

Members' Council Meeting

Boardroom

Chair: Juggy Pandit

Date: 8th February 2006

Time: 4:30pm

Agenda

1. GENERAL BUSINESS

- | | |
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| 1.1 Apologies for Absence | JP |
| 1.2 Register of Council Members (attached) | JP |
| 1.3 Register of Interests (attached) | JP |
| 1.4 Minutes of the Previous Meeting held 23 rd November 2006 (attached) | JP |
| 1.5 Matters Arising (attached) | JP |
| 1.6 Chairman's Report (attached) | JP |

2. ITEMS FOR DECISION/APPROVAL

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| 2.1 Ratification of Appointment of External Auditor (attached) | JP |
| 2.2 Engagement and Partnership Group – MC Representation and Relationship (attached) | JP |
| 2.3 Communication Sub-committee Update (attached) | MA |
| 2.4 Nominations Committee Update (attached) | JP |

3. ITEMS FOR INFORMATION

- | | |
|--|----|
| 3.1 Finance Report (attached) | LB |
| 3.2 Performance Report (attached) | LB |
| 3.3 Vacancies on the Members' Council Update (attached) | JP |
| 3.4 Disability Equality Scheme (attached) | AP |
| 3.5 Corporate Plan 2007/08 Update (attached) | LB |
| 3.6 Monitor Guide for Governors: Audit Code for NHS Foundation Trusts (attached) | JP |
| 3.7 Members' Council Development Needs (attached) | JP |

4. QUESTIONS FROM THE PUBLIC

5. ANY OTHER BUSINESS

6. DATE OF THE NEXT MEETING

Thursday 10th May, 4:30 pm, Hospital Boardroom

Thursday 20th September, 2:00 pm, TBC

Thursday 8th November, 4:30pm, Hospital Boardroom

10 May 2007



Members' Council Meeting, 8th February 2007 Minutes

Present:

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

Council Members:

Juggy Pandit (JP), Chairman
Julie Cooper (JC), Foundation Trust Company Secretary

Brian Gazzard (BG), Staff – Medical & Dental
Nigel Grant (NG), Staff – Management – Attending later
Sue Harris (SH), Staff – Nursing & Midwifery
Cathy James (CJ), Staff – Support, Admin & Clerical

Frances Taylor (FT), Appointed) - Royal Borough of Kensington & Chelsea
Sandra Jowett (SJ), Appointed – Thames Valley University
Andrew Kenworthy (AK), Appointed, Kensington & Chelsea PCT
Catherine Longworth (CL), Westminster PCT

Judith Blakeman (JB), Public – Kensington & Chelsea 1
Christine Blewett (CB), Public – Hammersmith & Fulham 2
Michael Henry (MH), Patient
Jean Hunt (JH), Patient
Jane King (JK), Patient
Dorothy Pease (DP), Patient
Martin Rowell (MR), Patient
Jim Smith (JS), Patient

In Attendance:

Matthew Akid (MA), Head of Communications
Lorraine Bewes (LB), Director of Finance and Information
Maxine Foster (MFo), Director of Human Resources
Andrew MacCallum, Director of Nursing and Patient Affairs
Catherine Mooney (CM), Director of Governance and Corporate Affairs
Amanda Pritchard (AP), Deputy Chief Executive

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:

Valerie Arends (VA), Public – Kensington & Chelsea 2
Marilyn Frampton (MFr), Vice-Chair, Foundation Trust Board of Directors
Elizabeth Thomas (Patient)
Mervyn Maze (MM), Imperial College
Alison Delamare (AD), Staff – Contracted
Richard Kitney, Non-Executive Director
Nicky Browne (NH), Royal Marsden NHS Foundation Trust

Sarah Mallet (SM), Public – Wandsworth 1
Lionel Foulkes (LF), Public – Wandsworth 2

The Chairman apologised for the delay in sending out the papers. The Chairman then welcomed members of the public.

1.2 Register of Interests

JC circulated the register and asked for Council Members who have not yet provided details to do so.

1.3 Minutes of the Previous Meeting Held 8th February 2007

The following amendment was made to the minutes:

Item 2.2

At the end of the first paragraph, insert "and this had been approved by Monitor".

Item 3.3

At the end of the paragraph insert "JB asked if the Council had a budget to allow it to fulfil its role and responsibilities, JP said there was no budget for the Council."

NB: JP had stated that there was no budget available for the Council for year 06/07, however he did clarify that we would be working to secure funds for 07/08 for matters including training.

Item 3.5, final paragraph.

Add at the end of the first sentence "... and the Board would no longer meet in public".

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

1.4 Matters arising

Register of Interests (1.3/Nov/06)

The register was circulated at the meeting.

Chairman's Report (1.4/Nov/06)

JP confirmed that a session was held with Members of the Council to review the Corporate Plan.

Monitor NHS Foundation Trust Code of Governance (3.2/Nov/06)

JC reported that no queries had been received.

Finance Report (3.4/Nov/06)

JC reported that a glossary of terms had been attached to the finance report.

Disability and Equality Scheme (3.8/Nov/06)

JC confirmed that a list had been forwarded to JB.

Members' Council Development Needs (3.10/Nov/06)

JP confirmed that a letter was sent to all Council Members with dates through March 2007.

Information requirements – Oral Report (3.12/Nov/06)

No comments were received.

JB asked if the terms of office and which Council Members would come off had been addressed. JP responded that it would be covered under point 2.5 (Vacancies) further down on the agenda.

Other Matters Raised

JB asked for an update on MRSA (item 1.4 from minutes). AP said that the Dept. of Health (DoH) is not willing to reconsider the MRSA target as they are committed to have a maximum of a fixed number of cases. She said we will continue to lobby for the DoH to consider 'rate of infection'. AP explained that the common target is a 50% decrease from the 2004 baseline. As we had a low number of cases that year, we now have a difficult target as a result. She said that our target is 22 cases and that we are on target at the moment.

JB also queried the statement under 3.5 of the minutes that relations with the OSC would remain the same. She said this would not be the case as the connection was via the public Board and the Board minutes were now confidential.

CB asked if Trust Board meetings being held in private was negotiable. JP said that as there was now personal liability that the Board needed to have more robust and challenging discussions. He made the point that when the meeting was open, most of the tough discussions were held outside the meeting. JB queried whether the bulk of the meeting could be held in public with the confidential matters being discussed in private?

JP explained that it was not necessarily the confidential matters, but rather the difficult and sometimes tense discussions that needed to take place that might be misconstrued by a member of the public. He felt that having members of the public present might also hinder these discussions from taking place. BG suggested as a compromise that we might invite Council Members' to attend the Trust Board as representatives. JP felt that this would require restrictions on the Members' Council similar to those on the Trust Board and he did not think this was possible.

CB suggested that we make this an agenda item at another point later in the year. JP said that the Board had already agreed to make relevant papers available and he was prepared to make a recommendation to the Board that the minutes, subject to restriction on commercial and staff and patient confidential items, were also circulated.

ACTION: JP to take this matter back to the Board.

JC

1.5 Chairman's Report

JP reported that the Trust was performing well against its financial plan with a predicted income/expenditure surplus, and was meeting most of its service performance targets although there is some risk of missing the outpatients waiting target of 13 weeks.

JP reported that the Nominations sub – committee had now been formed. He reported that the Committee consisted of Prof. Brian Gazzard, Mrs Valerie Arends and Mr Andrew Kenworthy and himself. JP stressed that there remains an opportunity for Members to join the Disability and Equality Action Group. JB expressed her interest in joining the Disability and Equality Action Group. She also expressed an interest to join the Disability and Equality Steering Group. DP also expressed her interest to join the steering group.

Action: Follow-up with JB and DP regarding next steps for joining these group(s)

AP

2. ITEMS FOR DECISION/APPROVAL

2.1 Ratification of Appointment of External Auditor

JP asked the Members' Council to confirm the auditors for this year and he recommended that their appointment be reviewed in September at the AGM. JP reported that Deloitte has been doing a satisfactory job. LB stated that normal practice would be to maintain a contractor for a period of between 3-5 years, and that the Audit

Committee would make a recommendation to the Members' Council. FT asked if Deloitte was expensive. LB explained that the Audit Commission sets the range of rates and that they were within this range. The contract is market tested at regular intervals.
Agreed: The Council approved the continuation of Deloitte as the Trust financial auditor.

2.2 Communication Sub-committee Update

MA reported that the Communications sub-committee had met twice for which the minutes and matters arising were attached. MA called for more members to join. MA explained the scope of work of the group and that they would most likely meet quarterly. MA emphasised that all matters relating to strategy and policy would be brought to the full Members' Council for approval. The Members' Council approved the terms of Reference.

MA explained the decision to seek consent for posting Members' photos and profiles on the internet and in select publications. The register was circulated. MA confirmed that Members could provide a different photo for this purpose, if they wished. CB suggested that the current profiles were sent to members for approval and for profiles would be sought from those who have not provided one. MA confirmed that no addresses or phone numbers would be given out. MA stressed that the deadline for final items for the April mailing was in 2 weeks time. JP suggested that we have a system for recruiting all new patients to join the Foundation Trust. AMC expressed his opinion that all new registered patients should be invited to join.

Action: Explore the possibility of inviting new registered patients to join the hospital. AMC/JC

Action: Arrange for Membership recruitment poster to be outside the PALS office JC/AMC

Action: MA to follow-up with Sue Harris, who expressed an interest to join the sub-committee. MA

Action: Send all Members' Council papers by post on the Tuesday prior to the meeting, and then electronic copies would only be provided upon request. JC

2.3 Nominations Committee Update

JP informed the group that the Nominations sub-committee held its first meeting on the 29th January. JP stated that the role of the Nominations Committee is to lead for the Members' Council on all aspects related to the recruitment, retention and terms and conditions of non-executive director (NED) appointments to the Trust's Board of Directors (including the chairman). JP noted that the chair and one NED will be finishing their terms of office in October 2007 whilst two more whose terms also finish in October have expressed a willingness to be considered for reappointment. The nominations sub-committee recommends to the Council that NEDs are appointed for terms of up to three years. NEDs can then be reappointed for further terms subject to a satisfactory appraisal (as stated in the constitution) and subject to a maximum period on the Board of nine years. For existing NEDs, our constitution stated that they serve either until the end of their term, and if less than one year, for one year. JP clarified that time served in the NHS Trust Board would count towards the maximum.

JP stated that the terms for four out of six NEDs are coming to an end in October. One NED (Andrew Havery) had served four years and expressed a willingness to stand again. He also suggested that the Council reappoint Charles Wilson, who had served eight years, for an additional year. He noted that this would be subject to an appraisal of their performance by the Chair and the Nominations Committee.

JP suggested that the Nominations committee focus on appointing a chair person and then the chair could be involved with the selection of the new NED. JP then gave an overview of the recommended levels of remuneration with Chairs at 40,000, Chair of the Audit Committee at 18,000 and NEDs at 12,000. . He explained that under the NHS the levels had been relatively the same for 10 years and that PCTs had recently done a review and raised levels significantly.

FT inquired how much time they did for that money. JP clarified that they did a minimum of 1 day per week, but the Chairman of the Audit Committee would do more and the Chairman would work about 3 days per week.

JB stated that she was not opposed but felt the NEDs raise was quite high plus it is out of line with public bodies. AK stressed that looking forward there are difficult times and issues on the horizon. To this end, he felt that the remuneration needed to reflect the difficult tasks at hand. JP also stressed that becoming an FT now means that NEDs carry both a personal as well as reputational risk, and there is extra liability. BG shared his feeling that we must get it right as offering too little would be an insult.

CB noted that she did not feel it was necessarily too high, but it did look like we became an FT and doubled the salary for NEDs which does not read well. JC circulated a table comparing NEDs salaries amongst FTs. JC pointed out that C & W proposal was not particularly high.

Action: Nominations sub-committee to make formal recommendation for reappointments for approval by the full Members' Council.

N.S.C.

2.4 Members' Council Development Needs

JP reminded the group that we ran two initial corporate inductions which roughly 70% of members attended. He said that if members had particular interests or learning needs mini training sessions could be arranged. JP explained that the King's fund has set up a National Governors' Forum and that all members would be able to join if the Trust paid the annual fee of approximately 2500.

It was agreed that it would be important for Council Members to be part of this Forum.

Action: Include annual fee in Budget and request to join Network

JC

Action: Inform Kings Fund of our decision to join

JC

2.5 Vacancies on the Members' Council

JP explained that this paper included a proposal to save money by holding elections twice per annum, with one election being linked to the annual members meeting. However, this would not be possible at present without a change to the constitution. JC confirmed that we will be running the elections for the three existing vacant seats shortly and that we will be using ERS. JP explained the problems surrounding succession planning. He reminded the Council that the transitional schedule covered the first cohort of members and stipulated that the third with the highest votes go off in 2009, the third with the second highest votes go off in 2008 and the remainder go off in 2007. He shared the difficulty in discerning this last third and informed the group that advice has been sought from both a legal firm as well as the ERS. It was agreed that JP write a letter to all those Council Members who had missed two consecutive meetings and remind them that the Council has the option to ask them to step down if they miss a third meeting. The letter will also ask Council Members to indicate if they are intending to step down for any other reason.

Action: Make formal proposal for succession planning

JC

Action: Chairman to write letter to Council Members who have missed two meetings.

JC/JP

3. ITEMS FOR INFORMATION

3.1 Corporate Plan 2007/08 Update

LB informed the Council that a session had been held for Council Members to share their thoughts and suggestions around the corporate plan. She informed the Council that a road show throughout the Trust was also taking place to gather further input. This paper was provided to highlight the changes and suggestions made as a result of this consultation process. LB outlined changes which included the following:

- Section on Teaching and Research was expanded to cover all staff.
- Wording now emphasised our objective to maintain our research portfolio
- Document is less full of jargon
- Introductory paragraph has been included

LB clarified that SLR meant Service Line reporting. She explained that it allowed us to drill down costs of specific services. She stressed that this was ultimately important as Monitor will expect us to report any loss and a strategy to fix it. JB asked that bullet 3 include efficiency, effectively and transparency. CB asked that the session on teaching include maintaining our undergraduate teaching status.

THE FURTHER AMENDMENTS WERE AGREED.

4.1 Finance Report

LB explained that she had provided an executive summary of the Finance report, together with a glossary of terms and the full performance report that was presented to the December Trust Board meeting. She emphasised that she was happy to accommodate the needs of the Members' Council. JB commented that the current executive summary was a bit too short, but that the full report would be too detailed, and something in between would be better.

LB outlined some of the key information from the report which details the Trust's position at the end of December 2006. LB explained that the year to the end of September represents the end of the period as an NHS Trust prior to authorisation as a Foundation Trust on October 1st. The Trust reported a surplus of £440k and was forecasting a year end surplus of £1.5m.

LB explained that last year we had an aggressive savings plan of 5% and we are now actively planning efficiency for the next year. We are also agreeing contracts much sooner, so that the costs are clearer. She emphasised that there is a significant change in actively as we adapt to the 18 week target. LB said that in cash terms we are way ahead, with a 16.6 million balance we are £8M ahead of the plan which was submitted to Monitor. JP congratulated staff on achieving the savings. He shared that the main concern of the Board when debating becoming a FT was running out of cash.

AK congratulated the Trust and said that the challenge was to maintain a steady ship whilst making savings. He said that partnership working was key as C & W were part of a wider health economy. The PCT was forecasting to achieve balance if the economy is struggling it will affect the Trust.

Action: Include a report on the broader health economy in future reports.

LB

4.2 Performance Report

LB explained to the Council that the Performance Report addressed the Trust's performance in a number of areas including external indicators, activity, workforce, service level agreements, access times, productivity and efficiency.

LB highlighted that our initial risk rating was 4. She stated that if we stay on plan we

will maintain this rating.

She explained that on governance we had an amber rating due to MRSA rates being considered high. She referred the group to the Dashboard on page 6. She explained that we had had some breaches in maximum outpatient waits but that there had been none in the last quarter. She stated that on MRSA we had done well against target and that we had recovered our position. She stated that the other area of risk was the 18 week milestone. She stated that we are looking at admissions and first outpatient appointments, and we are looking to work with the PCT around this area. JB inquired whether deaths involving MRSA were coded as such.

BG stated that it is never that clear cut and that MRSA would rarely be the actual cause of death recorded on the death certificate. He said the benefit of MRSA 'scare' is that the hospital is cleaner.

4.3 Disability and Equality Scheme

AP stated that the final Disability and Equality scheme was being shared with the Members' Council for their information, as a draft version had been brought to the last meeting. AP highlighted that pages 11-13 outlined the consultation process. She stressed that although we have finalised the document, we are still interested in comments. AP stated that there is a questionnaire on the Trust website and that we are encouraging feedback. She informed the group that the action plan will be updated yearly. CB asked if a definition of disability was actually included.

AP said that we will be using electronic records to try and have a more accurate picture of which staff have a disability. She stressed that we also want to create an environment where people feel comfortable to disclose this information. BG shared his view that it was equally nice that so many staff members viewed them selves as not having a disability.

4.4 Monitor Guide for Governors: Audit Code for NHS Foundation Trusts

JP explained that Monitor had provided this guide for Governors and that it was attached to everyone's papers.

QUESTIONS FROM THE PUBLIC

There were no questions from the public.

5. ANY OTHER BUSINESS

5.1 Substitutes

JP informed the group that Prof. Maze could not attend and that he had wanted to send a substitute from Imperial College. JP shared his view that this would certainly not be allowed for public or patient members, but perhaps should be permissible for appointed members. JB shared her view that it might be acceptable if it was an 'informed' designated delegate. MR stated that we must be careful to avoid situation whereby the original appointee never attends. AK shared his view that it might be useful as it would be difficult to make every meeting. CB raised the issue of whether a substitute could vote and if not, perhaps there was no great value in attending. BG suggested that we invite Members to provide written comment on matters of concern to be shared in their absence.

AFTER SOME DISCUSSION THE CONCLUSION WAS THAT SUBSTITUTES WOULD NOT BE PERMISSIBLE.

5.2 Congestion Charge

FT raised the issue of the congestion charge as she wanted to be sure that the hospital had a procedure to discern who was eligible for exemption, as well as a process by which to recuperate our money.

AP explained that the charge was certainly a huge issue for staff and patients. She said that the Trust was trying to keep all affected parties informed. She explained that if the patient had an exemption that they would be reimbursed by the hospital cashier and that we would then recoup from DoT. She assured the council that we would be monitoring the effects of the congestion charge from all aspects e.g. shift changes.

Action: Trust to monitor impact of the congestion charge and report back at next meeting. AP

5.3 Open Day

CM informed the group that the Trust Open Day would be 12 May and that it would be important to have as many Members of the Council present as possible. She explained that two groups have been created to see the Day through to fruition. She expressed her hope that some representatives of the Council would join the steering group, and the operational group.

6. DATE OF THE NEXT MEETING

The next meeting is scheduled for 10 May 2007 at 4.30pm.

Members' Council Meeting, 8th February 2007

AGENDA ITEM NO.	1.4/Feb/07
PAPER	Matters Arising
AUTHOR	Julie Cooper, Foundation Trust Secretary
LEAD	Juggy Pandit, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from previous meeting(s) and the action taken/to be taken.
DECISION/ ACTION	The Board is asked to note the matters arising and update where appropriate.

Matters Arising from Previous Meetings

Reference	Item	Action
1.3/Nov/06	<u>REGISTER OF INTERESTS</u> Declarations to be sent to FH/JC in writing.	ALL
1.4/Nov/06	<u>CHAIRMAN'S REPORT</u> Annual planning timetable to be circulated to the Council.	FH/LB
3.2/Nov/06	<u>MONITOR NHS FOUNDATION TRUST CODE OF GOVERNANCE</u> Queries on the Code of Governance to be forwarded to FH.	ALL
3.4/Nov/06	<u>FINANCE REPORT</u> Explanation of abbreviations to be included in the Finance Report.	LB
3.8/Nov/06	<u>DISABILITY EQUALITY SCHEME</u> List of organisations consulted on the DES to be forwarded to JB.	JC/FH
3.10/Nov/06	<u>MEMBERS' COUNCIL DEVELOPMENT NEEDS</u> Dates for Chairman's 'clinic' to be circulated.	FH
3.12/Nov/06	<u>INFORMATION REQUIREMENTS – ORAL REPORT</u> Comments on reports delivered to the Council to be forwarded to FH.	ALL

Members' Council Meeting, 8th February 2007

AGENDA ITEM NO.	1.5/Feb/07
PAPER	Chairman's Report
AUTHOR	Juggy Pandit, Chairman
LEAD	Juggy Pandit, Chairman
SUMMARY	This report outlines key issues for the attention of the Members' Council.
DECISION/ ACTION	The Council is asked to note the report.

Chairman's Report to Members' Council, January 2007

Trust Performance

The Trust is performing well against the financial plan agreed with Monitor, with income/expenditure surplus forecast to be broadly on plan and the cash position significantly better.

The Trust is also meeting most of its service performance targets although there is some risk of missing the outpatients waiting longer than the standard (13 weeks) target.

Nominations Committee

The Nominations Committee has now been formed and consists of Prof Brian Gazzard (medical staff's selected member and deputy chair of the Council), Mrs Valerie Arends (K&C 2 elected member), Mr Andrew Kenworthy (K&C PCT chief executive – nominated member) and myself.

The Committee held its first meeting on January 29th to discuss the appointment/reappointment of non-executive directors and their remuneration. Their recommendations are on the agenda for this meeting.

Corporate Plan

A Members' Council meeting on corporate planning was held in January. A number of recommendations and suggestions were made and these will be taken into account when drafting the Annual Plan.

Other Items

The Communications Sub-Committee has now held two meetings – an update on their work will be presented later in the meeting. There is also still an opportunity for Council Members to join the Disability and Equality Action Group – please contact Julie if you are interested.

Time has also been allocated for the chairman's clinic. These sessions can be used for 'one on one' discussions with myself or other Trust staff as well as for sessions to address developmental needs. These will be held on Thursday afternoons from 2pm except on days where the Board of Directors meets. The dates for the next couple of months are as follows:

February 15th
February 22nd
March 8th
March 15th
March 22nd
March 29th

If you are interested in attending one of these sessions, please contact Julie to organise a date and time.



Juggy Pandit, Chairman

Members' Council Meeting, 8th February 2007

AGENDA ITEM NO.	2.1/Feb/07
PAPER	Ratification of Appointment of External Auditor
AUTHOR	Fleur Hansen, Foundation Trust Lead
LEAD	Juggy Pandit, Chair
SUMMARY	As part of the constitution, the Council is required to appoint the Trust's financial auditor. As part of the Transition Schedule to Foundation Trust status it is felt appropriate that the Members' Council ratify the appointment of the current external auditor, Deloitte.
DECISION/ ACTION	The Members' Council is asked to ratify the appointment.

RATIFICATION OF APPOINTMENTS

1.0 INTRODUCTION

One of the key roles of the Members' Council is to appoint (and remove) the Foundation Trust's financial auditor. It is felt appropriate that as part of the transition schedule to Foundation Trust status, the Members' Council ratify the appointment of the financial auditor as it currently stands.

As an NHS Trust the financial auditor is allocated by the Audit Commission and the framework is reviewed every five years. The Trust is currently half way through its five year term with Deloitte but as a Foundation Trust it will appoint and remove its financial auditor via the Members' Council. As there are two audits of six month periods this financial year (the first as an NHS Trust, the second as a Foundation Trust), it is more efficient for Deloitte to do both audits. It would also prove more costly and time consuming to change auditors at this point in time.

The Council are asked to ratify the decision to continue with the appointment of Deloitte until their appointment is reviewed at the annual Members meeting on September 20th, 2007. The Council is asked to note that the Trust is currently satisfied with the work of Deloitte.

2.0 APPOINTMENT FOR RATIFICATION

Terms of Office

Deloitte

Until September 20th, 2007*

*Will be reviewed on this date at the annual Members meeting.

3.0 DECISION/ACTION REQUIRED

The Members' Council is asked to ratify the continuation of the appointment of Deloitte as the financial auditor of the Trust.

Fleur Hansen
Foundation Trust Lead
30th January 2007

Members' Council Meeting, 8th February 2007

AGENDA ITEM NO.	2.3/Feb/07
PAPER	Nominations Committee Update
AUTHOR	Fleur Hansen, Foundation Trust Lead
LEAD	Juggy Pandit, Chair
SUMMARY	This report updates the Council on key items of discussion and items for decision from the recent Nominations Committee meeting.
DECISION/ ACTION	The Council is asked to agree on the terms of office and level of remuneration for the chair and non-executive directors.

NOMINATIONS COMMITTEE UPDATE

1.0 INTRODUCTION

The role of the Nominations Committee is to lead for the Members' Council on all aspects related to the recruitment, retention and terms and conditions of non-executive director (NED) appointments to the Trust's Board of Directors (including the chairman).

It is noted that the chair and one NED will be finishing their terms of office in October 2007 whilst two more whose terms also finish in October have expressed a willingness to be considered for reappointment.

The Nominations Committee convened its first meeting on 29th January and a number of recommendations arose from the discussion.

2.0 NED TERMS OF OFFICE

The Committee discussed the terms of office of NEDs. As an NHS Trust, NEDs were appointed for a fixed term of four years and can serve a maximum of ten years on the Board. As a Foundation Trust, the Trust can decide on new terms of office.

After discussion at the meeting the Committee decided to recommend to the Council that NEDs are appointed for terms of up to three years. This is in line with the Monitor Code of Governance. NEDs can be reappointed for further terms subject to a satisfactory appraisal (as stated in the constitution) and subject to a maximum period on the Board of nine years.

3.0 REMUNERATION OF NEDS

The Committee also discussed the appropriate level of remuneration for the chair and NEDs. Remuneration for NHS Trusts is set nationally by the NHS Appointments Commission. Currently this is £22,235 for Chairs and £5,800 for NEDs of large Acute Trusts.

It has been recognised for some time that these levels are too low in comparison with other public sector bodies and in 2006 the rates for PCTs were raised to between £30,000 and £40,000 for Chairs and £7,500 for NEDs. Acute Trust NED remuneration was not changed because the NHS Appointments Commission agreed that Acute Trusts would soon become Foundation Trusts and would be able to set their own remuneration.

At the Nominations Committee meeting, the chairman proposed remuneration be set at £40,000 for the chair, £15,000 for the Chair of the Audit Committee and £10,000 for NEDs. The Committee discussed these with all members commenting that the NED rate was set comparatively low to other Foundation Trusts. It was also noted by Andrew Kenworthy (chief executive of K&C PCT) that the Board of an FT would have much greater legal responsibility and as such this should be reflected in their remuneration.

The Committee agreed to recommend to the Council the following levels of remuneration:

Chair	£40,000
Chair of the Audit Committee	£18,000
Non-Executive Directors	£12,000

4.0 PROCESS FOR ELECTING NEDS

The process for electing NEDs will be as follows:

1. The Nominations Committee will agree the person specification and the post(s) will be advertised. The use of “head hunters” is also being considered.
2. The Nominations Committee will short list candidates for interview.
3. The interview panel will consist of members of the Nominations Committee and an external assessor. The panel may include a current NED.
4. The Nominations Committee will then put forward candidates to the Members' Council for ratification.

5.0 PROCESS FOR REAPPOINTMENTS

It is proposed that NEDs who would like to be considered for a further term of office undertake an appraisal process which is yet to be agreed. A recommendation for reappointment will then be made if appropriate.

6.0 DECISION/ACTION REQUIRED

The Council is asked to agree on the terms of office and level of remuneration for the chair and non-executive directors.

Fleur Hansen
Foundation Trust Lead
30th January 2007

Members' Council Meeting, 8th February 2007

AGENDA ITEM NO.	2.4/Feb/07
PAPER	Learning and Development Needs of Council Members
AUTHOR	Julie Cooper, Foundation Trust Secretary
LEAD	Juggy Pandit, Chair
SUMMARY	This paper outlines the roles and responsibilities of the Members' Council as circulated previously, together with an overview of the outcomes from the two initial Council Member inductions. This is to facilitate the prioritisation of further learning and development needs.
DECISION/ ACTION	The Members' Council is asked to discuss the groups learning objectives and prioritise learning and development needs for the next 12 month period.

LEARNING AND DEVELOPMENT NEEDS OF COUNCIL MEMBERS

1.0 Introduction

- 1.1 The Members' Council is made up of patients, public, staff and our partners in the NHS, local authorities and universities. A crucial role of the Members' Council will be to engage with the hospital membership as well as with the broader communities which the hospital serves. In light of this crucial role, the Members' Council will need to prioritise its learning and development needs.
- 1.2 Induction sessions were held for new Council Members on 12th July and 3rd October 2005. All elected and appointed Members were invited to attend. In advance of the meetings, all members received 'Council Member' welcome packs including numerous key documents about the hospital and the services the Trust provides. 24 Members have attended an induction session out of 36. The Members' Council has now held its first general meeting and may have a better idea of what they require in terms of future learning and development.

2.0 Roles and responsibilities of the Members' Council

- 2.1 The Members' Council is made up of patients, public, staff and our partners in the NHS, local authorities and universities. The Members' Council is a new body for the Trust. In light of its new role, it is important to outline some of the key tasks the Council will carry out. These tasks are outlined below:
- Provide views to the Board of Directors on future plans for the hospital and services.
 - Respond to the Board of Directors on specific issues.
 - Decide the remuneration, allowances and other terms and conditions of office of the Non Executive Directors.
 - Serve the interests of the community they represent.
 - Appoint the Chair, other Non-Executive Directors and Financial Auditor.
 - Approve the appointment (by the Non-Executive Directors) of any new Chief Executive.
 - Review the Trust's constitution.
 - Develop and review the Trust's membership and communication strategy.
- 2.2 The Members' Council will not be responsible for the day to day management of the organisation – e.g. setting budgets, staff pay and other operational matters – which remain a matter for the Board of Directors.

3.0 Learning and development needs

3.1 The Trust recognises that not all Council Members will have all of the necessary skills and knowledge to perform these functions. To this end, it is important that the Members' Council prioritise their Learning and development needs. Highlights from the session on 'Learning Objectives' from the two induction sessions are noted below to assist the Members' Council to prioritise their needs.

3.2 What is the role of the Members Council?

- Powers
- Responsibilities
- Expectations of the Council
- Authority, accountability and liability

3.3 Process/Structure

- How do we make the group function
- Relationship with Trust Board/Relationship with Engagement and Partnership Group
- Understanding and interacting with the hospitals organisational structures
- Familiarisation with letter of Authorisation

3.4 Finances

- What is the financial context under which we will be working
- Payment by Results-what does this mean?

3.5 Evaluation

- Tools of measurement
- Deliverables
- Success Criteria/Finance/Quality

3.6 Foundation Trust

- Benefits
- Freedoms
- Link with existing patient and public involvement forum (s)
- Relationship with membership/electorate?
- Style of representation
- Communication/benchmarking with other organisations
- Learning about Monitor

3.7 Other

- Training needs
- Learning needs
- Knowledge network

4.0 Decision/Action Required

4.1 The Members' Council is asked to discuss the groups learning objectives and prioritise learning and development needs for the next 12 month period.

Julie Cooper
Foundation Trust Secretary
31st January 2007

Members' Council Meeting, 8th February 2007

AGENDA ITEM NO.	3.2/Feb/07
PAPER	Corporate Plan 2007/08 Update
AUTHOR	Amanda Pritchard, Deputy CEO/Director of Integrated Service Delivery and Modernisation
LEAD	Lorraine Bewes, Director of Finance and Information
SUMMARY	Following discussions with the Members' Council, staff workshops and the Board, the Corporate Aims and Objectives have been updated. This report outlines the changes made following these consultations.
DECISION/ ACTION	The Council is asked to review the changes made, provide any further comments and agree the changes.

CORPORATE AIMS AND OBJECTIVES

UPDATE: 28.01.07

Following discussion with the Members Council, staff workshops and the Board, the Corporate Aims and Objectives have been updated and are tracked below for information.

The key areas of comment have been:

- to emphasise the broader role of teaching all staff groups
- to emphasise the research objective
- to clarify 'customer care'
- to de-jargon the objective around service line reporting.

The Members' Council also recommended that the Corporate Plan should include corporate objectives for Innovation and Integrated Governance, a glossary of words and an introductory paragraph to the Corporate Objectives section to assist public understanding and ensure any jargon is understood.

The following paragraph is proposed

The fundamental aim of a Foundation Trust is to:

- ***improve health for its patients and public;***
- ***to deliver excellent quality of clinical care and patient experience;***
and
- ***to use taxpayers' funds efficiently and effectively.***

The Board is responsible for developing our Corporate Plan each year, engaging staff and the Members' Council, and to identify an overarching framework for setting Corporate Objectives to deliver these fundamental aims. As part of this the Board needs to consider not only key government policy targets but also local priorities. The Board has identified 10 Corporate Aims and Values and 10 key Corporate Objectives. They reflect the key government policy targets to introduce real patient choice of services and the aim to deliver a maximum total wait of 18 weeks from GP referral to definitive hospital treatment.

CORPORATE AIMS AND VALUES 2007/08

1. Patient Experience: To improve all aspects of the patients' experience, to continue to make the patient the centre of everything we do through a focus on consistently excellent customer care and consequently be the provider of choice.
2. Clinical Governance and Safety: To maintain quality and efficiency and continuously improve patient outcomes and assure patient safety.
3. Service Line Reporting: To develop an understanding of service line profitability to support strategic service planning, investment and performance improvement and promote good business practice..
4. Teaching: To provide excellent teaching, learning and development opportunities for all staff.
5. Specialist Services: To maintain and develop our specialist services.
6. Strategic Partnerships: To develop effective partnerships with all stakeholders, including the Members Council.
7. Our Workforce: To ensure we have a highly skilled, motivated, diverse, productive and customer focused workforce.
8. Modern Infrastructure: To ensure clinical care is supported and enabled by effective modern support services.
9. Innovation: To be innovative with our clinical services and business models, using the new Foundation Trust freedoms.
10. Integrated Governance: To further develop the Trust's framework for integrated governance.

TOP 10 OBJECTIVES & KEY ACTIONS

Key Corporate Objective	Key Deliverables
Patient Experience	
1. We will deliver the core performance targets and achieve an excellent rating for quality of services.	<ul style="list-style-type: none"> Achieve excellent rating for Healthcare Commission core and developmental standards Implement a plan to modernise acute medicine
2. We will deliver faster, shorter pathways and one stop care to deliver the 18 week referral to treatment target.	<ul style="list-style-type: none"> Deliver 18 week milestones Develop Treatment Centre to match best in class productivity and efficiency for all surgical specialties Identify and introduce new models of working, for example in diabetes and dermatology, through joint ventures and social enterprises with primary care
3. We will be the provider of choice as measured by market share, turnover and surplus.	<ul style="list-style-type: none"> Develop a marketing strategy to commissioners & GPs Implement a consistent regular mechanism for collecting and responding to patient feedback Achieve the standards required for designation as a Transient Ischaemic Attack Centre Use service line portfolio analysis to inform service development strategy
Clinical Governance & Safety	
4. We will deliver a safe clinical service.	<ul style="list-style-type: none"> Maintain CNST level 2 and prepare for CNST level 3 Identify key patient safety indicators Achieve MRSA trajectory Agree and achieve Clostridium Difficile local target Implement inpatient E-prescribing
Finance	
5. We will achieve an excellent financial rating and financially secure services.	<ul style="list-style-type: none"> Deliver the Financial Plan Develop a business planning approach based on service line reporting and benchmarking
Teaching and Research	
6. We will provide excellent teaching, learning and development opportunities for all staff and maintain our current research portfolio .	<ul style="list-style-type: none"> Develop an organisation-wide research strategy and identify research partnership opportunities Achieve excellent feedback from undergraduate on line surveys and influence Imperial College teaching strategy to develop C&W as an undergraduate teaching hub for IC
Specialist Services	
7. We will maintain and develop our specialist services.	<ul style="list-style-type: none"> To be the centre for paediatric and neo-natal surgery in West London and be a designated centre for paediatric minimally invasive surgery. To continue to be the designated HIV inpatient unit in West London To expand Chelsea and Westminster sexual health services market share To agree the future development of burns at C&W To become a designated centre for bariatric surgery To agree the future development of specialist dermatology
Strategic Partnerships	
8. We will develop effective partnerships with all stakeholders, particularly with and through our Members'	<ul style="list-style-type: none"> Work with the Members' Council to ensure that their views are taken into account in setting the Trust's strategic direction Build on the 2006 baseline exercise to develop a

Council	<p>strategy for partnership working and stakeholder relationship management</p> <ul style="list-style-type: none"> • Continue to recruit to membership • Promote effective communications between hospital clinicians and primary care.
Workforce	
<p>9. Our staff will reflect our values of being customer focused, highly skilled, motivated, diverse and productive and consequently we will be an employer of choice in West London.</p>	<ul style="list-style-type: none"> • Develop, agree and deliver our nursing strategy • Complete customer care training for 100% of identified staff • Improve our staff survey rating • Improve our HR performance indicators on 06/07 • Develop and deliver a strategy for development of medical secretary services • Develop a strategy for development of medical coding • Develop a plan to deliver EWTD compliance by August 2009 • Implement post graduate training in line with Modernising Medical Careers • Complete the leadership programme for 50 staff through the Advisory Council
Modern Infrastructure	
<p>10. We will invest in our infrastructure to ensure clinical care is supported and enabled by effective support services and achieve a rate of return above our cost of borrowing.</p>	<ul style="list-style-type: none"> • Determine the future strategy for our Electronic Patient Record • Improve the accuracy and completeness of coding • Develop a business case for Document Management • Improve communications with GPs (Choose and Book, test results, discharge summaries) • Fully embed automated staff rostering • Pilot and evaluate Bed Management • Implement Picture Archiving and Communication System (PACS) • Complete the purchase to pay cycle and roll out E-Procurement • Implement the Electronic Staff Record • Fully implement the patient level costing system (Combo-cc) & initiate in year Service Line Reporting • Develop smarter scheduling of appointments to take account of patients' personal circumstances and other hospital visits.
Innovation *	
<p>11. We will support innovation to deliver improved patient care and financially secure services.</p>	<ul style="list-style-type: none"> • Explore compliant models for the expansion of private maternity • Identify opportunities for expanding services through new legal structures. • Develop incentives within clinical directorates to increase bids for research funding
Integrated Governance*	
<p>12. We will develop the Trust's framework for integrated governance.</p>	<ul style="list-style-type: none"> • Develop the assurance framework to focus on a reduced number of key risks • Complete mapping exercise of risk assessment to committees

* These objectives are proposed for discussion and agreement by the Board of Directors.

Members' Council Meeting, 8th February 2007

AGENDA ITEM NO.	4.1/Feb/07
PAPER	Finance Report Executive Summary December 2006
AUTHOR	Jon Bell, Deputy Director of Finance
LEAD	Lorraine Bewes, Director of Finance and Information
EXECUTIVE SUMMARY	<p>The Trust is forecasting to over-achieve plan by £0.25m and deliver a surplus of £1.75m at the year end.</p> <p>The main risks to achieving the forecast out-turn are:</p> <ul style="list-style-type: none"> • a risk on the Pathology contract, as reported last month, as the financial details of the contract for 2006/07 have not yet been established and latest details from Hammersmith Hospitals NHS Trust (HHNT) suggest that the contract could be significantly higher. • Risk on HIV Drug spend as the position is now assuming an under spend of £1m on HIV drugs. • An upside risk on income provisions if data validation issues improve significantly above Q1 experience. <p>The cash position in December 2006 is a positive balance of £16.6m compared with £15.6m last month. This is £1.9m ahead of the Trust's revised plan and £8.4m ahead of the plan submitted to Monitor</p>
DECISION/ ACTION	The Council is asked to note this report.

Members' Council, 8th February 2007

AGENDA ITEM NO.	4.2 /Feb/07
PAPER	Performance Report
AUTHOR	Nick Cabon – Head of Performance and Information
LEAD EXECUTIVE	Lorraine Bewes – Director of Finance and Information
EXECUTIVE SUMMARY	The purpose of this report is to provide information about the Trust's performance for the period ending 31 st December 2006.
DECISION/ ACTION	The Members' Council is asked to note this report.

PERFORMANCE REPORT FOR THE PERIOD APRIL – DECEMBER 2006

1. PURPOSE

- 1.1.1. The purpose of this report is to provide information about the Trust's performance from April to December 2006. The Trust Board is asked to note the report and conclusions.
- 1.1.2. The board agreed to a quarterly update of progress on corporate objectives, and an exception report is attached in the appendices.

2. CONTENT AND DEVELOPMENT OF PERFORMANCE REPORT

- 2.1.1. The report comprises of the following components:
 - **External Dashboard – pg 6**
 - **Internal Dashboard – pg 7**
 - **Analysis of Breaches of Targets – pg 8 - 9**
 - **Appendices**
 - **Activity Summary – pg 10**
 - **SLA Performance Summary – pg 11**
 - **Efficiency and Resources Summary – pg 12**
 - **Access Summary – pg 12**
 - **HR Summary – pg 13**
 - **Corporate Objectives Exception Report – pg 14**
- 2.1.2. Unless otherwise indicated year to date performance is to the 31st December.

3. SUMMARY

- 3.1.1. The Trust is slightly off track on outpatient maximum waits but is forecasting to meet all of the targets by year end.
- 3.1.2. Of the remaining 7 Healthcare Commission targets, the Trust is currently meeting 5 indicators but is not achieving Inpatient Milestone Waits and Waiting Times for Diagnostics. However, the Trust has plans to achieve these indicators by the year end.
- 3.1.3. The Trust is performing well against 5 of the internal indicators, but 3 areas require attention. These relate to deaths following selected surgical procedures, C difficile rates and patient complaints. See paragraph 6.1.1 for details.
- 3.1.4. Activity is largely performing ahead of the capacity plan except for follow up outpatient attendances (-1%), emergency inpatient spells (-3%).
- 3.1.5. SLA performance (year to date is to month 8) the Trust is £407k above plan on SLA performance monitoring. With a year end forecast of £1.3m above plan.
- 3.1.6. Efficiency and use of resources – the Trust is under-performing in a significant number of efficiency and use of resources areas. Particular attention is required on day of surgery admissions; the recording of outpatient outcomes; average non-elective inpatient length of stay; diagnoses per episode; and diagnosis coding within 7 days.
- 3.1.7. Workforce indicators appear to be on track.

4. MONITOR INDICATORS – page 5

- 4.1.1. The dashboard highlights the Trust position against the indicators Monitor will use to assign a risk rating, all other Healthcare Commission targets and internal indicators. Monitor indicators are rated either achieved or not achieved.

- 4.1.2. The Trust is forecasting to meet all of the twelve Monitor indicators. The only key risk area is Outpatient Waits, which needs to improve upon current performance, and MRSA and Cancer Waits which are only just on target but the tolerances are very low.

4.2. OUTPATIENTS WAITS

- 4.2.1. With no further breaches reported in this area the Trust's position against this indicator has improved.
- 4.2.2. Based on continuing levels of activity the Trust has a full year tolerance of 10 breaches of this standard, any further breaches would result in failure of this target.

5. OTHER HEALTHCARE COMMISSION TARGETS – page 5

- 5.1.1. The other Healthcare Commission indicators are also shown on the dashboard. There are four possible outcomes for the targets, for existing targets these are Fully Met, Almost Met, Partly Met or Not Met and for new targets they are Excellent, Good, Fair and Weak.
- 5.1.2. Of the seven remaining indicators the key risk areas are the 18 week inpatient milestone waits and waiting times for diagnostics.

5.2. INPATIENT MILESTONE WAITS

- 5.2.1. The year to date position for this indicator shows that the Trust is not on track to achieve this target. At the end of December the Trust was achieving a position of 92% of elective inpatients being treated within 20 weeks (5 months) of their decision to treat; this is against a target of the 97%.
- 5.2.2. Work is currently being undertaken to assess the Trust's capacity to achieve this target. Early indications show that overall an extra 692 patients would need to be accommodated to reach 97% - Action: Director of Operations. K&C PCT has been advised of the likely quantum of work, and although the approach has been agreed informally the Director of Finance is to write to the PCT to get formal agreement as it is a variation to the SLA – Action: Director of Finance.

5.3. DIAGNOSTIC WAITS

- 5.3.1. The Trust is currently achieving a rate of 98.4% of patients waiting less than 13 weeks. The areas with patients of greatest waits are cystoscopy and gastroscopy. However, this does not yet reflect performance against all modalities so achievement of this target is a high risk until this is scoped.
- 5.3.2. A threshold has yet to be published for this indicator. In the interim we will assume the same threshold as was applied to MRI and CT scans during 2005/06 of 99.5%, in which case the Trust's performance is slightly below the target.
- 5.3.3. Work is currently being undertaken to assess the Trust's capacity to achieve this target, firstly through identifying tests and a data collection method, from which an action will be devised to ensure the target is met – Action: Director of Finance. Within Radiology funding is being sought for extended working days within MRI from 1 day per week to 2, if successful this would enable the department to scan a further 200 patients by early into the next financial year.

6. INTERNAL INDICATORS – page 6

6.1.1. The Trust is on track to achieve all of the internal indicators with the exception of the following

- 1) Deaths following selected non-elective surgical procedures. The directorates routinely audit all deaths on a monthly basis and no untoward incidents have been identified. The target is based on the national average, and consideration will be given to producing statistical process charts for this indicator to provide additional assurance – Action: Director of Finance.
- 2) The C difficile rate (0.77) is higher than the rate last year (0.55), although there have been no outbreaks. The view of the infection control team is that because of the high variation this is not an appropriate target. Trusts are now required to agree a local target with PCTs – Action: Director of Nursing.
- 3) Patient complaints responded to within 25 days has shown a downward trend this financial year and is below the 90% target, however November figures show a considerable improvement – Action: Director of Nursing.

7. ACTIVITY SUMMARY – page 9

7.1.1. The activity summary shows the levels of activity of the Trust compared with the same period last year and also against the year to date capacity plan.

7.1.2. Both GP and Other referrals have reduced against plan over the past two months with GP referrals now standing at 9% above plan and other referrals 2% higher than plan.

7.1.3. A shift has been seen in follow up outpatient activity from 1% above plan to 1% below plan, areas under plan include A&I, HIV and GUM. The HIV reduction was expected due to the reclassification of minor procedures as day cases rather than outpatient attendances. New outpatient attendances reduced marginally to 4% above plan.

7.1.4. The over performance in elective inpatient activity continues to slow and is now 5% greater than plan compared with 10% four months ago. Overall day case spells are on track to meet the plan.

7.1.5. The underperformance in emergency spells continues to improve month on month from 14% below plan at month five to 3% below plan at month nine. Non-elective spells remain at 27% higher than plan. Of this increase the number of maternity delivery spells was 57% greater than expected in the plan. The reasons for the maternity increase can be attributed to a number of aspects;

- overall the number of deliveries have risen by c20%,
- the maternity day assessment unit has extended its opening hours,
- a number of non-delivery short stay admissions were previously omitted from the database which has now been corrected, and
- the attrition rate from referral to delivery has increased.

7.1.6. An over-performance of 2% can be seen in A&E attendances compared with the predicted activity level in the capacity plan. Adult attendances are 2% above plan and paediatric attendances are 10% lower than the plan year to date. The underperformance of paediatric attendances against plan is partly due to an assumption in the capacity plan that the year on year increase in would continue, however this increase has not been realised.

8. EFFICIENCY AND RESOURCES – page 11

- 8.1.1. The efficiency and use of resources summary shows the Trust's performance against targets that were derived from the capacity plan, Dr Foster national averages, CHKS benchmarks or the average Trust performance for the previous year.
- 8.1.2. The Trust continues to meet the overall new to follow-up rate for outpatients; however, rates for Surgery and W&C directorates are above their respective targets. The plan for each PCT has been set at specialty level. Therefore, income will be at risk if we do not achieve the individual specialty target – we will not be allowed to offset good performance in one specialty against missing the target for a different specialty.
- 8.1.3. The number of outpatient attendances with an outcome recorded continues to rise month on month to a year to date position of 80.5%. However, this is significantly below the Trust target of 100%. There is currently no action plan for this indicator.
- 8.1.4. The average non-elective length of stay (3.69 days) remains higher than the target set for the Trust (3.18 days). There is currently no action plan for this indicator.
- 8.1.5. The Trust's day case rate decreased during month nine (69.3%), however the year to date position remains at 72.4%, marginally below the target of 73%.
- 8.1.6. The percentage of elective inpatients admitted on the day of surgery continues to rise gradually and year to date stands at 65.6%.
- 8.1.7. 52% of the backlog of coding has been cleared and the overall the project is on track to be completed by the deadline in early February 2007.
- 8.1.8. The new efficiency indicator assessing coding completed within 7 days shows that currently the Trust codes 50% of notes within the timescale.
- 8.1.9. Depth of coding has improved marginally to 2.03 diagnoses per episodes however this is still some way off the benchmark of London Teaching Hospitals of 2.25.

9. SLA PERFORMANCE – page 10

- 9.1.1. The SLA performance summary shows the year-to-date income and activity performance against commissioned plans, along with a year end forecast.
- 9.1.2. The Trust's SLA income including provisions is above plan by c£400k after the first eight months of the year and the year end forecast after provisions is a surplus of c£1.3m. The areas which are in deficit include elective inpatient activity & excess bed days, A&E attendances, ward attenders, direct access, and MFF. This is also the case for year end forecast variances.
- 9.1.3. The case mix of A&E attendances is less complex than expected, resulting in income being well below the plan. A review is underway to ensure that all tests/investigations that are carried out are recorded on the Lastword system, the expectation is that this will increase the case mix complexity and result in higher income in future months.
- 9.1.4. The deficit in elective activity is seen across all PCTs, a similar picture is seen at Directorate level as the deficits are across all areas with the exception of HIV.
- 9.1.5. Overall the Trust is ahead of plan for both non-elective activity and excess bed days. Although Kensington & Chelsea and Wandsworth PCTs are behind plan. From a directorate perspective HIV, Medicine and Surgery account for this position.

- 9.1.6. Critical care for both adult & child services is significantly ahead of plan this is due to increased cot capacity (4 further cots) and an increase in local PCTs activity and fewer non contracted patients.

10. CONCLUSION

- 10.1.1. The Trust's performance improved considerably during December particularly in the areas of MRSA and Outpatient Milestone Waits. Overall the Trust is predicting a rating of green at year end against the new Monitor method of assessment and green also for both existing and new Healthcare Commission indicators.
- 10.1.2. SLA performance moved favourably to c£400k above plan at the end of month nine; full year forecast position is a surplus of c£1.3m.
- 10.1.3. Good progress has been made in reducing the backlog of clinical coding. However further work is required to meet the indicators of average diagnoses per episode, average non-elective length of stay, and seven day coding of patient notes.

Nick Cabon
Head of Performance and Information
17th January 2007

Disability Equality Scheme

2006 -2009

FINAL VERSION

This plan is available in alternative formats such as large print, electronic format (disk or emailed), audio or Braille, on request.

1. Introduction

The Disability Discrimination Act 1995 makes it unlawful to discriminate against disabled people (or people who have had a disability) in several areas, including employment, access to goods, facilities and services; education; and transport.

New provisions incorporated into the DDA 2005 include the removal of the requirements to show that a mental impairment is clinically well recognised, bringing the definition more in line with that of physical impairment. Additional changes extend the definition of disability to include HIV, multiple sclerosis and cancer at the point of diagnosis.

From 4th December 2006, the Act also introduces the duty for public authorities to actively promote equality of opportunity for disabled people.

Under the General Disability Equality Duty, NHS organisations will have to:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the Act
- Eliminate harassment of disabled people that is related to their disability
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life
- Take steps to take account of disabled people's disabilities, even where that involves treating them more favourably than other people.

Alongside the general duty outlined above, organisations will also have a specific duty to produce a Disability Equality Scheme (DES). Amongst other things, the disability equality scheme must include an action plan outlining how the organisation intends to promote disability equality and mainstream it into all of its functions and policies.

The following scheme is for Chelsea and Westminster Hospital NHS Foundation Trust as a whole, but the model could also apply at Directorate or departmental level.

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Acknowledgements

The Trust acknowledges the input received from many individuals and groups within the community, which has been invaluable in the preparation of this Disability Equality Scheme.

In particular, thanks are given to Kensington and Chelsea Advocacy Alliance, Action Disability Kensington and Chelsea, The Advocacy Project, the Chelsea and Westminster Hospital Patient and Public Forum and the Chelsea and Westminster Hospital NHS Foundation Trust Members' Council.

A special thanks is also given to the following individuals for their contributions, they are, Olivia Garton, Sue Merriman, Janette Steel, Ceri Evans and Hilary Gough.

3. Background

3.1 Chelsea and Westminster Hospital NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust (C&W) became a Foundation Trust on 1st October 2006. The Trust is a busy teaching hospital in central London, providing specialist tertiary services in a range of specialties as well as district general hospital services to the local population. The hospital is located in a busy, multicultural area of west London, serving a population of around 390,000 residents. The hospital opened on the Fulham Road in 1993, on the site of the former St Stephen's Hospital. It is a campus of the Imperial College School of Science, Technology and Medicine and also a teaching centre for Thames Valley University.

Chelsea and Westminster is both the local hospital for our cosmopolitan population and a provider of specialist services, often supported by world class academic activity. We are a centre of excellence in teaching and training and have a consistently strong performance record, against clinical, patient experience and financial indicators.

In 2005/06, we reviewed and treated 335,000 outpatients and 96,000 Accident and Emergency attenders, admitted 58,000 people to the hospital for treatment, carried out nearly 28,000 operative procedures (including private patients) and had nearly 4,300 deliveries.

Clinical services are divided into five Directorates, currently being lead by four General Managers:

- Anaesthetics and Imaging
- HIV and Sexual Health
- Medicine and Emergency Care
- Women's and Children's Services
- Surgery

In addition to these services, clinical support services include state-of-the-art pharmacy, therapies, dietetics, social services and a Children's Hospital School for children with complex needs.

The Trust is also:

- A major provider of secondary services to our local population;
- A centre of excellence for a number of specialist services, including HIV, burn care, dermatology and anaesthetics;
- A major centre for teaching, training and research;
- A high quality, modern environment for delivering healthcare, with first class clinical and diagnostic facilities;
- An integral part of the provision of acute services for West London and, in particular, a close working partner of our Fulham Road neighbours, The Royal Marsden NHS Foundation Trust and the Royal Brompton and Harefield NHS Trust; and
- An organisation dedicated to working with our primary care partners and in clinical networks to enhance the quality of care we provide.
- A provider of services via contractors including ISS Mediclean for Facilities management, and Haden Building Management for estates maintenance.

3.2 Disabled people at the Trust

The results of the staff survey for 2005 show that 4% (49 respondents) of staff declared they had a long-term illness, health problem or disability which substantially limited their daily activities or the work they could do. However, according to our workforce information only 14 employees have declared that they have a disability. The table below shows a breakdown of staff by staff group. The discrepancy highlights a need to explore how this data can be captured more effectively and frequently.

Staff Group	Band/Grade	Number of staff
Administrative & Clerical	4-5	5
Senior Manager	8-SMP	2
Allied Health Professionals	6-8	2
Registered Nursing/Midwifery	5-7	3
Medical	n/a	3

Data available from Action Disability Kensington and Chelsea shows estimates of the number of disabled people who live or work in the Borough vary greatly as there is no consensus around an exact definition of what constitutes a disabled person.

Noting these problems of definition, Royal Borough of Kensington and Chelsea's 'Strategy for Service Provision to Adults with a Physical and/or Sensory Disability 2002-2005' drew on a number of other surveys to reach a very approximate figure of between 5,000 and 21,000 disabled people aged 18-64 living in Kensington & Chelsea.

The 2001 census reported a total population for the North West London Health Authority area of 1.85 million. The population has increased by 11% in the last ten years, making it one of the fastest growing in England.

The areas principally served by the Trust are Westminster, Kensington and Chelsea, Hammersmith and Fulham and Wandsworth Primary Care Trusts (PCTs). Key statistics relating to these four boroughs from the 2001 census are summarised below:

	K&C	H&F	Westminster	Wandsworth	England and Wales average
Population	158919	165242	181286	260380	
Population over 75	9256	8224	10335	13259	
Population change ('91 to '01)	10.6%	7.4%	-2.0%	-0.6%	2.5%
Single person households	48.6%	40.3%	49.3%	36.6%	30%
Lone parent households	4.5%	6.5%	4.7%	6.1%	6.5%
Non white ethnic group	21.4%	22.2%	26.8%	22.0%	8.7%
People born outside the UK	44.5%	33.6%	44.2%	27.0%	8.9%
People with a limiting long term illness	13.6%	14.7%	14.8%	13.4%	18.2%
People with general health 'not good'	7.5%	8.2%	8.6%	7.2%	9.2%
People aged 16-74 unemployed	4.7%	5.0%	4.4%	3.8%	3.4%
People aged 16-74 with 5 GCSEs grade A-C	63.5%	58.4%	61.9%	59.4%	Lower
Households lacking amenities	1.8%	1.0%	1.1%	0.8%	0.5%

3.3 Planning for better access

It is a requirement of the Disability Discrimination Act (1995) that all public sector service providers develop and implement a Disability Equality Scheme (DES) that outlines the ways in which they will ensure that disabled people have equal access to their facilities and services. This must be complete and published **by 4th December 2006**.

3.4 Progress since 2004

The Trust is committed to facilitating the inclusion of disabled people through the improvement of access to its facilities and services. Towards this goal the Trust adopted its first Equality and Diversity Action Plan (EDAP) in 2004 to address barriers for disabled people. The Plan addressed our statutory requirements under the Disability Discrimination Act (1995) and has undergone two internal reviews since 2004.

Since the adoption of the initial Plan, the Trust has implemented many initiatives and made significant progress towards better access. Some of these are highlighted in Appendix 1, where actions have specifically targeted issues relating to disability.

4. Disability Equality Policy Statement

The Trust is committed to ensuring that the Hospital is an accessible and inclusive place for disabled people, their families and carers.

The Trust interprets an accessible and inclusive community as one in which people with a disability can access and are welcomed and supported to participate in all Trust functions, facilities and services (both in-house and contracted) in the same manner and with the same rights and responsibilities as other members of the community.

The Trust recognises that disabled people are valued members of the community who make a variety of contributions to local social, economic and cultural life. The Trust believes that a Hospital that recognises its diversity and supports the participation and inclusion of all of its members makes for a richer community life.

The Trust is committed to consulting with disabled people, their families and carers and, where appropriate, disability organisations to ensure that barriers to access and inclusion are addressed appropriately.

The Trust is committed to working in partnership with local community groups and businesses to facilitate the inclusion of disabled people through improved access to information, services and facilities in the community.

The Trust is committed to ensuring that its agents and contractors work towards the desired outcomes in the Disability Equality Scheme (DES).

The Trust is committed to achieving the seven desired outcomes of its Disability Equality Scheme. These are:

1. Disabled people have the same opportunities as other people to access the services of, and any events organised by, Chelsea and Westminster Hospital NHS Foundation Trust.
2. Disabled people have the same opportunities as other people to gain employment and promotion at Chelsea and Westminster Hospital NHS Foundation Trust.
3. Disabled people have the same opportunities as other people to access the buildings and other facilities of the Trust.
4. Disabled people receive information from the Trust in a format that will enable them to access the information as readily as other people are able to access it.

5. Disabled people receive the same level and quality of service from the staff of the Trust as other people receive.
6. Disabled people have the same opportunities as other people to make complaints to Trust and that staff with disabilities have the same opportunities to raise a grievance.
7. Disabled people have the same opportunities as other people to participate in public consultation by the Trust.

5. Development of the Disability Equality Scheme

5.1 Responsibility for the planning process

A small Disability Equality Scheme (DES) Action Group was established to oversee the development of the DES, comprising two Directors and five Trust employees. Following ratification on of the Disability Equality Scheme at the Foundation Trust Board in December 2006 Action Group will become an overarching Disability Group. Membership will be extended to ensure the Group is representative of all stakeholders and has the requisite skills and knowledge to effectively oversee the development, implementation, review and evaluation of the plan.

5.2 Community consultation process

In 2006, the Trust developed a draft DES, building on national and local good practice and informed by existing knowledge of barriers and potential solutions for staff, patients and the public to access information, services and facilities at the Trust identified as part of the Trust's Equality and Diversity work. We undertook to review our DES proposals in consultation with key stakeholders and produce a revised DES as a result. We also undertook to maintain active consultation beyond the 4th December to ensure that the Action Plan is subject to regular review and update.

The process included:

- examination of the draft DES and review of progress to date against the Equality and Diversity Action Plan to see what has been achieved and what still needs work;
- examination of other Trust policies and strategies;
- investigation of contemporary trends and good practice in access and inclusion;
- consultation with key staff; and
- consultation with the community.

Specifically, we undertook the following actions:

- **Staff consultation:** We published the draft DES on the internal intranet and invited all staff to comment and offer suggestions, by e-mail, phone or face to face meetings.
- **Staff engagement forum:** In November 2006 a meeting was held with Directors and employees to discuss the barriers that disabled people experienced in accessing information, services and facilities of the Trust, and the strategies that could address these.
- **Consultation with Members Council:** The draft DES Action Plan was presented at the first meeting of the Members Council and Members were invited to provide feedback by e-mail, phone or face to face meetings.
- **Consultation with PPI Forum:** The draft DES Action Plan was sent to members of the PPI forum for review and feedback.
- **Consultation with community groups:** The draft DES Action Plan was sent to a number of community groups for review and feedback including the Kensington and Chelsea Advocacy Alliance, Action Disability Kensington and Chelsea and The Advocacy Project Kensington and Chelsea. The Trusts' Engagement and Partnership Co-ordinator remains in active liaison with these groups.
- **Collaboration with the PCT and Council:** The draft DES was discussed with the host PCT and local Council. The Trusts' Engagement and Partnership Co-ordinator remains in active liaison with both organisations.
- **Personal Contacts:** Individual Directors and Trust employees made contact with a number of disabled people whom they knew through their work in the Trust and the local community to discuss the barriers they experience in accessing services and activities.
- **Developed a questionnaire:** A questionnaire was made available at the Trust's reception areas and on the Trust's website. Patients and visitors were asked to identify any problems they had using services, accessing information, contributing to decision-making processes, making complaints, physically accessing Hospital facilities, and generally getting around and being included.

We are committed to maintaining active consultation on the DES and intend to undertake the following actions over the coming weeks and months:

- **Maintain active engagement with community groups and public sector partners:** This will include attending meetings with individuals and groups to identify further barriers to obtaining information, services and facilities at the Trust.
- **Engage staff:** A series of staff forums will be arranged to engage staff in identify strategies that would help staff in overcoming barriers and

5.3 Findings of the consultation

The preliminary review and consultation noted a great deal of achievement in improving access it also identified a range of barriers that require redress, which had not been fully reflected in the original draft. These access barriers included:

- Trust policy to guide and inform access and inclusion activities may not fully reflect contemporary values and practice.
- Events may not always be held in a manner and location that best facilitates the participation of disabled people.
- Elements of the Trust's website may require improvement to best meet the needs of disabled people.
- Disabled people may not be aware of consultation opportunities with the Trust.
- Staff may not have the knowledge, skills or confidence to provide the most appropriate service to disabled people.
- Staff may not all be comfortable declaring their disabilities, so are not accessing the support available to them.
- Communication with staff is not routinely offered in different formats, which may make it more difficult for staff with disabilities to be fully involved in the life of the organisation.

The identification of these barriers informed the development of strategies and plans in the revised DES.

The consultation also identified a variety of actions to address barriers in addition to those reflected in the initial trust action plan. These were incorporated into the revised DES accordingly and included;

- Establish a disability network for the Trust
- Organise a disability awareness event aimed primarily at staff, to raise awareness of legal and practical requirements
- Consider using volunteers to meet and greet hospital visitors and patients to ensure their specific needs are met
- Consult disabled staff on the accessibility of routine Trust communication and how this could be improved
- Review the equality and diversity induction presentation to ensure it promotes a positively diverse organisational culture
- Review the provision of specialist training for staff to help them communicate with colleagues, patients and visitors with disabilities.

The consultation also highlighted that the Health Advisors team at the West London Centre for Sexual Health are looking at improving clinic access for patients with learning difficulties. This work has been done with the Hammersmith and Fulham Learning Disability team and the aim is to develop a dedicated service for users with learning disabilities. Learning from this experience will be incorporated into future iterations of the action plan.

The staff disability questionnaire was circulated across the Trust in January 2007. Analysis of the questionnaires showed that the most important issues to staff were communication, facilities, consultation, work placements, physical environment, staff training and monitoring policies and services.

5.4 Responsibility for implementing the DES

It is a requirement of the Disability Discrimination Act that a public authority must take all practical measures to ensure that the DES is implemented by its officers, employees, agents and contractors.

The Trust's Disability Action Group (reporting to the Equality and Disability Steering Group, chaired by the Deputy Chief Executive) will take responsibility for implementation of the DES. The Action Plan sets out who is responsible for each action and their work will be coordinated, supported and monitored by the Disability Action Group.

5.5 Communicating the plan to staff and disabled people

The DES will be published on the Trust website as soon as it has been ratified by the Trust Board.

Copies of the DES will be sent to all those who contributed to the consultation.

Staff, patients and our community will be advised through the local media, Trust News and other internal communications routes that the plan is available on the website and that copies are available in alternative formats if required, including standard and large print hard copy, electronic format, audio format on cassette or CD and in Braille.

As plans are amended, staff, patients and our community will be advised of the availability of updated plans, using the same methods.

5.6 Monitoring, review and evaluation mechanisms

The Disability Discrimination Act sets out the minimum review requirements for public authorities in relation to DESs. A public authority must, within three years of the Scheme being published, take the steps set out in its action plan (unless it is unreasonable or impracticable for it to do so) and put into effect the arrangements for gathering and making use of information.

A public authority must publish a report containing a summary of the steps taken under the action plan, the results of its information gathering and the use to which it has put the information. In order to meet these requirements, we intend to do the following:

- The Disability Action Group will meet at least every quarter in the first year, and as required thereafter, to review progress on the implementation of the strategies identified in the DES. This group will report to the Equality and Diversity Steering Group, which reports through the General Matters Executive Group to the Board.
- The review of the Trust's DES will be included in the DES 2009-2012. The report will outline what has been achieved under the Trust's DES 2006-2009.
- The Disability Action Group will prepare a report each year on the implementation of the DES, which will be presented to the Trust Board.

In addition:

- Once a year, prior to 31 October, the Trust will update the Member's Council on the implementation of the DES and seek feedback on the effectiveness of strategies. This will inform the further development of the plan.
- In seeking feedback the Disability Action Group will engage staff, patients and community groups. As part of the process, the group will seek to identify additional barriers that were not identified in the initial consultation.
- The Disability Action Group will use some of the consultation processes used during the initial consultations including: questionnaires, meetings with disabled people and disability organisation phone-ins.
- Trust Directors and employees will also be requested to provide feedback on how well they believe the strategies are working and to make suggestions for improvement.
- Implementation Plans will be amended based on the feedback received and copies of the amended DES, once endorsed by Board, will be available to staff and the community in alternative formats.

5.7 Reporting on the DES

The Disability Discrimination Act sets out the minimum reporting requirements for public authorities in relation to DESs.

The Trust will report on the implementation of its DES through its Annual Report and provide a report for the Disability Rights Commission by 31 October each year.

6. Strategies Towards Disability Equality

As a result of the consultation process the following overarching strategies to improve access to Trust services, buildings and information from 2006-2009 have been identified. They have driven the identification of specific tasks, as reflected in the Action Plan (Appendix 2). The seven desired outcomes provide a framework for improving access and inclusion for disabled people at the Trust.

Outcome 1: Disabled people have the same opportunities as other people to access the services of, and any events organised by, Chelsea and Westminster Hospital NHS Foundation Trust.

	Strategy	Timeline
1a	Establish a Disability Equality Action group to guide the implementation of Disability Equality Scheme (DES) activities.	December 2006
1b	Ensure that disabled people are provided with an opportunity to comment on access to services.	June 2007
1c	Monitor the Trust's DES to ensure it supports equitable access to services by disabled people throughout the various functions of the Trust.	December 2007
1d	Develop links between the DES and other Trust plans and strategies.	June 2008
1e	Ensure that events are organised so that they are accessible to disabled people; specifically including people with learning disabilities	June 2007
1f	Ensure that Trust staff and agents and contractors are aware of the relevant requirements of the Disability Discrimination Act.	June 2008

Outcome 2: Disabled people have the same opportunities as other people to gain employment and promotion at Chelsea and Westminster Hospital NHS Foundation Trust.

	Strategy	Timeline
2a	Ensure that recruitment policies and practices take account of the specific needs of disabled people.	December 2006
2b	Ensure that reasonable adjustments are made to ensure disabled staff are not substantially disadvantaged.	December 2006

Outcome 3: Disabled people have the same opportunities as other people to access the buildings and other facilities of the Trust.

	Strategy	Timeline
3a	Ensure that all buildings and facilities are physically accessible to disabled people.	June 2007
3b	Ensure that all new or redevelopment works provide access to disabled people, where practicable.	June 2007
3c	Ensure that all premises and other infrastructure related to transport facilities are accessible.	June 2007
3d	Ensure that parking facilities meet the needs of disabled people in terms of quantity and location.	June 2007
3e	Ensure that public toilets meet accessibility standards.	June 2007

Outcome 4: Disabled people receive information from the Trust in a format that will enable them to access the information as readily as other people are able to access it.

	Strategy	Timeline
4a	Improve community awareness that Trust information is available in alternative formats upon request.	January 2007
4b	Improve staff awareness of accessible information needs and how to obtain information in other formats.	June 2007
4c	Investigate and facilitate the use of interpreters to improve the availability of Trust meetings to people with a hearing impairment.	June 2008
4d	Ensure that the Trust's website meets contemporary good practice.	June 2007
4e	Provide documentation regarding services, facilities and customer feedback in an appropriate format using clear and concise language.	December 2007

Outcome 5: Disabled people receive the same level and quality of service from the staff of the Trust as other people receive.

	Strategy	Timeline
5a	Improve staff awareness of disability and access issues and improve skills to provide a good service to disabled people.	June 2008
5b	Improve the awareness of new employees and new Members about disability and access issues.	June 2008
5c	Further generate and sustain staff awareness of disability and access issues.	June 2008
5d	Carry out impact assessments on all existing and new Trust policies and procedures that are relevant to disabled people to ensure that they do not disadvantage disabled people.	June 2008

Outcome 6: Disabled people have the same opportunities as other people to make complaints to Trust and that staff with disabilities have the same opportunities to raise a grievance.

	Strategy	Timeline
6a	Seek views on what information should be available in what formats to meet the needs of disabled staff and patients	January 2007
6a	Ensure that current grievance/complaints mechanisms are accessible for disabled people.	June 2007
6b	Improve staff knowledge so they can receive complaints from disabled people.	June 2008
6c	Ensure that grievance/complaints mechanism processes and comment cards are available in formats to meet the needs of disabled people.	August 2008

Outcome 7: Disabled people have the same opportunities as other people to participate in public consultation by the Trust.

	Strategy	Timeline
7a	Improve community awareness about consultation processes in place.	June 2007
7b	Commit to ongoing monitoring of the DES to ensure implementation and satisfactory outcomes.	December 2007
7c	Improve access for disabled people to the established consultative processes of the trust.	December 2007
7d	Seek a broad range of views on disability and access issues from the local community.	April 2007

Appendix 1 – Progress to Date

Progress against the Equality and Diversity Action Plan

Some of the areas of progress that are specifically related to disability are highlighted below. The strategies from the Disability Equality Scheme have been used as headings to demonstrate how the DES builds on progress that has been achieved to date.

1. Disabled people have the same opportunities as other people to access the services of, and any events organised by, Chelsea and Westminster Hospital NHS Foundation Trust.

- The Trust established a Disability Equality Scheme Action Group to oversee the development of the DES and engage staff, patients and community groups in this process.

2. Disabled people have the same opportunities as other people to gain employment and promotion at Chelsea and Westminster Hospital NHS Foundation Trust.

- The Trust's Recruitment and Selection course has been revised to incorporate the commitment under the 2 ticks symbol which was awarded in 2001
- Equality and Diversity employment statistics are monitored and reported to the Trust Board
- The Disability Advisor (based at Fulham Job Centre) is sent copies of the Trust's vacancy bulletin on a weekly basis
- The E-recruitment Working Group are currently looking at how we can provide e-recruitment application forms in a different format
- The Trust has advertised in disability publications such as Radar
- The Trust Occupational Health Department advises on adjustments that can be made to support staff with a disability.

- The Trust has a free, confidential counseling service available for all staff and can arrange rapid access to mental health professionals if required.

3. Disabled people have the same opportunities as other people to access the buildings and other facilities of the Trust.

- Improved access to the buildings, including a ramp, accessible toilets, improved signage, defining of front steps, improved lighting, lower front counter and relocation of easy access parking bays.
- A ramp was installed to enable wheelchair access to St Stephen's Centre
- Automatic doors were fitted to the main hospital Front door and St Stephen's Centre
- Many public toilets within the Trust are now accessible to wheelchair users.
- An audit of footpaths and walkways was conducted, which informed the Trust's estates improvement work.
- Signage was updated to comply with the NHS Way Finding Policy which ensures DDA compliance
- More disabled access bathrooms are available on wards.
- The Lifts were fitted with Braille buttons, the buttons have been lowered to wheelchair height and the lifts also give audio information about floor and opening and closing
- A defined list of colour schemes and finishes was agreed for future refurbishments to ensure DDA compliance
- All new non-slip floors meet DDA Requirements
- The programme of chair replacement agreed at PEAT ensured all chairs in waiting areas are DDA Compliant
- The Trust tendered for and ensured its new provider of patient transport was DDA compliant including offering wheelchair accessible vehicles.

4. Disabled people receive information from the Trust in a format that will enable them to access the information as readily as other people are able to access it.

- Information is made available in alternative formats on request.
- Hearing loops were installed in each reception area in the hospital.

5. Disabled people receive the same level and quality of service from the staff of the Trust as other people receive.

- a. An innovative approach was taken in summer 2004 where the top 200 “influencers and opinion formers” in the Trust were identified and put through mandatory Equality and Diversity workshops, developed and delivered in partnership with the Metropolitan Police Service. Further roll-out of role-specific E&D training was then begun.
- b. The Board attended an E&D away day in Spring 2005, identifying key actions which informed the development of the DES.

6. Disabled people have the same opportunities as other people to make complaints to Trust and that staff with disabilities have the same opportunities to raise a grievance.

- Complaints and comments cards are available in alternative formats on request.
- There is a hearing loop fitted at the PALS reception desk.
- Interpreters are available to assist patients in meetings, including complaint meetings, with Trust staff if required.

7. Disabled people have the same opportunities as other people to participate in public consultation by the Trust.

- Foundation Trust voting was conducted to allow access to disabled people e.g. Braille forms.

Appendix 2 – Action Plan

Action Plan

The Implementation Plan itemises what the Trust will do in 2007 to improve access to its services, information and facilities for disabled people.

The Implementation Plan is presented using a table to outline:

- individual tasks being undertaken;
- a timeline for completion of the individual tasks;
- the managerial position or section of the Trust with responsibility for completing the individual tasks; and
- the broad strategy that the individual tasks are supporting.

As outlined in the Trust's DES, many of the broad strategies will not be completed in 2007; however individual tasks to support the achievement of those strategies may well be undertaken in part or whole in 2007 through the Implementation Plan.

Broad strategies that will not be achieved in 2007 will be supported by tasks outlined in future Implementation Plans.

	Strategy	Task	Task Timeline	Responsibility
1a	Establish a Disability Action Group to guide the implementation of DES activities.	<ul style="list-style-type: none"> • Head of Equality and Diversity (to be appointed) to draft a proposal (including terms of reference, meeting schedule, membership) for the establishment of a Disability Action Group. • Publicise the Disability Action Group and call for members to participate. 	December 2006	Head of Equality and Diversity
1b	Ensure that disabled people are provided with an opportunity to comment on access to services.	<ul style="list-style-type: none"> • Head of Equality and Diversity to develop a strategy for ongoing engagement with disabled staff, patients and voluntary sector groups. • Establish a disability network for the Trust • Use articles in Trust News, staff forums, questionnaires and other communication routes to promote disability awareness and encourage disabled staff to contribute their ideas and experiences. Tie this in with the Disability Awareness event (see 1f) • Develop a range of mechanisms for staff to contribute ideas • Disability Action Group to develop a mechanism for gathering ongoing feedback on services from disabled people (providing disabled people with specific assistance if necessary e.g. use easy words and pictures for people with learning disabilities) • Evaluators to include a mechanism to assist disabled people to comment on services in future reviews of services. 	<p>April 2007</p> <p>April 2007</p> <p>April 2007</p> <p>April 2007</p> <p>June 2007 and ongoing</p>	<p>Head of Equality and Diversity</p> <p>Head of E&D</p> <p>Head of E&D & Head of Comms</p> <p>As above</p> <p>Head of E&D</p> <p>Head of E&D</p>
1c	Monitor the Trust's DES to ensure it supports equitable access to services by disabled people throughout the various functions of the Trust.	<ul style="list-style-type: none"> • Use data, including feedback from staff, patients and the public to monitor the implementation of the action plan and impact of actions taken. • Publish findings and develop the DES in response. 	Dec 2007	Disability Action Group

	Strategy	Task	Task Timeline	Responsibility
1d	Develop links between the DES and other Trust plans and strategies.	<ul style="list-style-type: none"> Identify appropriate strategic business planning documents, budget processes and all other relevant plans and strategies requiring alignment with the DES. Incorporate the objectives of the DES into Trust's strategic business planning, budgeting processes and all other relevant plans and strategies (for completion by June 2008). 	June 2008	Head of Equality and Diversity Director of Strategy & Planning
1e	Ensure that events are organised so that they are accessible to disabled people, specifically including people with learning disabilities	<ul style="list-style-type: none"> Ensure all events are planned using an Accessible Events checklist. Make an Accessible Events checklist available to staff on the Trust's Intranet. 	June 2007	Event organiser with support from Head of E&D
1f	Ensure that Trust staff and agents and contractors are aware of the relevant requirements of the DDA	<ul style="list-style-type: none"> Organise a disability awareness event aimed primarily at staff, to raise awareness of DDA definitions and requirements, to launch the DES and to promote the support available to disabled staff Promote the Trust's policy and procedures regarding the Disability Discrimination Act's requirements around agents and contractors through Trust News and the induction process for new employees. 	May 2007 June 2007	Head of E&D GM for Estates and Facilities/Director of Procurement

	Strategy	Task	Task Timeline	Responsibility
2a	Ensure that recruitment policies and practices take account of the specific needs of disabled people.	<ul style="list-style-type: none"> • Audit recruitment policies and practices to ensure they take account of the specific needs of disabled people. • Canvas views from disabled people applying for jobs to ensure the process did not disadvantage them. • Review data on the number of disabled applicants vs. successful appointments and consider what more (if anything) needs to be done to increase the percentage of disabled people successfully gaining employment/promotion. 	December 2006 May 2007 May 2007	HR Director
2b	Ensure that reasonable adjustments are made to ensure disabled staff are not substantially disadvantaged.	<ul style="list-style-type: none"> • Consult disabled staff and occupational health to confirm whether reasonable adjustments are being made. 	December 2006	HR Director

	Strategy	Task	Task Timeline	Responsibility
3a	Ensure that all buildings and facilities are accessible to disabled people.	<ul style="list-style-type: none"> • Audit and identify access barriers to buildings and facilities using ADKC. • Identify access complaints to support audit results. • Prioritise and begin work on rectifying identified barriers, including signage. • Consider using volunteers to meet and greet hospital visitors and patients to ensure that their specific needs are catered for. • Audit the availability of audio loops at outpatient reception desks and wards. • Explore the possibility of purchasing additional fixed/mobile audio hearing loops as required. 	<p>April 2007</p> <p>May 2007</p> <p>June 2007</p> <p>June 2007</p> <p>June 2007</p> <p>June 2007</p>	GM for Estates and Facilities
3b	Ensure that all new or redevelopment works provide access to disabled people.	<ul style="list-style-type: none"> • Implement procedures to enable the Disability Action Group to review proposals for redevelopment and new work projects. • Ensure key employees maintain an awareness of the development of the DDA provisions for access goods and services (include appropriate specifications in tender documents). 	June 2007	GM for Estates and Facilities
3c	Ensure that all premises and other infrastructure related to transport facilities are accessible.	<ul style="list-style-type: none"> • Audit all transport infrastructures against the DDA Transport Standards. • Liaise with the relevant Local Authority to ensure co-ordinated planning of remedial works. • Prioritise and make submission to Council to commence work on rectifying identified barriers. 	<p>April 2007</p> <p>May 2007</p> <p>June 2007</p>	GM for Estates and Facilities
3d	Ensure that parking facilities meet the needs of disabled people in terms of quantity and location.	<ul style="list-style-type: none"> • Undertake an audit of accessible parking bays and implement a program to rectify any non compliance. • Undertake to provide additional bays at some locations if required. 	<p>January 2007</p> <p>June 2007</p>	GM for Estates and Facilities
3e	Ensure that public toilets meet accessibility standards.	<ul style="list-style-type: none"> • Conduct audit of all public toilets, including requirements for changing beds and hoists for people who need assistance. • Implement a program of upgrading to ensure there is a unisex accessible facility at each location. 	<p>April 2007</p> <p>June 2007</p>	GM for Estates and Facilities

	Strategy	Task	Task Timeline	Responsibility
4a	Improve staff awareness of accessible information needs and how to obtain information in other formats	<ul style="list-style-type: none"> • Develop an Accessible Information policy. • Make the DRC Access Guidelines for Information, Services and Facilities available on the intranet. • Conduct Accessible Information training and include as part of the induction of new employees. 	June 2007 June 2007 Dec 2007	Head of Communications Head of Equality & Diversity
4b	Improve community awareness that information is available in alternative formats upon request.	<ul style="list-style-type: none"> • Ensure all documents carry a notation regarding availability in alternative formats. • Advise the community via the local media and disability group newsletters that other formats are available. 	Dec 2007 Dec 2007	Head of Comms Head of Comms
4c	Investigate and facilitate the use of interpreters / hearing loops to improve the availability of Trust meetings to people with a hearing impairment.	<ul style="list-style-type: none"> • Investigate the requirement for interpreters / hearing loops for Trust meetings • Arrange for access to interpreters / fitting of hearing loops as required. 	Dec 2007 June 2008	Head of Equality and Diversity
4d	Ensure that the Trust's website meets contemporary good practice.	<ul style="list-style-type: none"> • Update/upgrade website according to the DRC Accessibility guidelines. • Ensure that forms and applications are available electronically. 	June 2007 October 2007	Head of Comms
4e	Provide documentation regarding services, facilities and customer feedback in an appropriate format using clear and concise language, or easy words and pictures	<ul style="list-style-type: none"> • Advise employees of the minimum requirements. • Develop an audit plan (to guide an audit to be undertaken in December 2007), to identify information for disabled people who use and/or work in the Trust. • Adopt Disability Rights Commission Guidelines for Information, Services and Facilities, and incorporate into general practice. 	Dec 2006 May 2007 Dec 2007	Head of Equality & Diversity via Disability Action group
4f	Review the accessibility of routine Trust communication for staff with disabilities	<ul style="list-style-type: none"> • Consult disabled staff on the accessibility of routine Trust communication and what could improve it. 	Dec 2007	Head of Equality & Diversity Head of Comms

	Strategy	Task	Task Timeline	Responsibility
5a	Improve staff awareness of disability and access issues and improve skills to provide a good service to disabled people.	<ul style="list-style-type: none"> • Review the information provided on Equality and Diversity at staff induction to ensure it promotes a positively diverse culture. • Conduct a survey of all employees to determine training needs. • Explore providing training on Deaf Awareness, Makaton sign language and the use of BSL Interpreters. 	Dec 2007	Head of Equality & Diversity HR Director
5b	Improve the awareness of new employees and new Members about disability and access issues.	<ul style="list-style-type: none"> • Prepare information and training as part of the induction of new employees and Members 	June 2008	HR Director
5c	Further generate and sustain staff awareness of disability and access issues.	<ul style="list-style-type: none"> • Provide regular information on access and inclusion in Trust News. • Develop and implement a employee recognition program for good practice in access and inclusion 	Dec 2006 June 2007	Head of Communications HR Director
5d	Carry out impact assessments on all existing and new Trust policies and procedures that are relevant to disabled people to ensure that they do not disadvantage disabled people.	<ul style="list-style-type: none"> • Begin the process of reviewing policies and procedures by carrying out an impact assessment on the Managing Sickness policy, the Code of Practice relating to employment of disabled people, the Sub-standard Work Performance policy and the Disciplinary Policy. • Identify and review all policies and procedures that are relevant to disabled people and undertake an impact assessment. • Ensure an impact assessment is carried out on all new policies and procedures that are relevant to disabled people as part of the development process. 	June 2007 June 2008 Feb 2007	Head of Equality & Diversity Relevant Directors Deputy CEO

	Strategy	Task	Task Timeline	Responsibility
6a	Seek views on what information should be available in what formats to meet the needs of disabled staff and patients	<ul style="list-style-type: none"> • Benchmark against other Trusts. • Consult groups representing people with learning disabilities, mental health problems who are blind or visually impaired, deaf or hard of hearing & mobility impaired. • Consult staff with disabilities 	Dec 2007	Head of E&D and Head of Comms
6b	Ensure that current grievance/complaints mechanisms are accessible for disabled people.	<ul style="list-style-type: none"> • Review current mechanisms for making grievances / complaints. Consult with disabled people and other expert advice. • Consider other methods of making complaints such as web-based forms. • Promote accessible complaints mechanisms to staff and the public. 	June 2007	HR Director & Patient Affairs Manager
6c	Improve staff knowledge so they can receive feedback from people with a disability.	<ul style="list-style-type: none"> • Review training needs of staff and roll out training. • Undertake research to identify alternative means of providing grievance feedback (for full implementation by June 2008). 	June 2008	HR Director
6d	Ensure that grievance/complaints mechanism processes and comment cards are available in formats to meet the needs of disabled people.	<ul style="list-style-type: none"> • Provide grievance and complaints mechanism process and comment cards in alternative formats upon request. • Incorporate good practice in handling complaints from disabled people into induction and disability awareness training. 	Dec 2007 August 2008	HR Director & Patient Affairs Manager HR Director

	Strategy	Task	Task Timeline	Responsibility
7a	Improve community awareness about consultation processes in place.	<ul style="list-style-type: none"> • Promote the existence, role and activities of the Trust's Disability Action group. • Disability Action Group to meet regularly (as per proposal in action 1) to provide strategic advice and direction. • Ensure Disability Equality Scheme is discussed at the Members' Council 	<p>April 2007</p> <p>April 2007</p> <p>Dec 2007</p>	<p>Head of Comms</p> <p>Head of E&D</p> <p>Deputy CEO</p>
7b	Commit to ongoing monitoring of the DES to ensure implementation and satisfactory outcomes.	<ul style="list-style-type: none"> • Disability Action Group to regularly monitor the implementation and impact of the DES. • Consult disabled people in a range of different consultation mediums, eg focus group, interviews, surveys as part of this process • Develop a register of experienced persons to provide comment on access and inclusion issues on request, who may not be members of the Disability Action Group. 	December 2007	Disability Action Group
7c	Improve access for disabled people to the established consultative processes of the trust.	<ul style="list-style-type: none"> • Ensure agendas, minutes and other documents are available on request in alternative formats and are published on the Trust's website. • Investigate options for presenting questions at Trust meetings in alternative formats. 	<p>December 2007</p> <p>June 2007</p>	Lead Manager (support from Head of Eq & Div)
7d	Seek a broad range of views on disability and access issues from the local community.	<ul style="list-style-type: none"> • Include appropriate questions about access and inclusion in general surveys and consultation events. • Disability Action Group activity to seek the views of disabled people on a wide range of issues in a timely manner. 	<p>Dec 07</p> <p>April 07</p>	<p>Head of Communication</p> <p>Disability Action Group</p>