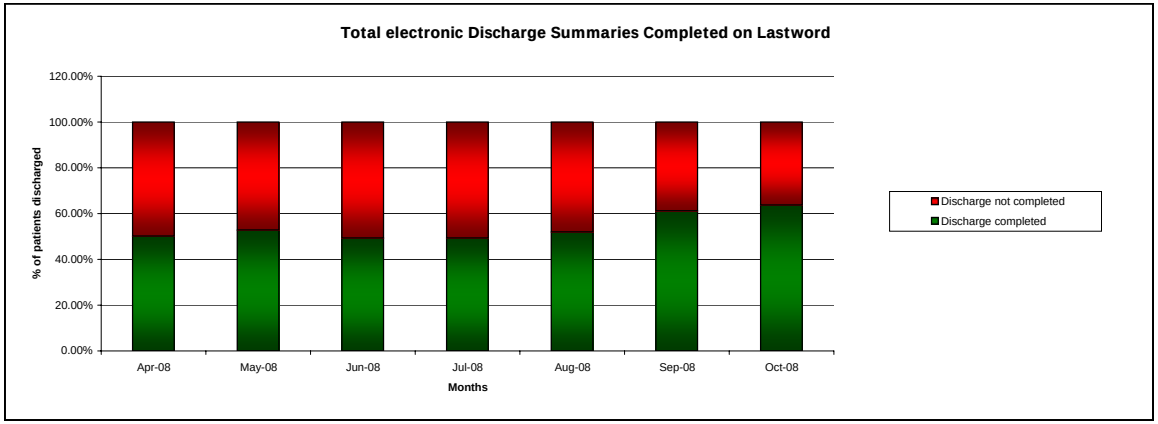


Chart 8. Total electronic Discharge Summaries Completed on Lastword

DISCHARGE SUMMARY REPORT

Please keep in mind that this report excluded TOPs, Well babies, Stillbirth, Maternity from Ann Stewart and SIMP wards (as this is post natal activity), Maternity from LABW and LABU wards (as this is post natal activity), MAPP and ZMPP wards (as private maternity) and Any CHEL ward activity that is private

DISCHARGE SUMMARY STATUS BY DIRECTORATE BY DC AND IP

	% DISCH SUMMARY WITHIN 72 HOURS		% DISCHARGE COMPLETED > 72 HOURS		% DISCHARGES WITH UNKNOWN DATE DISCH OR DIC DISCH DATE		% DISCH SUMMARY NOT COMPLETED	
	DC	IP	DC	IP	DC	IP	DC	IP
A & I TOTAL	4.76%	58.33%					95.24%	
HIV TOTAL	95.45%	93.02%	3.03%	6.98%			1.52%	0.00%
MEDICINE TOTAL	44.53%	80.97%	6.19%	11.68%		0.79%	49.28%	6.56%
SURGERY	28.87%	83.88%	1.55%	7.59%		0.27%	69.59%	8.27%
WOMEN & CHILDREN	30.76%	76.92%	2.25%	4.62%			66.99%	18.46%
TRUST TOTAL	**39.68%**	**80.86%**	**4.02%**	**8.12%**		**0.45%**	**56.30%**	**10.57%**

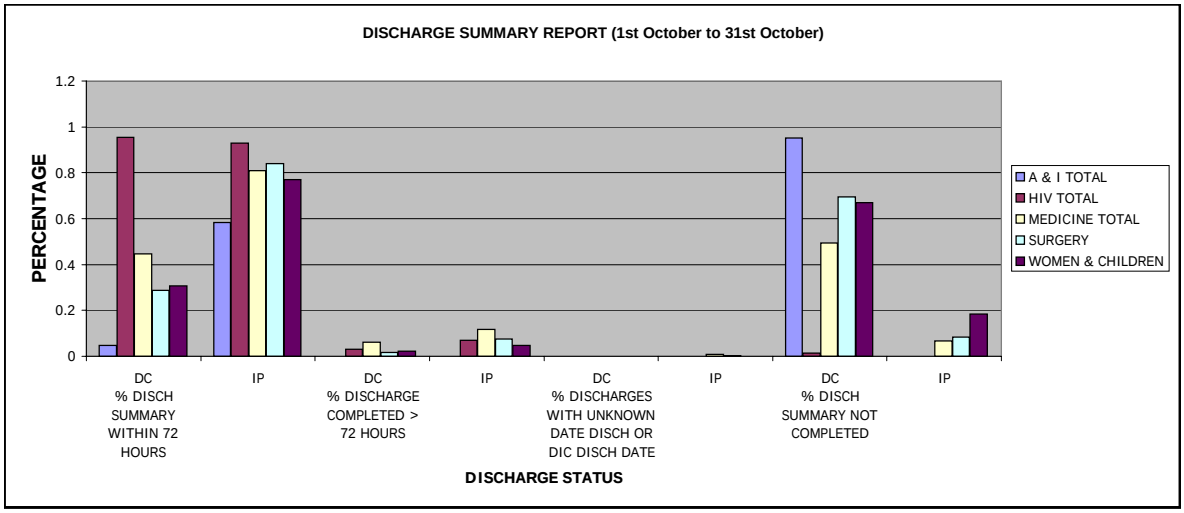


Chart 9. Total electronic Discharge Summaries Completed on Lastword

PERCENTAGE OF DISCHARGE SUMMARIES COMPLETED by DC AND IP

	Discharge Summary Completed		Grand Total activity		% DISCH SUMMARY COMPLETED	
DIRECTORATE	DC	IP	DC	IP	DC	IP
A & I TOTAL	2	10	42	12	**4.76%**	**83.33%**
HIV TOTAL	130	43	132	43	**98.48%**	**100.00%**
MEDICINE TOTAL	705	712	1390	762	**50.72%**	**93.44%**
SURGERY	177	677	582	738	**30.41%**	**91.73%**
WOMEN & CHILDREN	235	530	712	650	**33.01%**	**81.54%**
TRUST TOTAL	**1249**	**1972**	**2858**	**2205**	**43.70%**	**89.43%**

PERCENTAGE OF DISCHARGE SUMMARIES COMPLETED TOTAL

DIRECTORATE	Discharge Summary Completed	Grand Total Activity	% DISCH SUMMARY COMPLETED
A & I TOTAL	12	54	22.22%
HIV TOTAL	173	175	98.86%
MEDICINE TOTAL	1417	2152	65.85%
SURGERY	854	1320	64.70%
WOMEN & CHILDREN	765	1362	56.17%
TRUST TOTAL	**3221**	**5063**	**63.62%**

PERCENTAGE OF DISCHARGE SUMMARIES COMPLETED WITHIN 72 hours

DIRECTORATE	Discharge Summary Completed within 72 hours	Grand Total Activity	% DISCH SUMMARY COMPLETED
A & I TOTAL	9	54	16.67%
HIV TOTAL	166	175	94.86%
MEDICINE TOTAL	1236	2152	57.43%
SURGERY	787	1320	59.62%
WOMEN & CHILDREN	719	1362	52.79%
TRUST TOTAL	**2917**	**5063**	**57.61%**

HR Report - October 2008

Whole Time Equivalents			
Directorate	**Oct-07**	**Oct-08**	**Variance**
A&I	405.39	421.15	15.8
HIV/GUM	231.14	240.68	9.5
MEDICINE	454.83	456.13	1.3
SURGERY	268.27	284.94	16.7
W&C	615.43	625.35	9.9
DIETETICS	13.24	14.6	1.4
PHARMACY	100.31	102.5	2.2
THERAPIES	113.58	108.44	-5.1
PRIVATE PATIENTS	22.14	22.94	0.8
MGT EXEC	257.88	269.42	11.5
Trust	**2482.21**	**2546.15**	**63.9**

Vacancy Rate			
Directorate	**Oct-07**	**Oct-08**	**Variance**
A&I	6.1%	2.6%	-3.5%
HIV/GUM	12.4%	5.0%	-7.5%
MEDICINE	12.4%	17.4%	5.0%
SURGERY	16.2%	9.0%	-7.1%
W&C	6.6%	15.1%	8.5%
DIETETICS	12.3%	5.3%	-7.1%
PHARMACY	-4.4%	7.6%	12.0%
THERAPIES	18.3%	3.4%	-15.0%
PRIVATE PATIENTS	32.7%	27.2%	-5.5%
MGT EXEC	12.8%	21.6%	8.8%
Trust	**10.5%**	**12.3%**	**1.8%**

Bank Staff (WTEs)			
Directorate	**Oct-07**	**Oct-08**	**Variance**
A&I	41.93	28.03	-13.9
HIV/GUM	14.71	20.28	5.6
MEDICINE	50.64	60.73	10.1
SURGERY	34.52	53.32	18.8
W&C	65.98	94.27	28.3
DIETETICS	0.71	0.81	0.1
PHARMACY	6.67	3.32	-3.4
THERAPIES	1.07	0.96	-0.1
PRIVATE PATIENTS	9.09	3.82	-5.3
MGT EXEC	35.03	51.15	16.1
Trust	**260.35**	**316.69**	**56.3**

Agency Staff (WTEs)			
Directorate	**Oct-07**	**Oct-08**	**Variance**
A&I	20.63	25.1	4.5
HIV/GUM	1.9	6.29	4.4
MEDICINE	18.09	32.4	14.3
SURGERY	9.23	41.35	32.1
W&C	32.01	58.65	26.6
DIETETICS	0	0	0.0
PHARMACY	3.7	5.21	1.5
THERAPIES	0	0	0.0
PRIVATE PATIENTS	1.89	0	-1.9
MGT EXEC	2.45	8.2	5.8
Trust	**89.90**	**177.20**	**87.3**

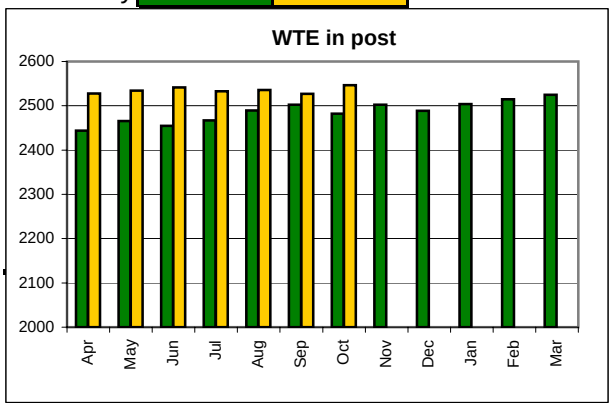
Unplanned Staff Turnover (%)			
Directorate	**Oct-07**	**Oct-08**	**Variance**
A&I	0.95	1.34	0.4
HIV/GUM	1.98	0.79	-1.2
MEDICINE	2.22	0.61	-1.6
SURGERY	1.03	0	-1.0
W&C	1.27	1.47	0.2
DIETETICS	0	5.56	5.6
PHARMACY	0.98	2.83	1.9
THERAPIES	0.81	2.44	1.6
PRIVATE PATIENTS	0	0	0.0
MGT EXEC	0.77	1.81	1.0
Trust	**1.34**	**1.21**	**-0.1**

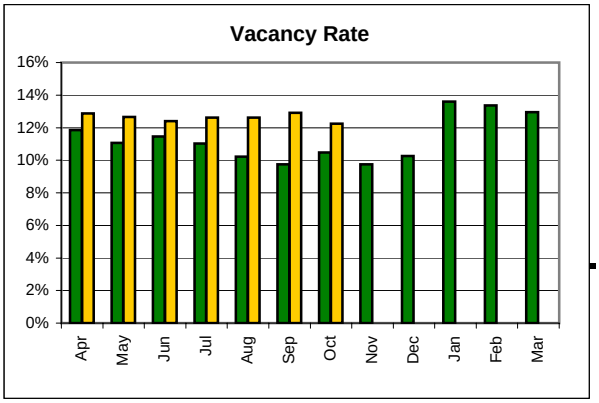
Sick Leave (%)			
Directorate	**Sep-07**	**Sep-08**	**Variance**
A&I	2.81	3.2	0.4
HIV/GUM	3.01	3.1	0.1
MEDICINE	3.68	3.0	-0.7
SURGERY	5.26	3.1	-2.2
W&C	2.23	6.1	3.9
DIETETICS	2.78	3.04	0.3
PHARMACY	2.86	2.8	-0.1
THERAPIES	1.58	5.05	3.5
PRIVATE PATIENTS	4.43	8.26	3.8
MGT EXEC	3.94	3.22	-0.7
Trust	**3.19**	**3.96**	0.8

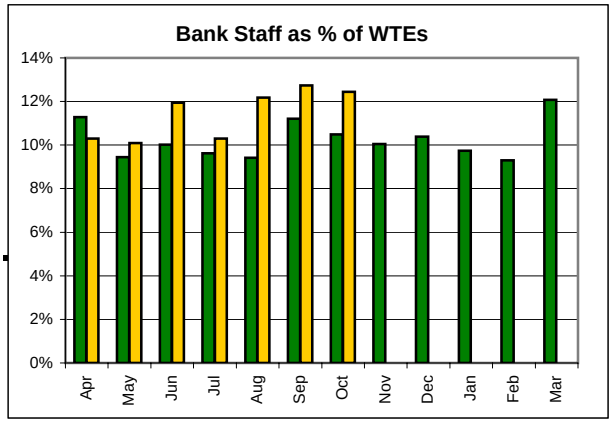
Workforce Split (wte)			
	Oct-07	**Oct-08**	**Variance**
TRUST	*2482.21*	*2546.15*	63.9
BANK	260.35	316.69	56.3
AGENCY	89.9	177.2	87.3
TOTAL	**2832.46**	**3040.04**	207.6

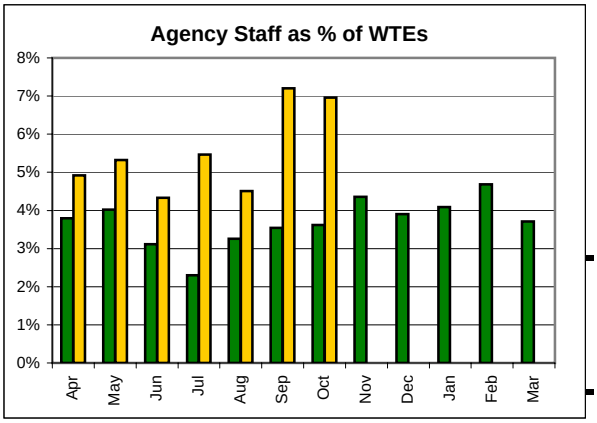
HR Graphs - October 2008

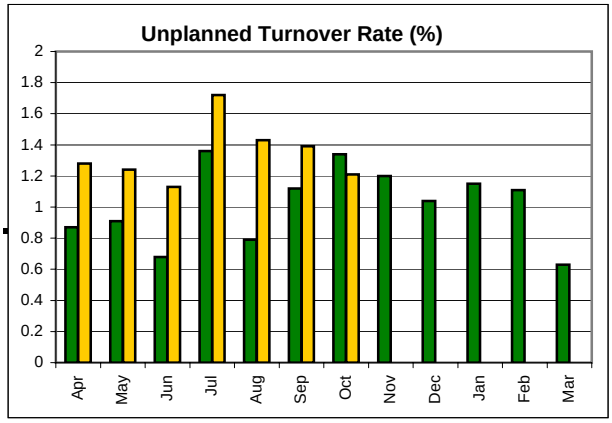
Key 2007/08 2008/09

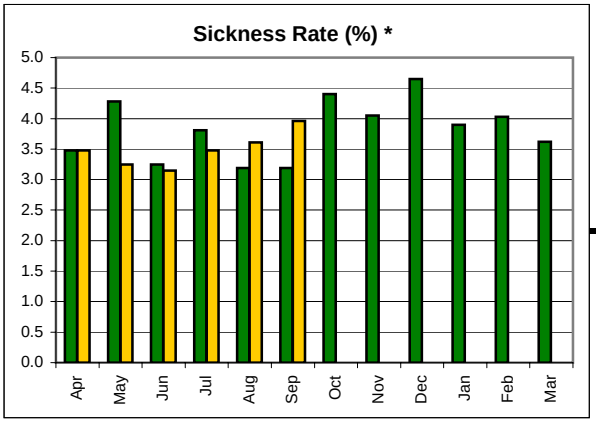


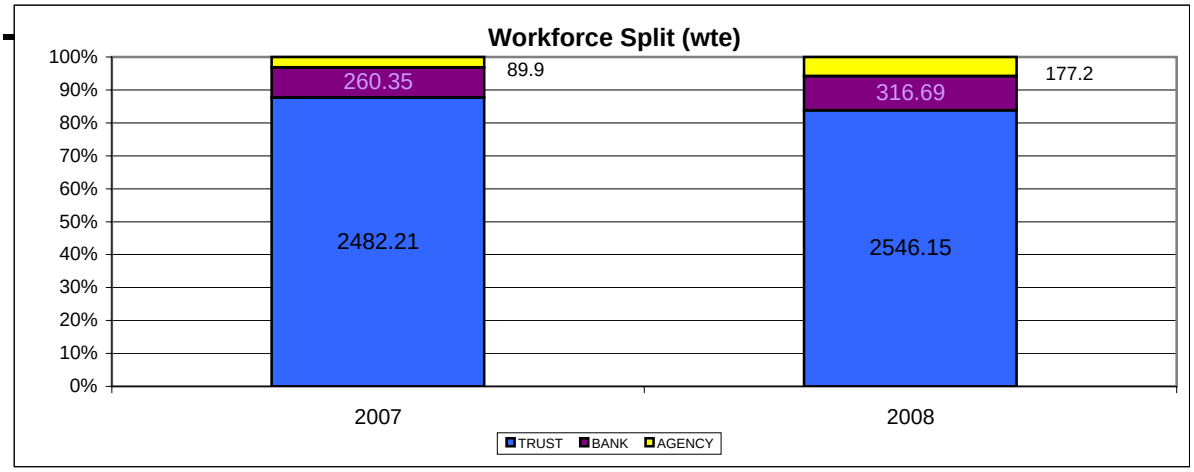












Directorate	As At M2			As At M3			As At M4			As At M5			As At M6			As At M7		
	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference
Surgery	389.57	9%	9%	521.68	8%	8%	1,062.63	12%	14%	1,285.91	12%	13%	1,639.16	12%	15%	2,008.93	13%	17%
Womens & Children	- 339.44	-5%	-6%	- 108.13	-1%	-1%	- 174.90	-1%	3%	- 752.85	-4%	1%	- 360.30	-2%	3%	- 324.05	-1%	2%
Medicine	218.93	4%	2%	376.56	4%	1%	452.88	4%	2%	248.23	2%	0%	723.12	4%	0%	938.49	5%	0%
HIV / GUM	26.22	0%	-2%	92.83	1%	-1%	203.86	1%	2%	440.03	2%	7%	430.40	7%	6%	475.84	2%	6%
Imaging & Anaesthetics	51.10	5%	35%	- 47.90	-3%	33%	123.37	6%	41%	62.93	2%	34%	130.21	4%	34%	179.18	5%	34%
Other	9.63	0%	0%	- 203.04	-3%	0%	- 493.60	-3%	1%	- 174.62	-1%	0%	- 778.28	-2%	0%	- 330.01	0%	0%
Total	**356.00**	**1%**	**1%**	**632.00**	**1%**	**2%**	**1,174.25**	**2%**	**4%**	**1,109.63**	**1%**	**3%**	**1,784.30**	**2%**	**3%**	**2,948.38**	**2%**	**3%**

Activity Type	As At M2			As At M3			As At M4			As At M5			As At M6			As At M7		
	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference
Elective	520.45	13%	11%	833.83	14%	10%	1,288.66	16%	12%	1,612.83	16%	10%	1,359.89	11%	9%	1,542.16	10%	10%
Non-Elective	125.27	1%	1%	288.17	3%	0%	516.33	4%	2%	494.10	4%	1%	617.64	3%	0%	742.68	3%	0%
Outpatients	203.21	3%	3%	609.27	3%	3%	253.42	2%	6%	569.64	4%	7%	635.92	2%	9%	525.44	6%	9%
Excess Bed Days	- 246.10	-30%	-31%	- 287.37	-24%	-24%	- 217.79	-13%	-11%	- 226.34	-11%	-11%	- 244.23	-11%	-11%	- 306.54	-12%	-11%
Critical Care- Adult	- 200.90	-1%	-8%	- 95.79	-7%	4%	- 84.84	-5%	14%	- 154.07	-8%	-7%	- 246.81	-10%	6%	- 245.02	-8%	4%
Critical Care- Child				- 403.44	-18%	-11%	- 564.27	-18%	-17%	- 550.18	-15%	-12%	- 312.08	-7%	-10%	- 376.32	-8%	-9%
Other	- 45.93	0%	0%	- 312.67	-4%	0%	- 17.27	0%	0%	- 636.35	-3%	0%	- 26.03	-1%	0%	1,065.98	0%	2%
Total	**356.00**	**1.0%**	**0.7%**	**632.00**	**1.6%**	**1.1%**	**1,174.25**	**2.0%**	**4.0%**	**1,109.63**	**1%**	**3%**	**1,784.30**	**2%**	**3%**	**2,948.38**	**2%**	**3%**

Note 1
Improvement in other

1. Prior year MFF	235,000
2. Incentive Funding	204,167
3. Maternity investment	383,833
4. HIV Outpatient	- 176,000
Total	**647,000**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 4 December 2008

AGENDA ITEM NO.	3.2/Dec/08
PAPER	Performance Report
LEAD EXECUTIVE	Lorraine Bewes – Director of Finance and Information
AUTHOR	Mahammad Wasim – Interim Information Manager Contact Number: 020 8237 2426
SUMMARY	The purpose of this report is to update the Board on the Trust's service performance for the period ending 31st October 2008. Monitor will be assessing us on new targets for cancer care which are expanded in scope from last year and on which Trusts cannot currently report performance. We are implementing a new IT system (Infoflex) which will help us to track our performance against cancer targets by November 2008. We are on track to meet all of the Monitor targets that are rolled forward from last year. However, our data completeness for 18 weeks non-admitted patients in October is 76%, outside of the acceptable range of 90%-110%. We believe we understand why our data completeness has slipped this month, but the issue will need thorough investigation. As a result, information flows to support 18 week delivery have been added as a risk to the risk register. The Healthcare Commission published an update of their indicators. Early indications suggest that the Trust is on track to achieve nearly all of the Healthcare Commission indicators for 2008/9 that can currently be assessed. The exception to this is the % seen within 2 weeks within the Rapid Access Chest Pain Clinic (see p4). Convenience & Choice (use of the Choose & Book system) is <u>not</u> a target for the HCC in 2008/09, however they may choose to re-introduce this target. Our current performance is below the standards that were required in 2007/08 and this is being addressed.
BOARD ACTION	The Members' Council is asked to note the report.

DISTRIBUTION	Board ☐ only	Directors ☐	Trust Exec ☒	General ☐
LEGAL REVIEW REQUIRED?	No			

PERFORMANCE REPORT FOR THE PERIOD OCTOBER 2008

1. PURPOSE

1.1. The purpose of this report is to provide information about the Trust's performance for April to October 2008. The Trust Board is asked to note the report and conclusions.

2. CONTENT OF PERFORMANCE REPORT

2.1. The attached performance report comprises of the following components

- **Monitor Indicators – pg 1**
- **Healthcare Commission Indicators – pg 2**
- **Appendices**

  - **Stroke Care –pg 3**
  - **Efficiency and Resources and Access Summary – pg 4**
  - **Clinical Coding – pg 5**
  - **Infection Control – pg 6**
  - **SLA Stretch Targets – pg 7**
  - **18 Weeks – pg 8**
  - **Discharge Summaries – pg 9**
  - **Theatres Resources – pg 10**
  - **HR Graphs – pg 11**
  - **HR Tables – pg 12**
  - **SLA reports – pg 13**

The PALS Quarter 2 Complaints report is attached at the end of this paper as Appendix 1.

3. HEALTHCARE COMMISSION 2008/09

3.1. The Healthcare Commission published an update of the construction and threshold for some indicators against which it will measure performance in 2008/09. A short summary of new information is attached as Appendix 2.

3.2. The Trust's performance against each indicator will be assessed as either 'achieved', 'underachieved' or 'failed'. This will be based on expected levels of performance using two defined thresholds – the high-level threshold distinguishes between 'achieved' and 'underachieved', the second, lower-level, threshold distinguishes between 'underachieved' and 'failed'.

4. SUMMARY OF PERFORMANCE REPORT

MONITOR

4.1. The Trust is on track to meet all of the Monitor targets. There have been 4 cases of MRSA so far this year. The number of C Diff cases was below the target for each month. There have been 24 cases so far this year. We have not had any breaches of the existing cancer 31 or 62 day targets, and our A&E performance year to date is 98.8% and our performance for this

reporting month is 98.4%. For the indicators that we can currently monitor, we are on track for a 'Green' rating for governance on the basis of year-to-date performance.

4.2. In the light of the delay in the publication of detailed constructions, Monitor does not require Boards to self certify achievement of the new targets for 31 day and 62 day cancer access.

HEALTHCARE COMMISSION

Existing commitments indicators

4.3. We are on track to receive a 'Fully Met' rating for the Existing Commitment indicator group even though there is one indicator where performance is below the necessary standard: Waiting times for Rapid Access Chest Pain Clinic.

4.3.1 Our Performance for Rapid Access Chest Pain Clinic in October was 100%. However, year-to-date performance is only 95.9% compared with an expected threshold of 98%. There is a significant risk of the Trust not achieving this target. In order to meet the standard the service would need to receive at least 31 referrals per month for the remaining five months, and see all of the patients within the two week standard. This analysis is detailed in the table below.

RACPC INCREASE OF REFERRALS			
	Total number of patients	**% Complete**	**Patients seen within the target**
April	30	100.00%	30
May	17	100.00%	17
June	17	100.00%	17
July	18	100.00%	18
August	16	**62.5**	10
September	22	100.00%	22
October	28	100.00%	28
November			
December			
January			
February			
March			
Total	**148**		**142**
YTD Performance of RACPC			**95.95%**
Number of patients that should be seen within 14 days of the GP deciding to refer.			**31**

Table 3. RAPC analysis

4.3.2 The Medicine Directorate has taken the following actions in order to ensure that effective and efficient processes are in place:

- The central Appointments Office has taken over the booking of these patients from Wednesday 15th October. A formal procedure and escalation plan has been completed and is in place.
- A communication went out to GPs on 14th October outlining the new booking process and fax number. A second communication went out to GPs to introduce the new booking form on 19th November.
- The booking form has been re-designed
- An electronic version of the booking form was developed to enable referrals and the directorate is working on the process of setting up the email process to the Trust.
- Medicine Performance Manager checking new referrals daily and keep a log of all bookings/exclusions.

4.3.3 The Medicine Directorate had 20 attendances as at 20th November and there are another 7 patients booked.

4.4. The Trust's performance for Access to Genito-Urinary Medicine (GUM) clinics year to date is 100%.

4.5. The Trust's performance for Data quality has improved significantly in October 2008. Our year-to-date position is now 96%, above the likely threshold of 95%.

4.6. The Trust's performance against the Delayed transfer of care continues to be good. In October the performance was 2.1%, and year to date is 2.9% against an expected threshold of 3.5%.

4.7. Our performance for waiting times in A&E being less than 4 hours is 98.4% for October and 98.8% year to date. Therefore, we expect a rating of 'Fully Met' for this indicator.

4.8. Our performance for Inpatients waiting longer than the 26 week standard and for Outpatients waiting longer than the 13 week standard for this month is 0% and year to date is 0% (against a target of no more than 0.03%). Therefore, we expect a 'Fully Met' rating on these indicators.

4.9. Our performance for the Cancelled Operations and those not admitted within 28 days are now above the required standards following further validation by the directorates. Our performance to date for offering a date for a cancelled operation for non-clinical reason is 98.8% (against a target of 95%) and our performance to date for cancelled operations by the hospital for non-clinical reasons is 0.5% (against a target of no more than 0.8%).

New National Priority indicators

4.10. For the New Priority targets we are on course to receive a "Good" rating. We are on track to achieve all of the targets that can be assessed so far. However, as noted previously, there are a number of targets against which we cannot currently assess performance.

4.10.1. We expect the Healthcare Commission to publish revised guidance on the 2008/09 indicators by December.

4.11. The HCC published the complete construction and threshold of Infant health & inequalities: smoking during pregnancy indicator. Trusts reporting more than 5% of status not known for 2008/09 data submission will fail this validation and will be categorised as 'data not returned' for indicator 1 and indicator 3 accordingly. This may result in a fail for the overall indicator.

4.11.1 Our performance to date on data completeness for breastfeeding initiation to date is 98.2% (against a target of 95%) and data completeness for smoking during pregnancy to date is 100% (against a target of 95%)

4.11.2 Our Performance against smoking difference compared with previous year for this month is -9.5% and year to date is -7.6% (against a difference less or equal than 0%)

4.11.3 Our Performance against Breastfeeding initiation compared with previous year for this month is 0.7% and year to date is -0.3% (against a difference greater or equal than -5%)

4.11.4 We are currently on track to achieve the Infant Health and Inequalities: Breastfeeding and smoking indicator.

4.12. We regularly submit data to a number of heart audits. We can confirm that the Trust took part in the annual 2008 MINAP data validation exercise and our completion ratio for the key fields is greater than 90%. The Trust does not participate in the cardiac surgery or congenital heart audits as we do not offer those services here.

4.13. We are currently working with the directorates regarding the Engagement in clinical audits and will report in more detail next month. The Trust Executive Clinical Governance Committee will consider the Healthcare Commission guidance relating to engagement in clinical audits on 2nd December, along with a summary the suggested position regarding engagements in audits. This summary will be considered and commented on by Clinical Directors, Directorate Audit Leads and other members of the Trust Executive Clinical Governance Committee. A gap analysis and action plan will be monitored via the Trust Executive Clinical Governance in order to work toward compliance with the Healthcare Commission Special Collection target through participation in local/and or national audits of the treatment and outcomes for patients in each clinical directorate by the end of March 2009.

4.14. The Healthcare Commission will include an assessment of stroke care taken from the National Sentinel Audit data in 2008. The target has two indicators which we believe will have equal weighting: an indicator on the % of patients spending more than 90% of their time on the stroke unit (current performance 76%); an indicator which includes eight other measures from the Sentinel Audit – our current unweighted % score for these is 98.6%.

Although we endeavour to treat all our patients who experience a stroke on our stroke unit for as long as possible, our model of care includes treatment on the Acute Medical Unit for a number of patients for up to 2 days before

transfer to the Stroke Unit. This is clinically appropriate as the AMU is a designated area for treatment in the most acute phase of care. We are seeking clarification from the Royal College of Physicians as to whether this model of care means that we should include the beds on AMU as part of our stroke unit, in which case the percentage achievement on this target would rise considerably. However, initial investigation suggests that AMU beds are generally excluded from being counted as part of a dispersed stroke unit.

We do not as yet know what threshold the HCC will consider as 'Excellent' for this indicator, versus 'Underachieve' or 'Fail'. We will most likely not know these thresholds until after the end of the financial year. However, in the 2006 Sentinel Audit the median score for the indicator: 'Percentage of patients spending more than 50% of their time on a stroke unit' was 58% versus our score of 78% which put us in the upper quartile of performance. A Trust performance of 76% against the more stringent indicator percentage of patients spending more than 90% of their time on a stroke unit may still put us in the upper quartile of performers in the HCC Annual Health Check.

4.15. We are currently working towards measuring the Maternity Hospital Episode Statistics: data quality indicator.

4.16. Our performance against Cancer patients waiting 2 weeks from Urgent GP referral to first appointment for all Urgent Suspect Cancer Referrals indicator year-to-date is 99.9%.

4.17. The Trust is on track for achieving 3 of the 4 contract stretch targets so far this year: 18 Weeks for admitted patients in October was 90.4%, Clostridium Difficile cases (24), and MRSA cases (4). If performance were maintained in two targets then year-end performance would be equivalent to level 3 and for 18 Weeks for admitted patients the year-end performance would be equivalent to level 2 and the Trust would receive incentive payments of £350000 (Page 6). Discharge summaries are not on track to achieve any level of contract stretch target performance (95% submitted within 72 hours), with performance at 57.61% at the end of October.

5. 18 WEEK ACTIVITY

5.1. 18 week performance for September 2008

	Treated within 18 weeks		**Not treated within 18 weeks**		**Total volume**	**Unknown clock start date volume**	**Data Completeness**
	%	Volume	%	Volume			
Admitted	92.0%	1069	8.0%	113	1182	20	92.9%
Non-admitted	97.7%	9089	2.3%	236	9325	24	98.9%

5.2. 18 week performance for October 2008

	Treated within	**Not treated**	**Total**		

	18 weeks		within 18 weeks		volume	Unknown clock start date volume	Data Completeness
	%	Volume	%	Volume			
Admitted	90.4%	1032	9.6	109	1154	13	99.3%
Non-admitted	98.95%	7354	1.1	78	7452	20	76%*

** See section 1.8*

5.3. Predicted 18 week performance for November 2008

	Treated within 18 weeks		Not treated within 18 weeks		Total volume
	%	Volume	%	Volume	
Admitted	90 - 91%*	1066	9 - 10%	105	1171
Non-admitted	To be tabled				

* *The predicted performance for November admitted patients more accurately reflects the patients seen in the first two weeks than those due to be seen in the last two weeks in November. The validated position will be available for the Trust Board meeting.*

5.4. The excellent 18 week performance for non admitted patients has continued in October however admitted performance has decreased slightly. Both areas do however remain above the December 2008 target

5.5. There are currently two key risks to the achievement of the 18 week performance target; outpatient waits and information.

1.5.1 Performance information continues to show that there is considerable pressure on new outpatients. This means that waiting times are getting longer which inevitably puts pressure on the admitted end of the pathway, which is demonstrated with the reduced admitted performance over the last two months. Additional activity has been put in place to meet the increased demand and longer term plans for sustaining outpatient capacity and flexing this with variation in demand is being planned and implemented. This will continue to be monitored. (refer also to the Choose and Book paper)

1.5.2 The Board will be aware that projected performance data was not available at the last meeting and only a partial picture is available for the November Board. Accurate and timely information to support delivery of 18 weeks is a key risk and is currently being added to the risk register. The central team continues to work with the information department to try and resolve the reporting problems

5.6. Discussions are ongoing with the PCT regarding the two main issues, firstly to agree the increased activity associated with getting outpatient waits down to 4 weeks to improve access and patient experience and secondly to review

referral patterns to identify any changes in practice, as referrals continue to rise

5.7. The target for data completeness is between 90 and 110% for both admitted and non admitted patients and the Trust is achieving good performance for admitted patients but non-admitted patients continues to be variable largely because of data quality issues in GUM.

5.8. Non-admitted data completeness for October is 76% which is due to an inconsistency between the number of patients on the Monthly Activity Return (MAR) from which data completeness is calculated, and the 18 week PTL. Having re-run the report in order to investigate the issues, the patient numbers are now consistent, but as the activity could not be validated in time for the national submission deadline, the original volume has been submitted. We will have to validate the patients retrospectively, but do not anticipate this would affect non-admitted performance. If the numbers had been included, data completeness for non-admitted patients would be 94%, which would achieve the target. Actions have been put in place to ensure that the same issues with reporting do not occur again next month. We will report this position pro-actively to Monitor.

5.9. Shadow monitoring inter-provider breaches commenced last month with 5 breaches shared and in October this was 6. These will be shared equally between trusts from 2009/10.

6. CHOOSE AND BOOK

6.1. Currently, the Healthcare Commission has not published a target for convenience and choice. This may be published at a later date therefore the performance on slot availability and directly bookable services is being monitored.

6.2. Slot availability is measured by the proportion of bookings where there were no slot issues and the appointment was made successfully. In 2007/8 the target was 80%. However average performance for the year to date is 71.85%.

6.3. The decreased performance is due to a drop in capacity over the summer months and waiting times subsequently increasing. Actions plans have been agreed with the directorates to increase capacity and working more flexibly to enable more slots to be available on C&B.

6.4. The number of services that are on C&B as directly bookable was 87% at the end of October. (The target for this indicator in 2007/8 was 60%).The proportion is being increased as capacity becomes available through the above plans.

6.5. Over the year 72.59% of patients booked through C&B were booked directly through their GP, through the national appointments office or on the internet.

6.6. The overall performance on Choose and Book, as measured against last year's indicators would be equivalent to an Underachieved if this target was reintroduced.

7. ACTIVITY

7.1. Overall outpatient activity was slightly lower in October 2008 compared with the same period last year.

7.1.1. There were 11760 new outpatient attendances in October 2008, which was 5.79% higher than last October. Year-to-date new outpatient activity is up by 20.3% on 2007/08 and is 15.4% up on the projected 2008/09 volumes in the capacity plan.

7.1.2. Follow-up outpatient activity year-to-date is slightly lower than at this point in 2007/08, and is -3.09% lower than in the corresponding month last year. The follow-up attendances to date are up by 1.83% compared with the capacity plan.

7.2. Day case activity was higher in October 2008 compared with last year, and year-to-date activity is up by 8.7%.

7.3. Elective inpatient activity was -2.98% lower in October than in the corresponding month last year, and is 7.3% higher year-to-date.

7.4. Total elective activity is up by 4.7% compared with the capacity plan.

7.5. Non-elective activity was -6.3% lower in October 2008 compared with October 2007, and the year-to-date activity is -0.1% lower. Compared with the capacity plan non-elective activity is up by 0.76%.

8. DISCHARGE SUMMARY TARGET

8.1. Kensington and Chelsea PCT requested electronic discharge summaries which have been successfully implemented. The trust is beginning discussions with other local PCTs regarding wider rollout out.

8.2. This supports improved clinical governance and communication with GPs. It also aids the trust in meeting the following local target:

95% of discharge summaries to be sent within 72 hours from December to March, 48 hours from 1st April 2009 and 24 hours from 1st April 2010

8.3. Performance for the month of October was 57.61% (Inpatients 89% and daycase 43%). This has improved during the first two weeks of November and is currently (Inpatients 95% and daycase 59%)

8.4. Delivery plans and monitoring mechanisms are in place. The main focus for these is the treatment centre, medical day unit, obstetrics and dermatology daycare.

9. EFFICIENCY (AND OTHER TARGETS)

9.1. Clinical Coding – By the end of October 2008, 89.86% of clinical coding was being completed within the 7 day target (see Chart 2). The target for the year is 90%.

9.2. Efficiency and Use of Resources –

- The Trust's day case rate has remained at 73% in October 2008. The target for the year is 73%.
- Elective has increased compared to year to date 2007/8. Elective length of stay and non-elective length of stay year to date is above the target.

- The percentage of outcomes recorded in outpatients has improved compared with year-to-date of last year. However, performance this October is up 3.8% in comparison with October 2007.
- We are not able to report Theatre efficiency due to issues with data quality in the way that users are not inputting certain events in the PICIS theatre reporting system. These issues are being addressed at the moment through targeted discussions with individuals who enter data into the system to ensure that they follow the agreed processes as per their training.

10. HUMAN RESOURCES PERFORMANCE

10.1. In October, the Trust staff inpost increased by 19.19wte in comparison to the previous month. This is a total increase in the overall workforce of 63.94wte on the October 2007 position.

10.2. Unplanned turnover (ie: resignations) decreased again in October, now at 1.21%, an in month decrease of 0.13% on the same period last year.

10.3. Over the last six months, groups of staff with the highest un-planned turnover levels are Therapy support workers at 20%, Health Advisors at 14.3% and HCAs at 11.7%.

10.4. The full vacancy rate for the Trust in October is 12.25%, a decrease of 0.66% on the previous month.

10.5. The staff groups with the highest number of vacancies were, Nursing and Midwifery (Support) – 24.73%, Administrative & Clerical – 20.41%, and registered Professional & Technical staff (eg: pharmacy/lab technicians) at 17.11%

10.6. The Trust's sickness rate increased in September to 3.96%, up 0.35% on last month, and an increase of 0.77% on September 2007. The increase was shown in both short and long-term sickness rates. The number of sickness days by department (cost centre) and short/long-term is available in the 'Monthly Sickness by Department' report.

9.6.1 The average sickness rate for the year to date is 3.5% compared to last years average rate of 4.16%.

9.6.2 Information on short term and long term sickness absence is now reported monthly to Directorates via the Performance Information Team. The HR team review every case of long term absence or high levels of intermittent short term absence, and have an action plan to address each individual case.

10.7. Overall Bank & Agency usage in October has remained constant in comparison to the previous month, with total Bank usage of 316.69wte and total Agency usage of 177.2 wte. This is an increase of 109.34 wte since the beginning of this financial year.

9.7.1 Bank and Agency usage covered 493.89wte posts.

9.7.2 Trust vacancies were 355.30wte posts.

9.7.3 The usage figures reported here only show staff booked directly through the Staff Bank or figures reported to Staff Bank. There are a few departments in the Trust who book their Agency staff directly, and HR/Staff

Bank will be working towards including these bookings in their monthly statistics.

11. SLA PERFORMANCE

11.1. Overall contracted activity is ahead by 3% and this has resulted in a favourable variance of £2948.38K. Elective and outpatient activity is significantly ahead of plan by 10%, but neonatal critical care and excess bed days are significantly below at -8% and -12 respectively.

11.2. The activity figures in the SLA section of the report do not match the activity figures in the table shown in the Access section. The difference in figures is because the SLA report only includes contracted activity from PCTs with whom we have signed service level agreements. There are also some minor differences in the data definitions.

12. CONCLUSION

12.1. For those targets where we can track performance, the position so far is positive with the Trust on track to achieve the Monitor targets and on track with all Healthcare Commission targets other than Rapid Access Chest Pain.

12.2. The Trust continues to put in a strong performance against our agreed SLAs. We will need to improve our performance in sending discharge summaries to GPs in a timely manner, and action plans have been developed in those areas where summaries are not being produced.

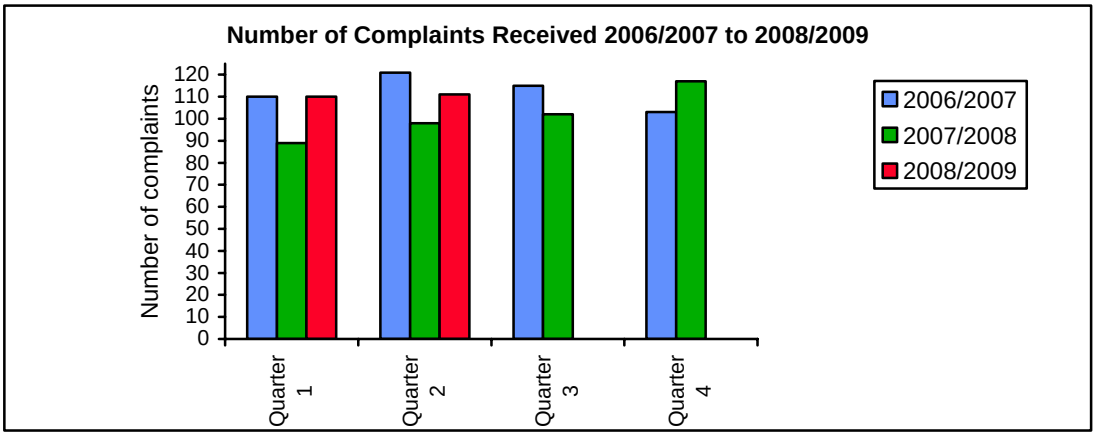
APPENDIX 1

Board Summary Complaints and PALS Report Quarter 2 2008/2009

1.0 Introduction

This report presents a summary of the feedback and trends identified through both the complaints process and the Patient Advice and Liaison Service (PALS) during the second quarter of the year 2008/2009.

2.0 Number of Complaints Received by the Trust 2006/2007 and 2007/2008



The Trust received formal complaints from a total of 111 complainants during this quarter. This compares with 98 complaints in the same quarter during the year 2007/2008.

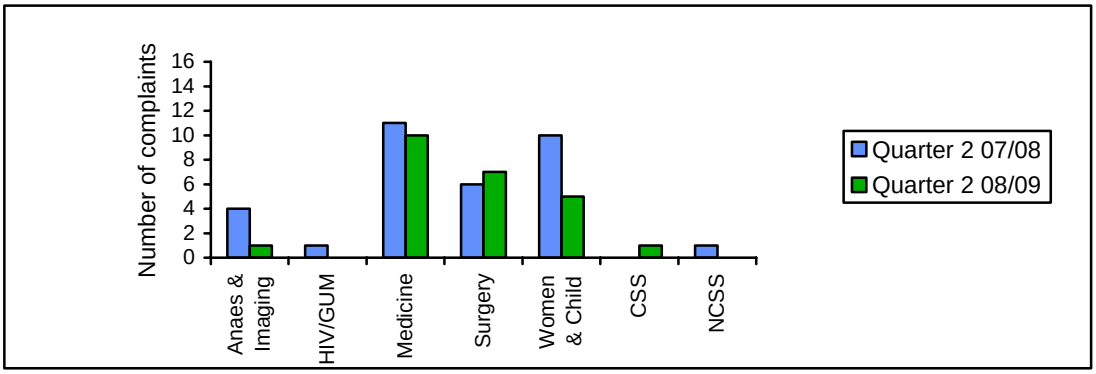
3.0 Complaint Management Performance Quarter 2 2008/2009

The Trust responded to 94% of complaints within the required performance standard. To achieve a performance standard within the top band (Band 5), as published by the Healthcare Commission the Trust needs to achieve 90% of complaints responded to within 25 working days.

4.0 Complaints by Subject Quarter 2 2008/2009

The two subjects with the highest number of complaints are 'Aspects of Clinical Care or Treatment' and 'Attitude/Behaviour of Staff'. These two categories registered the highest number of complaints consistently throughout 2007/2008.

4.1 Complaints about Attitude and Behaviour of Staff Quarter 2 2007/2008 and 2008/2009



The Trust has received 28 complaints relating to aspects of staff behaviour or attitude during the second quarter of the year 2008/2009; this is a decrease of 5 complaints compared with the same period in 2007/2008.

- The Medicine Directorate received 10 complaints (a decrease of 1 when compared with the same quarter in 2007/2008).

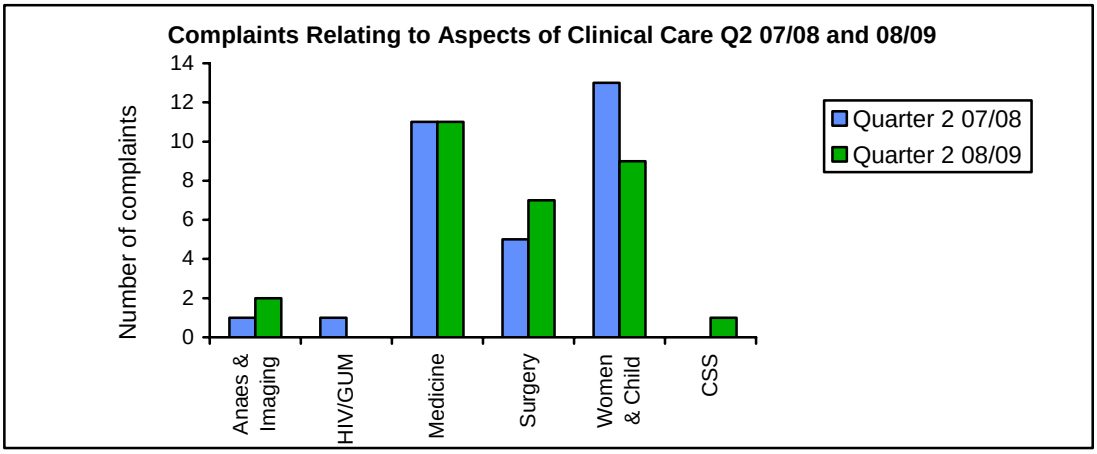
- The Women and Children's Directorate received 5 complaints (a decrease of 5 when compared with the same quarter in 2007/2008).

- The Surgical Directorate received 7 complaints (an increase of 1 when compared with the same quarter in 2007/2008).

Across the Trust the staff groups receiving the largest number of complaints relating to attitude/behaviour are shown in the table below.

	Quarter 2 07/08	**Quarter 2 08/09**
Medical Staff	10	5
Midwives	3	3
Nurses	13	11
Admin & Clerical	7	7
Other		2

4.2 Complaints about Aspects of Clinical Care or Treatment Quarter 2 2007/2008 and 2008/2009



The Trust received 30 complaints relating to aspects of clinical care or treatment during the second quarter of 2008/2009.The largest number of complaints [11] relate to the Medicine Directorate (54% of these relate to the outpatients department). Women and

Children received 9 (66% of these relate to maternity services). Complaints relating to clinical concerns for Medicine and Women and Children are shown in the table below.

	Medicine	**Women and children**
Medical Staff	8	4
Midwives		4
Nurses	3	1

4.3 Complaints about Appointment Issues Quarter 2 2008/2009
The Trust received 27 complaints relating to issues or difficulties in arranging appointments or confirming admission arrangements. 7 relate to the Appointments office. 5 complainants raised concerns relating to the 18 week pathway. 7 formal complaints were received regarding difficulties in contacting the Surgical Admissions Office.

5.0 Healthcare Commission (HCC) - Independent Reviews
The Trust has received 4 reports from the HCC during this quarter. With regard to three of these the HCC felt that there was no further action required and that the Trust had investigated the concerns appropriately.
Complaint ref 1689 Medicine.
Complaint made by the patient's husband regarding aspects of the care she received during her inpatient stay at this hospital, prior to her death. The issues specifically referred to the HCC were:

- Mismanagement of the patient's diabetes
- Poor ward hygiene and the spread of vomiting and diarrhoea infection
- The patient was not classified as a stroke patient
- Prevention, delay and obstruction of assessment for palliative hospice care
- Inappropriate medical treatments
- Poor communication
- Lack of continuity of care and poor nursing
- Mistreatment, bullying and intimidation by staff of other patients.

Aspects of the complaint were upheld by the HCC. They requested that the Trust clarify a number of points about the patient's care and this was done in a letter to the complainant dated 13/10/08. A number of recommendations were also made which are as follows:

- Consider developing a policy for managing severe hyponatraemia
- Provide an up-date on the policy for Safeguarding Vulnerable Adults
- Ensure that the drug policy and is included in staff induction
- Provide information on work done regarding the standards in the following guidance:
  - The NMC Code of Professional conduct and Fitness to Practice
  - Essence of Care: Privacy and Dignity
  - NSF for Older People: Standard 2

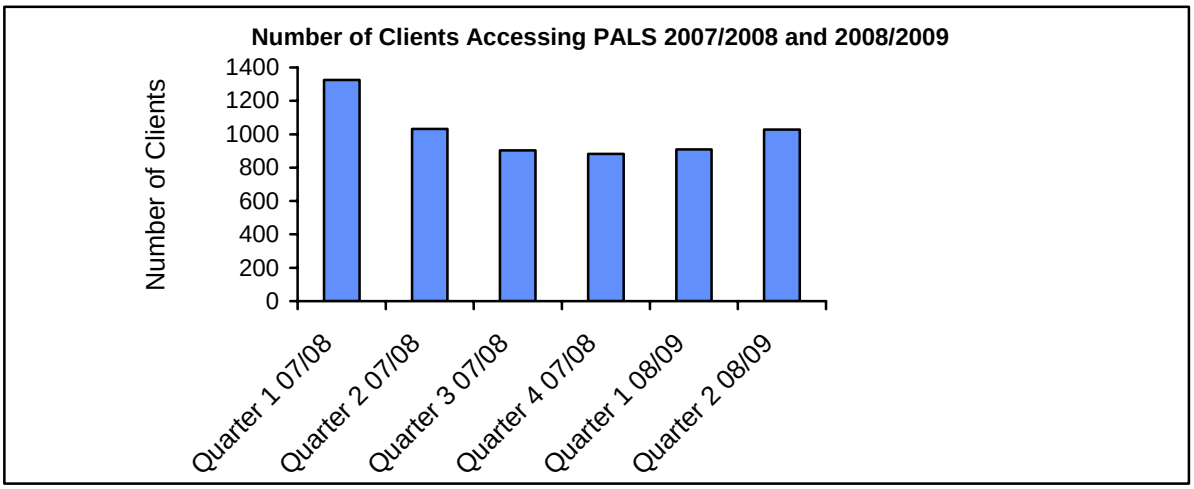
In the Trust's letter to the complainant, evidence was provided to confirm adherence to the above policies. The Trust also confirmed that a local guideline, in accordance with national recommendations for the management of severe hyponatraemia, is currently being developed.
Date notified of referral to the HCC: 12th November 2007
Date notified of decision by the HCC: 25th July 2008

6.0 Health Service Commissioner (Parliamentary and Health Service Ombudsman)
No new complaints were referred to the Ombudsman during this quarter.

7.0 PALS Feedback

7.1 Number of Service Users Accessing the PALS Service Quarter 2 2008/2009

A total of 1027 service users have contacted the PALS team during the second quarter of 2008/2009.



8.0 Positive Feedback

The PALS service received positive feedback from 91 service users (quarter two of the previous two years the number of clients expressing positive feedback 74 in 2006/2007 and 97 in 2007/2008). 35% of these praised the attitude and behaviour of staff, 55% related to aspects of clinical care or treatment and 10% praised other aspects of the service.

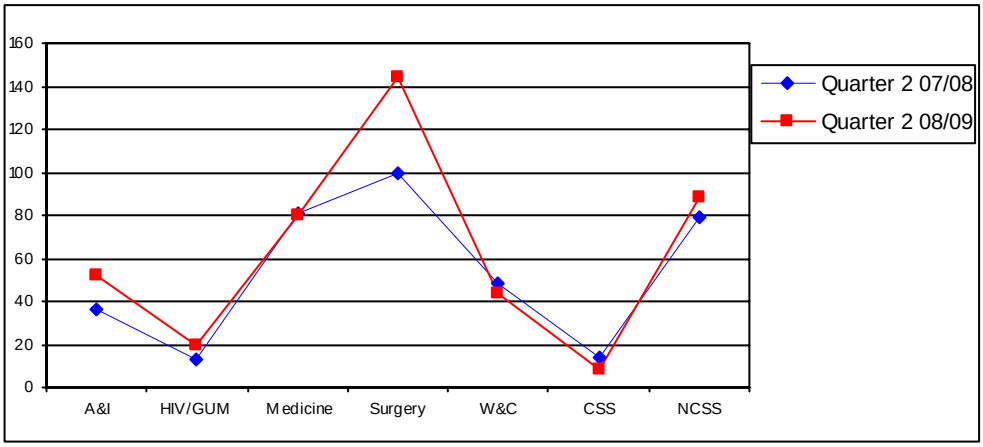
The Medicine Directorate (31) and Surgical Directorate (20) received the highest number of positive comments.

- In the Medicine Directorate 9 of the comments (26%) related to the Emergency Department.
- In the Surgical Directorate 5 of the comments (25%) relate to the Plastic Surgery Service and 5 (25%) comments relate to the General Surgery Service.

9.0 Concerns about Aspects of Service Provision Quarter 2 2008/2009

448 clients have expressed a concern about an aspect of the service provided by this hospital during the second quarter of this year (this compares with 390 concerns during the same period in 2007/2008).

Number of concerns received by Directorate Quarter 2 07/08 and 08/09



The above chart indicates that the most significant rise in concerns expressed about services relates to the Surgical Directorate, 144 (32% of all concerns raised in this quarter). This relates to the increase in concerns raised regarding the admissions office and appointments.

- 30 concerns relating to the surgical admissions office were raised in quarter 2 2007/2008.
- 48 concerns relating to the surgical admissions office were raised in quarter 2 2008/2009.

Of these concerns:
- 26 relate to clients not being able to make contact with the admissions office by telephone.
- 8 relate to clients not receiving written notification of surgery date.
- 14 relate to a delay in accessing an admission date.

9.1 Appointment Issues
Issues relating to appointments continue to be the most frequently raised concern. During quarter 2 2008/2009 116 service users expressed concern about an appointment related issue. This compares with 78 in quarter 2 of 2007/2008. Of these 31 (28%) relate to the Surgical Directorate, with 10 (9%) relating to Outpatients 4.

- 31 clients expressed concern about difficulties accessing an appointment within the 18 Week Pathway.
- 19 clients expressed concerns about delays in accessing an appointment.
- 15 clients expressed concern they had not been notified in writing about appointments.
- 17 clients were concerned they could not get through to the relevant department by telephone.
- 9 clients were concerned that no follow up appointment was made for them.
- 6 clients expressed concern about discharge from clinic for not attending an appointment.
- 15 clients expressed concern about a cancelled or delay appointment.
- 4 clients expressed concern about booking an appointment through the Choose and Book system.

10.0 Change of Practice Quarter Two 2008/2009
The following changes have been made to services as a result of complaints or feedback from PALS in this quarter:

- Amendments have been made to the four week appointment target within the 18 Week Pathway to accommodate capacity.
- The Surgical Admissions office has established a dedicated phone line for people to confirm their admission and an email address for the department. There has been recognition of the need for increased customer care training.
- Maternity Services have established a maternity improvement group with stakeholder representatives. Kensington and Chelsea NHS PCT have agreed funding to provide one to one care for women in labour.
- Maternity services will be undertaking a pilot to work with staff on the quality of care. The pilot is one of four taking place in the country to engage staff in patient feedback.

- The Treatment Centre has introduced a specific training programme regarding ECG recording for all members of the nursing team in conjunction with the Cardiac Department.
- The HIV Directorate has revised their policies to ensure that all test results are now requested from the Laboratory rather than relying on a print out been sent to the Directorate.
- The Medicine Directorate has reached an agreement with Private Patients to allow sleep studies to be conducted in a room on the unit which has wheelchair access.
- Diabetic coding has been introduced on the ward menus.

APPENDIX 2: HEALTHCARE COMMISSION TRESHOLDS

ACUTE AND SPECIALIST TRUSTS – NEW NATIONAL PRIORITIES TRESHOLDS

Indicator short name	Achieve	Underachieve	Fail
Infant health and inequalities: smoking during pregnancy and breastfeeding initiation	Smoking: difference is <=0% as compared with previous year or national average in 2007/08 Breastfeeding initiation: difference is >=-5% (negative value) compared with previous year or national average in 2007/08 Data completeness for smoking>=95% Data completeness for breastfeeding>=95%	Passed only one of the two parts for this indicator	Smoking: difference is >0% as compared with previous year or national average in 2007/08 Breastfeeding initiation: difference is <-5% (negative value) compared with previous year or national average in 2007/08
Engagement in clinical audits	Yes for Question 1 and 4 out of 5 yes for questions 2 to 6	Yes for Question 1 and 3 out of 5 yes for questions 2 to 6	No for question 1 and/or less than 3 out of 5 yes for questions 2 to 6

ACUTE AND SPECIALIST TRUSTS – EXISTING COMMITMENTS TRESHOLDS

Indicator short name	Achieve	Underachieve	Fail
Time to reperfusion for patients following a heart attack	PART 1: >=68% Part 2: >= 80% in each key field	PART 1: >=48% Part 2: NOT TO BE PUBLISHED AT THIS STAGE	PART 1: <48% Part 2: NOT TO BE PUBLISHED AT THIS STAGE
Total time in A&E	>=98%	>=97%	<97%
Outpatients waiting longer than the 13 week standard	<=0.03%	<=0.15%	>0.15%
Inpatients waiting longer than the 26 week standard	<=0.03%	<=0.15%	>0.15%

Indicator short name	Achieve	Underachieve	Fail
Patients waiting longer than three months (13 weeks) for revascularisation	<=0.10%	<=0.20%	>0.20%
Cancelled operations and those not admitted within 28 days	<=0.8% cancellations AND <=5% breaches of the 28 day guarantee	<=1.5% cancellations AND <=15% breaches of the 28 day guarantee	>1.5% cancellations OR >15% breaches of the 28 day standard

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 4th December 2008

AGENDA ITEM NO.	3.3/December/08
PAPER	Corporate Objectives 08/09
COMPILED BY	Cathy Mooney, Director of Governance and Corporate Affairs
LEAD	Heather Lawrence, Chief Executive
SUMMARY	This table summarises the key corporate objectives up the first quarter. A verbal update on objectives can be provided at the meeting.
DECISION/ ACTION	For information only.