

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.1/Jul/2011
<b>PAPER</b>	Findings and Recommendations from the 2010/11 NHS Quality Report
<b>AUTHOR</b>	Deloitte
<b>LEAD</b>	Cathy Mooney, Director of Governance and Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	<p>The attached paper outlines the external assurance review of the 2010/11 Quality Report. This includes the content of the Quality Report to test that it complies with Monitor's published guidance and to ensure that it is not inconsistent with other specified information. It also includes testing two performance indicators, one mandated by Monitor and the locally agreed performance indicator chosen by the Council of Governors.</p> <p>Governors should note that the Quality Account and Quality Report are essentially the same document. Monitor require that it is called the Quality Report when it is published within the Annual Report and the Department of Health require it to be called the Quality account when published on NHS Choices.</p>
<b>DECISION/ ACTION</b>	<p>For information.</p> <p>Progress against the recommendations will be monitored by the Trust through the Information Governance Committee and reported to the Audit Committee.</p>

Council of Governors Meeting  
Hospital Boardroom  
**Chair:** Prof. Sir Christopher Edwards  
**Date:** 14 July 2011  
**Time:** 4pm

		Lead	
<b>1</b>	<b>GENERAL BUSINESS</b>		
1.1	Welcome & Apologies	CE	4.00
1.2	Declaration of Interests	CE	4.05
1.3	Minutes of Previous Meeting held on 5 May 2011	CE	4.10
1.4	Matters Arising	CE	4.15
1.4.1	Westfield Community Road show Project	MAk	
1.5	Chairman's Report (oral)	CE	4.20
1.6	BBC3 junior doctors documentary presentation	MAk	4.25
<b>2</b>	<b>ITEMS FOR DISCUSSION/DECISION/APPROVAL</b>		
	<b>GOVERNANCE</b>		
2.1	Findings and Recommendations from the 2010/11 NHS Quality Report	HB	4.35
2.2	Presentation of Annual Accounts & Auditors Report 2010/2011	HB	4.40
2.3	Auditors' Report on the Annual Accounts 2010/2011	HB	4.45
2.4	Audit Committee Annual Report	AH	4.50
2.5	Council of Governors Quality Sub-Committee Terms of Reference*	CM	4.55
2.6	Name badges (oral)	ML	4.55
2.7	Governors' generic email account proposal (oral)	ML	5.00
2.8	Chair Appraisal Process	CW/BG	5.05
2.9	Annual Members' Meeting Proposal	MAk	5.10
	<b>QUALITY</b>		
2.10	Quality Award	CM	5.15
	<b>COUNCIL OF GOVERNORS</b>		
2.11	Council of Governors' Funding Report	ML	5.20
2.12	Governors' Questions (oral)	HL	5.30
2.13	The Friends Patient Support Project	SSG	5.40

2.14	Governor/Senior Nurse Patient Rounds Update	JT	5.45
<b>MEMBERSHIP</b>			
2.15	Membership Development and Engagement Strategy 2011-12	SN	5.50
2.15.1	Membership & Engagement Calendar of Events	SN	5.55
2.16	Membership Report	SN	6.00
2.17	Membership Sub-Committee meeting draft minutes of 25 May 2011*	ML	6.10
2.18	Open Day Evaluation Report	RMc	6.10
<b>3</b>	<b>ITEMS FOR INFORMATION</b>		
3.1	Finance Report - May 2011	LB	
3.2	Performance Report - May 2011	AP	
3.3	Annual Report of the Voluntary Services & Work Experience Department	CMC	
<b>4.</b>	<b>ANY OTHER BUSINESS</b>		<b>6.15</b>
<b>5.</b>	<b>DATE OF NEXT MEETING 15 SEPTEMBER 2011 3.00pm ((PLUS ANNUAL MEMBERS MEETING AT 5.30pm)</b>		<b>6.15</b>

HB: Heather Bygraves Deloittes

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	1.3/July/11
<b>PAPER</b>	Draft Minutes of Council of Governors Meeting – 5 May 2011
<b>AUTHOR</b>	Liz Revell, Interim Foundation Trust Secretary
<b>LEAD</b>	Prof. Sir Christopher Edwards, Chairman
<b>EXECUTIVE SUMMARY</b>	This paper outlines a record of proceedings at the previous meeting.
<b>DECISION/ ACTION</b>	<ol style="list-style-type: none"><li>1. To agree the minutes as a correct record.</li><li>2. The Chairman to sign the minutes.</li></ol>

## Council of Governors Meeting Minutes, 5 May 2010

Prof. Sir Christopher	Edwards	Chairman		CE
Eddie	Adams	Public	Kensington and Chelsea 1	EA
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith & Fulham 2	CBI
Nicky	Browne	Appointment	The Royal Marsden NHS Foundation Trust	NB
Alan	Cleary	Patient		AC
Edward	Coolen	Patient		EC
Samantha	Culhane	Public	Hammersmith & Fulham 1	SC
Rosie	Glazebrook	Appointed	NHS Hammersmith & Fulham	RG
Jenny	Higham	Appointed	Imperial Healthcare Trust	JH
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Catherine	Longworth			CL
Charlotte	MacKenzie Crooks	Staff	Support, Administrative & Clerical	CMC
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
William	Marrash	Patient		WM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Henry	Morgan	Public	Wandsworth 1	HM
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT

### IN ATTENDANCE:

Heather Lawrence	Chief Executive	HL
Amanda Pritchard	Deputy Chief Executive	AP
Dr Mike Anderson	Chief Medical Officer	MA
Therese Davis	Director of Nursing	TD
Lorraine Bewes	Finance Director	LB
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Sir John Baker	Non-Executive Director	JB
Sir Geoff Mulcahy	Non-Executive Director	GM
Charles Wilson	Non-Executive Director	CW
Karin Norman	Non-Executive Director	KN
Prof Richard Kitney	Non Executive Director	RK
Axel Heitmueller	Director of Strategy	AH
Matt Akid	Head of Communications	MAk
Jane Tippet	Acting Assistant Director of Nursing	JT
Alison Heerallal	Deputy Director of Human Resources	AH
Liz Revell	Interim FT Secretary	LR

<b>1</b>	<b>GENERAL BUSINESS</b>	
<b>1.1</b>	<b>Welcome &amp; Apologies</b>	<b>CE</b>
	<p>The Chairman welcomed Professor Jenny Higham, Imperial College to her first Council of Governors' meeting.</p> <p>Apologies were received from: Dr Duncan Macrae, Cass J Cass-Horne, Carol Dale, Professor Brian Gazzard, Dr David Finch, Alison While, Paul Baverstock, Dr Anthony Cadman; Lucy Ball.</p>	
<b>1.2</b>	<b>Declaration of Interests</b>	<b>CE</b>
	There were none.	
<b>1.3</b>	<b>Minutes of Previous Meeting held on 17 February 2011</b>	<b>CE</b>
	<p>The minutes were accepted as a true and accurate record of the previous meeting with the following changes:</p> <p>Edward Coolen was present. The representatives from LINKs and Berge Azadian to be included in the attendance list. Professor Richard Kitney was present and to be removed from the apologies list. The apologies list to be governors only as other members are in attendance. Typographical errors to be corrected on the attendance list.</p> <p>On page 8 section 2.11, the text should read "constituents" not "contents".</p> <p><b>LR to amend the minutes as above.</b></p> <p>AC commented that, as only four Council of Governors meetings (including the Annual Members Meeting) are scheduled per year, governors should make every effort to attend. CE replied that serial non-attendance can be problematic but there are sometimes extenuating circumstances such as ill-health which prevent governors attending each meeting.</p>	
<b>1.4</b>	<b>Matters Arising</b>	
	<b>2.14.1/Sept10 Signage for Edgar Horne</b>	<b>CE</b>
	TD reported that she had clarified the signage query which was related to an area inside the lift. This has now been addressed.	
	<b>2.5/Dec/10 Community Road Show</b>	<b>MAk</b>
	<p>MAk provided an update. Videos are being shown in Hammersmith &amp; Fulham GP surgeries. RG asked how this would be evaluated. MAk said he would canvas opinion. ML asked whether the promotional DVD would be shown in other surgeries in other boroughs. MAk confirmed that it is currently only being shown in Hammersmith &amp; Fulham surgeries.</p> <p>Regarding Westfield, fifty people joined. A further road show will be held at a later date. CBi asked whether there is evidence that the campaign has been effective. MAk confirmed that an evaluation will be carried out after the second road show. However, there has been positive feedback from the DVD so far and many people have watched it on the Trust website.</p> <p><b>MAk to provide an update on the Westfield campaign at the next meeting.</b></p> <p>CBi said that governors had been promised a plasma screen in the Information Zone. It was confirmed that the plasma screen is now in place.</p> <p><b>All other matters arising were noted to be complete.</b></p>	
<b>1.4.1</b>	<b>IMT Strategy Development</b>	<b>RK</b>

RK introduced himself and explained that he is a Non-Executive Director of Chelsea & Westminster Foundation Trust but that in his day job he is Professor of Biomedical Systems Engineering in the Department of Bioengineering, Senior Dean and Director of the Graduate School of Engineering and Physical Science, Imperial College London.

He explained that the IT system in the hospital is very good but that technology moves on so fast that LastWord now requires updating. The IT strategy for the next two years will be brought to the Board for agreement in June.

The previous national Connecting for Health project had identified three main products – Cerner Millennium, iSOFT Lorenzo and Epic at that stage. The idea was that one product would be used for all system but this is not possible. A further option is the portal approach. RK explained how this system works by likening it to a rotating sphere into which there are entry points for clinicians, patients, researchers and administrators. A manager or researcher can access the data the following day after it is input by the patient's doctor or consultant. The portal system achieves access to the data the Department of Health thinks is important. Access to this system is normally much quicker than to others because the software is live.

WM expressed concern about data security and noted some major breaches reported in the press with important and confidential information being lost. RK explained that the NHS uses nhs.net which is a NHS-based system that links hospitals and trusts and has a very strong firewall around it. CE emphasised that the Trust is very sensitive about risks to security. RK explained that patients are protected by an international standard, DICOM (Digital Imaging and Communications in Medicine) which is very detailed encrypted software.

RK confirmed that the portal approach is less costly. CBI asked whether the portal approach would link in with the Integrated Care Organisation; RK confirmed that it would. HL said that the portal approach is very advanced technology, which originated in the USA and has been anglicised. The portal approach empowers patients but there are still many issues to address e.g. patient and governors networks and telecommunications. RK confirmed that there would be back-up systems. GP asked about access to patient records. RK said that this would be straightforward. He said that in France people keep their x-rays and scans at home but this would be radical for patients in the UK where most GPs only have access to their own patients' records. AC said that the Dutch and the Danish Health computer systems are praiseworthy. RK mentioned the Finnish health systems which are also very IT effective. AC suggested the UK adopts the best of Dutch/Danish/Finnish systems.

## **1.5 Chairman's Report**

**CE**

CE reported that Professor Steve Smith, Chief Executive of Imperial Healthcare Trust, has recently resigned. There are significant financial problems at Imperial Healthcare Trust which is a matter of serious concern not only for Chelsea & Westminster, as we have a close relationship with Imperial, but also for all the Trusts in NW London. We should be proactive on this issue and need to find ways to help.

JH suggested that Imperial Healthcare should engage with Chelsea & Westminster, particularly on research and health. WM said it would help to look at the structure, in particular Royal Brompton and Marsden hospitals, to consider whether forming a loose confederation would be financially beneficial. All of the hospitals have different structures; therefore we relate but are not the same.

AC noted the Johns Hopkins model where the hospital, medical school and

## **2 ITEMS FOR DISCUSSION/DECISION/APPROVAL**

### **STRATEGY**

#### **2.1 The effect of possible withdrawal of paediatric cardiac surgery from the Royal Brompton Hospital (RBH) NHS Foundation Trust (oral) CE**

CE noted that the Royal Brompton Hospital Trust were seeking a judicial review on the process. The outcome could be that the process needs to be repeated but with the same verdict reached.

There is a threat to paediatric cardiac surgery but this could also affect other conditions such as cystic fibrosis. The paediatric side without cardiac surgery is non-viable and the potential loss would be £28m per year for Royal Brompton Hospital which is very concerning. CE said that various site options are being considered. He said that the patient flow is naturally towards London.

CE is keen to be supportive of the Royal Brompton Hospital. There would be an impact on Chelsea & Westminster which should be properly analysed in order to understand the consequences. We should have a clear understanding of the proposed changes.

#### **2.2 Our Involvement in the Integrated Care Organisation (ICO) HL**

HL outlined this proposal. Care of and treatment of diabetes and hypertension will be co-ordinated. Failed discharge for the elderly is a major problem and always distressing for patients. Irrespective of current NHS reforms integrated care is the way forward and is currently being implemented across the USA and some European countries. There are both incentives and disincentives for care in the community. The first phase is a pilot involving Kensington and Chelsea, Westminster and Hammersmith and Fulham PCTs. The second phase will begin on 1 July with a holistic, integrated approach. The care model needs to change and develop and to deliver out of hospital care through the multi-disciplinary groups where clinical care will be discussed between hospital consultants and GPs.

CE said that this is an important topic to discuss. He said that in paragraph 3.3 “likening up” should read “linking up”. It is important that those involved with the pilot think in a more lateral way. Professor Elizabeth Paice has been chairing the ICO Board. There had been some issues initially but people are now working together. It is beneficial for patients for their care to be community-based and it will be less costly.

HL said that integrated care models are inevitable for the UK and we must ensure we have sufficient finances for it. The right skill mix will free-up beds so acute Trusts may be able to close a whole ward. McKinsey are pioneers on financial planning. WM asked how flexible the finances are and whether they would have an impact. HL said that standing still is not an option and we need to progress expansion. WM suggested increasing the amount of income as a solution.

HL said that there will be a lot of initial expense in order to save money. Despite this CE said that the pilot is the direction of travel and that it would not be beneficial to be outside of this initiative. However, we must go in “with our eyes open”. He also said that IT changes would be absolutely key and that

there must be coordination between multi-disciplinary groups.

## **COUNCIL OF GOVERNORS**

### **2.3 Council of Governors Funding Report CM**

This item was starred.

### **2.4 Report on Senior Nurse/Governor Rounds JT**

JT introduced the paper. There had been agreement at the Council of Governors meeting in February that governors would be invited to talk directly to patients on wards accompanied by a Senior Nurse. Engagement with patients and feedback regarding best practice helps staff to improve their skills and practice. Three further dates for visits will be available shortly. JT thanked the governors who had so far participated: MJ, SM and WM. The interviews took place in a private area and were done in a leisurely way. CE said that, as a result of these rounds, many interesting issues had been raised.

SM commented that the Infection Control meeting had been very informative and well presented especially the use of Synbiotix. Mary Knight, Sister of Annie Zunz Ward is impressive and is very well thought of by both her staff and patients.

MJ had visited the Intensive Care Unit which is a different kind of ward. It had proved a useful opportunity to talk to staff and families of patients. MJ thought that, compared to other hospitals, the staff in the Intensive Care Unit look at the patient's family unit as a whole from admission until discharge and keep a patient diary. MJ said that there is no sense of drama and the staff act in an even paced and careful manner.

KM (Senior Nurse in the Trust) said that there had been very good feedback re the Senior Nurse/Governor Rounds and they had proved to be very beneficial.

An invitation to all governors to participate in this exercise was given at the meeting. CE concluded that it had so far proved to be a very positive and worthwhile experience.

### **2.5 Government listening exercise feedback (oral) ML**

ML described the listening exercise with Nick Clegg, Deputy Prime Minister. The Deputy Prime Minister said that the National Health Service can not stand still and needs to evolve. There would be greater accountability for providers. The consortia would be GP-led. The NHS reforms should focus also on the views of hospital doctors, nurses, paramedics, LINK reps and commissioning bodies as well as GPs. It was highlighted that the group attending the listening exercise were not entirely representative of the population of Kensington and Chelsea e.g. no elderly or children. LINK believe that social concerns would not be met through the NHS reforms.

ML said that he hoped Nick Clegg had listened during the exercise and that he hoped that views had got back to the Secretary of State. Overall, however, he thought that it was an interesting session.

CE discussed GP-led commissioning and said that moving to a completely new system could be problematic. There may be substantial changes to the Bill but there are still some ideological differences between the parties. C&W is a very good hospital, is continually striving to improve and has staff and members with a good sense of local needs.

### **2.6 Governors Questions CBi**

CBI outlined his short paper. HL requested that she and CE receive the questions well in advance of each Council of Governors meeting. NB agreed that the process would be more disciplined if questions were asked in advance. As a general principle governors should be disciplined about the process and time allocation. There should be no discretion allowed by the Chairman for questions to be asked on the day. CE asked governors to submit only a certain number of questions which would be grouped by category. A fixed amount of time will be allocated on the agenda.

**The proposal was agreed**

## **QUALITY**

### **2.7 Quality Sub-Committee Report\* CM**

The draft minutes of 20 April meeting were attached. This item was starred.

### **2.8 Quality Account Update CM**

The Quality Account has been circulated to stakeholders. CM thanked those governors who had read and provided comment on the Quality Account.

### **2.9 Quality Awards CM**

CM introduced the paper and asked the relevant governors to contribute. SM said that Sarah Hamilton is a Health Visitor who works in A and E. Sarah had introduced the placing of "Smiley Sticker" on paediatric patients notes so that when they see their hospital doctor it is easily apparent that there are problems with the patient's family situation.

ML said that in the Macmillan Cancer Centre Dr Russ Hargreaves does exceptional work. There are a significant number of volunteers who work with him. It is an attractive unit attached to the discharge lounge but an improvement would be to screen the area off to make it more private.

ML also reported on the Venous thromboembolism (VTE) risk assessment tool which had impressed the judges as a good example of collaboration. It was considered important to recognise back of house staff as well as medical teams.

CE concluded that all these awards were impressive.

### **2.10 Summary of the Staff Survey MG**

CE introduced Alison Heerallal who was attending for Mark Gammage, HR Director. She presented the results of the staff survey which had been carried out, as a national requirement, in October and November 2010, with results being published in March. Our completion rate puts us in the top 20% of all organisations. Capita ran the survey and from the sample data there were thirty eight key findings, the results of which were generally the same as the previous year and are outlined in the paper.

There is a corporate action plan for individual divisions as well as local action plans. Certain patterns such as sickness rates in particular areas are being monitored. HL said that October and November is a very difficult time of year whereas in the summer months sickness rates tend to be lower.

CE said that this will be looked at in more detail by the Board. The NHS had been going through a stressful time. Chelsea & Westminster had taken the decision to introduce a 9% cost improvement programme (CIP) which had been a wise decision in the current climate. He said that bad management

ignores important issues. He further said that the staff survey was remarkably positive under the circumstances.

AC was surprised that there was only a 64% response rate and asked if there was a better way of carrying out the survey. CE thought that the response rate had been reasonable. CB asked if certain staff groups were under represented. AH replied that medical staff often prove difficult to contact. The Action Plan will be presented at the May Board meeting.

## **MEMBERSHIP**

### **2.11 Membership Sub-Committee Report\* ML**

The draft minutes of 7 March 2011 meeting were attached. This item was starred.

### **2.12 Membership Development Action Plan – Update SN**

Table 1 shows the Black Ethnic Minority and under 25s. Membership should be increased. JT asked governors to contact SN or LR with items for the Governors Innovative Suggestions Plan.

#### **2.12.1 Council of Governors, Membership Development Action Plan – Review and Planning for 2011/12 SN**

SN outlined the plan with developments highlighted. JT asked governors to contact SN or LR with any suggestions for the plan.

### **2.13 Membership Report\* SN**

This item was starred.

## **3 ITEMS FOR INFORMATION**

### **3.1 Finance Report February 2011 LB**

This item was taken as read.

### **3.2 Performance Report February 2011 AP**

This item was taken as read.

### **3.3 Open Day 2011 RMc**

## **ANY OTHER BUSINESS**

SSG enquired why the Public Exhibition space was empty and it was explained that boards were being put up to replace the battens for security reasons. (This has now been done and the pictures are on display again). **SSG**

## **DATE OF NEXT MEETING**

The next Council of Governors meeting will take place on Thursday 14 July.

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	1.4/Jul/11
<b>PAPER</b>	Matters Arising from the Council of Governors Meeting – 5 May 2011
<b>AUTHOR</b>	Liz Revell, Interim Foundation Trust Secretary
<b>LEAD</b>	Prof. Sir Christopher Edwards, Chairman
<b>EXECUTIVE SUMMARY</b>	This paper lists matters arising from previous meeting and the action taken or subsequent outcomes.
<b>DECISION/ ACTION</b>	The Council of Governors is asked to note the matters arising and the updates.

**MATTERS ARISING**

**Council of Governors Meeting**

Hospital Boardroom, Chelsea & Westminster Hospital

**Chair:** Prof. Sir Christopher Edwards

**Date:** 14 July 2011

**Time:** 16:00 – 18:30

Ref	Description	Lead	Subsequent Actions or Outcomes
1.3/May/11	LR to amend minutes in line with comments received.	LR	Complete.
1.4/May/11	Matters Arising		
	2.5/Dec/10 Community Road Show MAk to provide an update on the recruitment campaign at the next meeting.	MAk	Paper attached.
2.12.1/May/11	Council of Governors, Membership Development Action Plan – Review and Planning for 2011/12 JT asked governors to contact SN or LR with any suggestions for the plan.	ALL	No suggestions have yet been received.

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	1.4.1/Jul/11
<b>PAPER</b>	Westfield Community Roadshow Project – Evaluation Report
<b>AUTHOR</b>	Matt Akid, Head of Communications
<b>LEAD</b>	Matt Akid, Head of Communications
<b>EXECUTIVE SUMMARY</b>	This paper is an evaluation report of the Westfield community road show project which included the production of 4 videos about the hospital, a membership recruitment event at Westfield shopping centre, and a mobile community health clinic, also at Westfield.
<b>DECISION/ ACTION</b>	The Council of Governors is invited to comment on the evaluation report and to provide any further feedback on the project.

## **Westfield community road show project – evaluation**

### **1. Introduction**

In early 2011 we worked with an independent television production company called LBV TV to make 4 videos about the Trust, thanks to funding by the Council of Governors:

- **Welcome to Chelsea and Westminster**—a 5-minute film introduced by Chief Executive Heather Lawrence which provides an overview of our services
- **Maternity Services**—a 2-minute film featuring a women who have had their babies at Chelsea and Westminster as well as some of the Trust's midwives
- **Sexual Health Services**—a 2-minute film with information about the wide range of sexual health testing and other services that are available at our three main centres, the John Hunter Clinic for Sexual Health, 56 Dean Street, and the West London Centre for Sexual Health
- **Foundation Trust Membership**—interviews with members and Governors

Funding by the Council of Governors also made possible:

- A community road show at Westfield Shopping Centre – including screenings of the videos, recruitment of Foundation Trust members, and an opportunity for the mobile community health clinic ('The Bus') to provide services in a community setting
- Screenings of the videos in GP surgeries in Hammersmith and Fulham

### **2. Dissemination**

The videos have been disseminated in the following ways:

- 'Premiered' to nurses and other staff at the Seasonal Working Conference in March
- Shown at a community road show in Westfield shopping centre from March 28-April 2
- Made available to watch on the Trust website from April 4
- Screened in GP surgeries in Hammersmith & Fulham from April 18-July 8 on TV screens operated by a commercial company, The Life Channel
- Shown with subtitles on 3 sponsored electronic patient information screens in Chelsea and Westminster Hospital from April 5
- Shown to new staff joining the Trust at corporate induction from May onwards

### **3. Evaluation**

#### **3.1 Seasonal Working Conference – March 24**

3 of the 4 new hospital videos (Welcome to Chelsea and Westminster, Maternity Services and Sexual Health Services) were shown to staff who were invited to rate them from 10 ('Love it') to 1 ('Hate it') – staff were also invited to give any other comments about the events and their ideas for future videos. Their ratings were as follows:

- **Welcome to Chelsea and Westminster**  
Average rating – 7.5/10

- **Maternity Services**  
Average rating – 7.4/10

- **Sexual Health Services**  
Average rating – 7.4/10

We also invited staff to suggest ideas for other videos that could be made in future. Suggestions included A&E, AAU, discharge process, tours of clinical areas that could be used in recruitment of staff, care of the elderly, ACU and general wards.

### **3.2 Westfield community road show - March 28-April 2**

The videos were shown on plasma screens at a community road show in Westfield shopping centre – this road show also aimed to recruit new members.

The target agreed with LBV TV was to recruit 300 new Foundation Trust members. However, their recruiters only signed up 47 new members.

Recruitment will continue at another road show to be run by LBV TV at Hammersmith Broadway shopping centre in February 2012 in order to achieve the target of 300 members.

During 2 days of the road show, staff from our West London Centre for Sexual Health were at Westfield with the community mobile health clinic ('The Bus) to offer sexual health screens and well person checks – this was a successful initiative:

- Stephanie McMillan, Acting Nurse Practitioner for Young People & Outreach, said: "Our attendance with the bus at Westfield was an overwhelming success."
- The event received positive publicity in local newspapers
- 52 patients were seen in the mobile clinic
- Staff performed 26 sexual health screens (Chlamydia, gonorrhoea, syphilis, HIV, Hepatitis B & C) and more than 30 well person checks (blood pressure, diabetes check, body mass index, smoking cessation)
- 31 packs of condoms were issued
- Contraceptive advice was given to 23 women and contraception issued to 2.
- 3 patients were diagnosed with Chlamydia, 1 had syphilis and 1 had a positive pregnancy test.
- 18 patients were referred on to other specialist services including their GP for hypertension, a local smoking cessation service, and West London Centre for Sexual Health for ongoing sexual health and contraceptive issues

### **3.3 Trust website – videos made available from April 4**

The 4 videos have been available for visitors to the Trust website to watch online since April – to date (up to and including June 30) they have been viewed as follows;

Maternity Services	1,154
Welcome to Chelsea and Westminster	796
Sexual Health Services	282
Membership	133
<b>TOTAL</b>	<b>2,365</b>

### **3.4 TV screens in Hammersmith & Fulham GPs – April 18-July 8**

Subtitled versions of the videos were screened in GP surgeries in Hammersmith and Fulham from April 18-July 8 on TV screens operated by a commercial company, The Life Channel. This has not been successful as we had hoped – it appears that in a number of GP surgeries, the screens were not working and in many GPs where the screens were operational, the videos were being shown without sound or subtitles. The Trust is following up these performance issues with The Life Channel.

#### **4. Conclusions**

The Trust is extremely grateful for the financial support of the Council of Governors that made this project possible – this is the first time that the Trust has made videos about its services and also the first time that we have had a community road show of this type.

There are some clear lessons to learn for the future which will help inform both our communications work and our Foundation Trust membership recruitment and retention activity, to ensure that these areas provide the best possible value for money:

- Videos add real value to the Trust website – more than 2,100 people watched the videos online in the first 2 months since they went live
- Videos are popular with our staff – they gave them an average rating of 7.4/10 – and they would like the Trust to make more videos about other services
- The shopping centre road show format is a perfect fit for 'The Bus' – and should be actively pursued as a cost effective method of providing community outreach services
- Membership recruitment in a shopping centre is not effective – or at least not in the shopping centre where our road show event was held
- Screening videos in GP surgeries is a good idea in theory but a number of operational issues meant that it was not successful in this case

**Matt Akid**  
**Head of Communications**  
**July 2011**

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	1.6/Jul/11
<b>PAPER</b>	BBC junior doctors documentary - presentation
<b>AUTHOR</b>	Matt Akid, Head of Communications
<b>LEAD</b>	Heather Lawrence, Chief Executive
<b>EXECUTIVE SUMMARY</b>	<p>The Trust has agreed to participate in the second series of the BBC documentary <i>Junior Doctors: Your Life in Their Hands</i> which will follow seven junior doctors on their new rotations in the hospital from 1 August.</p> <p>Filming will take place in a number of different wards and departments to be confirmed when the junior doctors have been selected by the BBC.</p> <p>Filming will be carried out sensitively by an experienced production team working closely with the Communications Department. Filming teams will be two people with a small handheld camera.</p> <p>Filming protocols and consent procedures will be agreed before filming starts in August and opportunities for staff to meet the BBC team in advance of filming have been arranged.</p> <p>Jo Bishop (Series Editor) and Lucy Shepherd (Series Producer) from the BBC will give a presentation including a short clip from the first series of the documentary show and a brief talk about the series and mechanics of filming – there will be an opportunity for Governors to ask questions</p>
<b>DECISION/ ACTION</b>	Governors are invited to give their feedback on the presentation.

# **Junior Doctors: Your Life in Their Hands**

## **Filming Information**

- The BBC is filming Series Two of Junior Doctors in Chelsea and Westminster Hospital from August to October 2011.
- We will be following seven FY1 and FY2 doctors on their new rotations in the hospital. Filming will take place across a number of different departments. These departments are still TBC.
- If any members of staff would prefer not to be on camera please let the production team know at the earliest opportunity.
- Filming will be carried out sensitively by an experienced production team who will work at all times with the hospital. Filming teams are generally 2 people (a Producer and Researcher) with a small handheld camera.
- While the production team will endeavour to film the reality of hospital life, we understand that patients are the number one priority. All filming will be done according to BBC hospital consent procedures; including tailored consent procedure for crash calls and other sensitive issues, such as the filming of children or unconscious patients and at all times filming will be done respectfully and in consultation with the Doctors looking after the patients.
- There will be opportunities to meet the team pre-filming and talk through any questions.
- A steering committee is being set up by the hospital made up of a variety of Chelsea and Westminster staff who will meet with Lucy the Series Producer as often as is required by the hospital to discuss filming and for general feedback.
- The BBC will put up filming notices in public areas so that patients are aware filming is taking place, and can ask not to be filmed if they wish.

**If you have any questions, please contact Sarah Wann (BBC Researcher) on 020 8576 7154 or Matt Akid (Head of Communications, Chelsea and Westminster Hospital) on 020 3315 6828**



# Chelsea & Westminster Hospital NHS Foundation Trust

## Findings and Recommendations from the 2010/11 NHS Quality Report External Assurance Review



Issued 24 June 2011

## Statement of Responsibility

We take responsibility for this report which is prepared on the basis of the limitations set out below. The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that may exist or all improvements that might be made. Any recommendations made for improvements should be assessed by you for their full impact before they are implemented.

This document is confidential and prepared solely for the purpose set out in our engagement letter dated 14 April 2011. You should not refer to or use our name or this document for any other purpose, disclose them or refer to them in any prospectus or other document, or make them available or communicate them to any other party. No other party is entitled to rely on our document for any purpose whatsoever and we accept no liability to any other party who is shown or gains access to this document. We agree that a copy of our report may be provided to Monitor for their information in connection with this purpose but, as made clear in our engagement letter dated 14 April 2011, only on the basis that we accept no duty, liability or responsibility to Monitor in relation to our Deliverables.



**Deloitte LLP**  
**Chartered Accountants**  
St Albans Office  
24 June 2011

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- List of Interviewees
- List of Documentation

# Executive Summary

# Executive Summary

Our external assurance review of the 2010/11 Quality Report is in two sections. Firstly we have examined the content of the Quality Report to test that it complies with Monitor's published guidance (as set out in the NHS Foundation Trust Annual Reporting Manual) and to ensure that it is not inconsistent with other specified information. Secondly, we have undertaken a programme of work to test two performance indicators mandated by Monitor and the locally agreed performance indicator chosen by the Council of Governors.

## Section A: Content & Consistency

We have provided a limited assurance report which concludes that nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the 2010/11 NHS Foundation Trust Annual Reporting Manual ("ARM"). A copy of our limited assurance opinion can be found in Appendix 1 and a signed version of our opinion has been included within your 2010/11 Annual Report. We identified no issues with respect to the content and consistency of the Quality Report.

## Section B: Performance Indicators

We have undertaken detailed data testing on a sample basis of the following two indicators:

- 62 day (urgent GP referral to treatment) wait for first time treatment: all cancers; and
- incidence of clostridium difficile.

We have also undertaken detailed data testing of the indicator: 'to meet agreed targets based on National Confidential Enquiry into Patient Outcome & Death ("NCEPOD") recommendations for emergency surgery', which was determined as a local performance indicator by the Council of Governors.

# Executive Summary (continued)

## Section B: Performance Indicators (continued)

### 62 day cancer wait

Our testing of the 62 day cancer wait noted improvements on the prior year. We have however, rated the data quality of the cancer 62-day indicator as Amber. This is based on the results of our risk focused detailed testing and from the information we have acquired regarding the indicator during the year through discussions with the indicator lead.

The Trust recorded a result of 94% in its first draft Quality Report against a target of 85%. We were unable to agree the result of the population data provided to us for our detailed testing back to the result recorded in the draft Quality Report. The population provided to us for testing indicated a performance against the indicator of 93%. The Trust's final Quality Report was updated to change indicate that the target was 'achieved'.

The Infoflex database download indicated that, from 1 April 2010 to 31 March 2011, there were 186 patients on 62 day cancer wait pathways. We tested a risk focused sample of 25 patient pathways concentrating our sample on pathways which:

- included manual adjustments by the Trust;
- adjustments had led to a change in result from a 'breach' to a 'non breach';
- were in the upper G I area as we had been informed by the Trust that there had been issues in this area during the year; and
- were close to the 62 day breach mark.

### Our testing identified the following issues:

- We were unable to conclude on the pathway result for 6 patients due to missing supporting documentation relating to:
  - 1 start date;
  - 1 stop date; and
  - 4 manual adjustments.
- We identified 1 pathway recorded as a 'non-breach' which should have been excluded from the population due to the patient being a non-urgent referral.
- We identified 3 pathways within which the following elements had been incorrectly recorded:
  - 2 stop dates; and
  - 1 manual adjustment.
- Our sample of 25 included 3 'breaches' recorded by the Trust. We agreed these 'breaches' but, in addition, identified 2 further 'breaches'.

# Executive Summary (continued)

## Section B: Performance Indicators (continued)

### C-difficile

Based on our work, we have rated the data quality of C-difficile as Green. We did not perform testing on the C-difficile indicator in the prior year and no issues were identified from our testing.

### Local indicator - To meet agreed targets based on National Confidential Enquiry into Patient Outcome & Death ("NCEPOD") recommendations for emergency surgery

This was the first year a local indicator was required to be selected for detailed testing and Monitor required that this indicator be selected by the Council of Governors. The indicator, which was also a Trust priority, related to meeting target times based on NCEPOD recommendations for emergency surgery, for example an emergency patient categorised as 'immediate' would need to be treated within 4 hours.

We have rated the data quality of the NCEPOD indicator as Amber. This is based on the results of our risk focused detailed testing and from the information we have acquired regarding the indicator during the year through discussions with the indicator lead.

This indicator has been recorded in the Quality Report for the period November 2010 – March 2011 and the Trust has recorded an average target achieved per patient of between 98% and 99% over this period which is just below its target of 100%. Our testing identified that:

- December 'urgent' in time cases had been overstated by 1 patient out of a population of 193 patients in December; and
- The split between 'urgent' and 'expedited' cases in the February/March data had been mis-recorded by 1 patient out of 402 patients classified as 'urgent' or 'expedited' in February/March.

Both of these differences were updated in the Trust's final Quality Report.

Initially we had selected a sample of 25 patients, in accordance with Monitor guidance, between November 2010 and January 2011. We were then informed that the Trust were also planning to disclose the results of February/March in the Quality Report and we therefore extended our sample by an additional 6 patients to get coverage across this period.

We tested a risk focused sample of 31 patient pathways concentrating our sample on pathways which:

- NCEPOD classification was downgraded during the validation exercise;
- were close to breaching the target; and
- unusual entries (such as where the booking form was uploaded after the anaesthetic start time).

# Executive Summary (continued)

## Section B: Performance Indicators (continued)

### Local indicator - National Confidential Enquiry into Patient Outcome & Death (“NCEPOD”) (continued)

#### Our testing identified the following issues :

- We were unable to conclude on the pathway result for 8 patients due to missing supporting documentation relating to:
  - 10 surgery booking forms to verify the start time . We understand that 4 of these patients were in fact elective and would therefore not require a surgery booking form and should not be included in the results of this indicator; and
  - 2 anaesthetic start times (this is the stop time for the indicator).
- We identified clock start time differences on 21 patients: 11 of these differences appear to be due to the fact that we have used a different base to measure the start time than the Trust. The Trust measure the start time from the time the information is input onto PICIS; whereas, we recommend that a more reasonable start time to use would be the time the surgery booking form is completed. The lead clinician has agreed that the PICIS input time is not an appropriate clock start time and has confirmed that an appropriate clock start time is currently under discussion. For the remaining 10 patients, the difference in the time recorded between the Trust and our testing indicates that these are likely to be recording errors, for example where the PICIS input time was earlier than the booking time recorded on the surgery booking form.
- We recorded a difference in anaesthetic start time for 7 patients.
- On review of our sample by Dr Fauvel he confirmed that the categorisation of 4 patients into NCEPOD categories was incorrect.
- We identified 1 patient recorded as a ‘non breach’ that should have been recorded as an elective patient and excluded from the indicator.
- We identified 2 patients recorded as ‘breaches’ that should have been recorded as ‘non breaches’.

The approach to our work and our detailed findings can be found within Section B of this report.

# Overall Scope

# Scope

Under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, providers of NHS care are required to prepare and publish Quality Accounts for each financial year from 2009/10. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) along with additional reporting requirements outlined within Monitor's annual reporting guidance

## The external assurance engagements that will be undertaken on the 2010/11 Quality Reports require NHS foundation trusts to:

- include a brief description of the key controls in place to prepare and publish a Quality Report in the Annual Governance Statement in the published accounts;
- sign a Statement of Directors' Responsibilities in respect of the content of the Quality Report and mandated indicators for inclusion in the annual report;
- sign a Statement of Directors' Responsibilities in respect of all other indicators included within the Quality Report to provide to their auditors (this is not required to be published in the Quality Report);
- include the signed limited assurance report provided by their auditors on the content of the Quality Report and the mandated indicators in the annual report; and
- submit a copy of their auditors' report on the outcome of the external work performed on the content of the Quality Report, and the mandated and local indicators, to Monitor and to the NHS foundation trust's board of governors.

## The external assurance engagements that will be undertaken on the 2010/11 Quality Reports require NHS foundation trust auditors to:

- review the content of the Quality Report against the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*;
- review the content of the Quality Report for consistency against the other information sources detailed in Appendix 3 of this report;
- provide a signed limited assurance report in the Quality Report on whether anything has come to the attention of the auditor that leads them to believe that the Quality Report has not been prepared in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual and is not consistent with the other information sources detailed in Appendix 3 of this report;
- undertake substantive sample testing of two mandated performance indicators and one locally selected indicator (to include, but not necessarily be limited to, an evaluation of the key processes and controls for managing and reporting the indicators and sample testing of the data used to calculate the indicator back to supporting documentation); and
- provide a report to the NHS foundation trust board of their findings and recommendations for improvements concerning the content of the Quality Report, the mandated indicators and the local indicator.

Further details on the scope (including the mandated KPIs) and the approach of our work is set out in the following pages.

# Scope

## External assurance on Quality Report

### Content and Consistency 2010/11 Quality Report

- Review the content of the 2010/11 Quality Report against the content requirements included in the NHS Foundation Trust Annual Reporting Manual 2010/11
- Review the content of the 2010/11 Quality Report for inconsistencies against other specified information

### 2010/11 Mandated Performance Indicators

- Sample testing of the systems to support the preparation of the mandated indicators included in the 2010/11 Quality Report as follows:
  - 62 day (urgent GP referral to treatment) wait for first time treatment: all cancers ("62 day wait"); and
  - incidence of clostridium difficile ("c-difficile").

### 2010/11 Locally Determined Performance Indicator

- Sample testing of the systems to support the preparation of the locally determined indicator included in the 2010/11 Quality Report as follows:
  - to meet agreed targets based on National Confidential Enquiry into Patient Outcome & Death ("NCEPOD") recommendations for emergency surgery

**Limited Assurance Opinion  
Findings and recommendations  
for improvements**

**Findings and recommendations  
for improvements, in anticipation  
of published audit opinion of  
2011/12 Quality Report**

**Findings and recommendations  
for improvements.**

# Section A – Content & Consistency

# Our Approach

## Review content

Review the content of the 2010/11 Quality Report against the content requirement detailed in national guidance.

## Document review

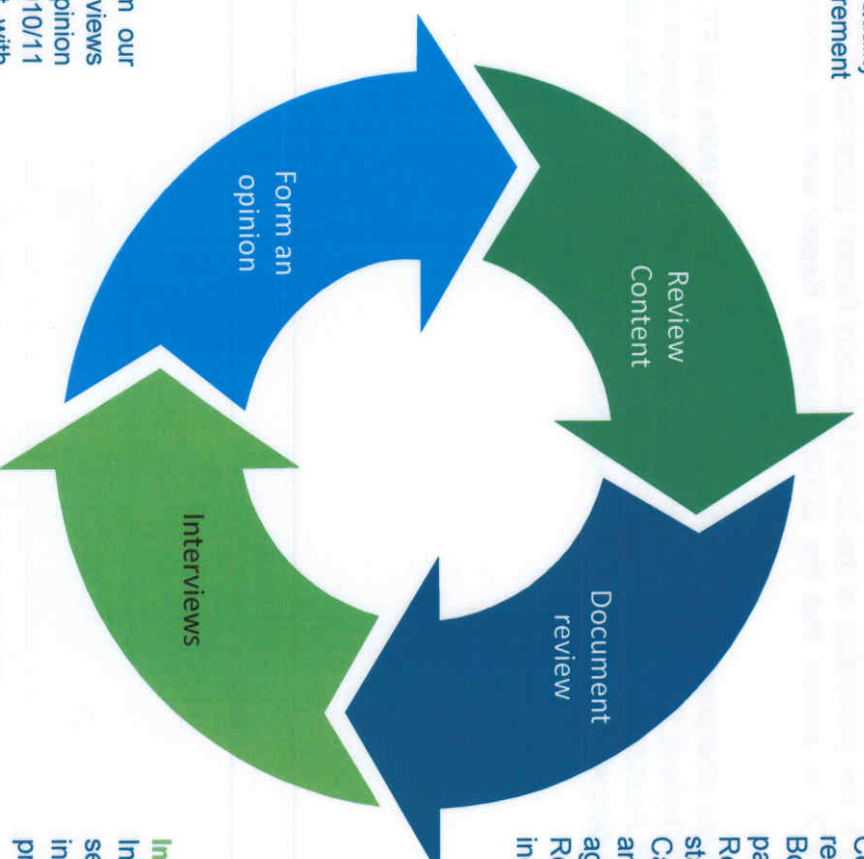
Conducting a desk based review of relevant documentation including: Board and committee minutes and papers relating to the Quality Report, feedback from partners, staff and patient survey results and Care Quality Commission quality and risk profiles and compare against the content of the Quality Report to ensure it is not inconsistent.

## Form an opinion

We will assess the evidence from our documentation review and our interviews and form our limited assurance opinion as to whether the content of the 2010/11 Quality Report is not inconsistent with any of the documentation listed in Appendix 3. Where appropriate we will also identify recommendations to address any areas for improvement.

## Interviews

Interviews and discussions with a selection of individuals at the Trust including those involved in the production of the Quality Report.



## Detailed Findings: Content and consistency

Following our agreed approach, we reviewed the content of the 2010/11 Quality Report against the criteria specified within Monitor's 2010/11 Annual Reporting Manual (Chapter 7) to ensure that the content was consistent.

We interviewed key staff involved in the production of the 2010/11 Quality Report (Appendix 2) and reviewed the documentation provided by the Trust (Appendix 3) to ensure that the 2010/11 Quality Report was not inconsistent with other information available.

Based on our work and subject to the clearance of outstanding points with respect to LINKs and PCT feedback, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the 2010/11 NHS Foundation Trust Annual Reporting Manual. Our draft limited assurance opinion can be found in Appendix 1 and this will be included within your 2010/11 Annual Report.

# Section B: Performance Indicators

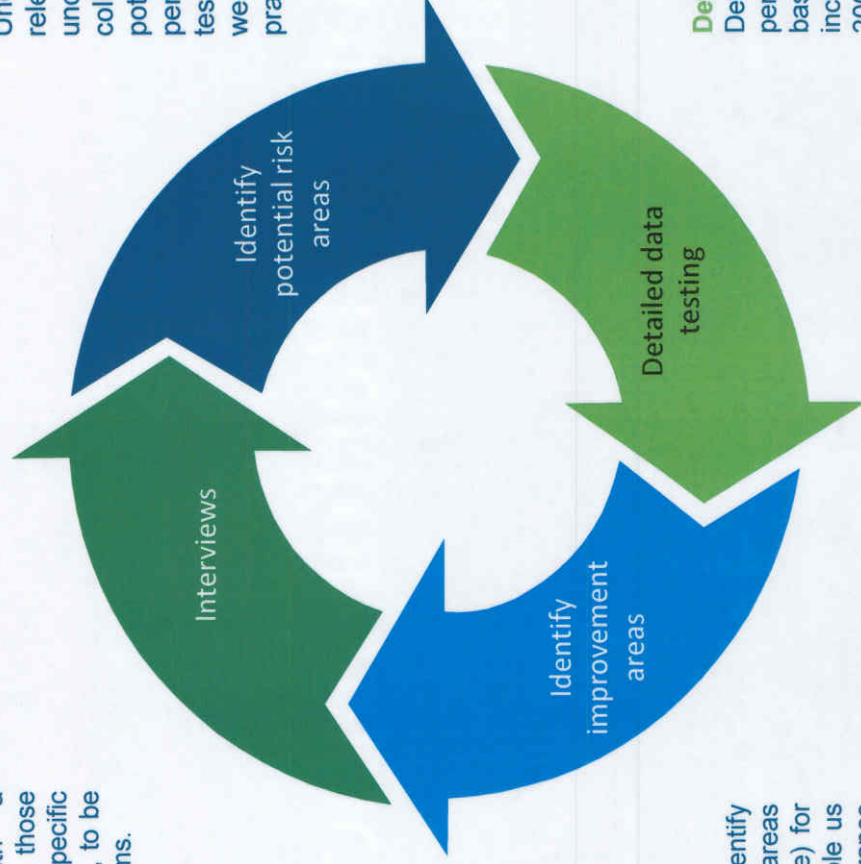
# Our Approach

## Interviews

Interviews and discussions with a selection of Trust staff, including those involved in the production of the specific performance indicators to be tested, to be able to document the relevant systems.

## Identify potential risk areas

Undertake a walkthrough of the relevant systems to gain an understanding of the relevant data collection systems and areas of potential risk. For those performance indicators that were tested during the 2009/10 dry run, we will check for any change in practice.



## Identify improvement areas

From our work, we will identify recommendations to address any areas for improvement (where appropriate) for the 2011/12 Quality Report to enable us to give a positive limited assurance opinion, which is expected to be extended to cover the mandatory indicators.

## Detailed data testing

Determine a sample of the performance indicators to be tested, based on known areas of risk, including areas identified during the 2009/10 dry run. The sample will be tested back to supporting documentation to gain assurance.

# Detailed Findings: Sample Testing for the 2010/11 Quality Report

## Monitor Six dimensions of Data Quality

- Accuracy – Is data recorded correctly and is it in line with the methodology.
- Validity – Has the data been produced in compliance with relevant requirements.
- Reliability – Has data been collected using a stable process in a consistent manner over a period of time.
- Timeliness – Is data captured as close to the associated event as possible and available for use within a reasonable time period.
- Relevance – Does all data used generate the indicator meet eligibility requirements as defined by guidance.
- Completeness – Is all relevant information, as specified in the methodology, included in the calculation.

The following pages show detailed findings for each of the Monitor mandated performance indicators and the locally determined indicator against the six dimensions of data quality. The assessment includes perceived gaps and detailed recommendations that should be implemented in anticipation of the 2011/12 opinion. The summary of our recommendations and management responses can be found at the end of our report.

## Rating Methodology

We have assigned a rating for each standard to give an indication of the relative level of urgency and need for action by the Trust.

Green	Meets all key standards
Green Amber	Meets all key standards, opportunities to improve
Amber	Fails to meet one of the key standards
Amber Red	Fails to meet more than one of the key standards
Red	Significant gaps against several key standards

## Monitor six dimensions of data quality

	62 day cancer wait	C-difficile	NCEPOD
Accuracy – Is data recorded correctly and is it in line with the methodology.	Amber	Green	Green Amber
Validity – Has the data been produced in compliance with relevant requirements.	Red	Green	Red
Reliability – Has data been collected using a stable process in a consistent manner over a period of time.	Amber	Green	Amber
Timeliness – Is data captured as close to the associated event as possible and available for use within a reasonable time period.	Green	Green	Green
Relevance – Does all data used generate the indicator meet eligibility requirements as defined by guidance.	Green	Green	Amber
Completeness – Is all relevant information, as specified in the methodology, included in the calculation.	Green	Green	Green
Overall Conclusion	Amber	Green	Amber

## Mandatory indicator - 62 day cancer wait

Amber

The NHS Cancer Plan set the goal that no patient should wait longer than two months (62 days) from a GP urgent referral for suspected cancer to the beginning of treatment, except for good clinical reasons. 62 day cancer wait is a national indicator for which the Trust has a target of 85%, i.e. 85% of all patients who are urgently referred to the Trust must have received their first treatment within 62 days of the referral. In the Quality Report the Trust has reported that it has achieved this target.

We would like to take this opportunity to thank the individuals on the 62 day cancer wait team for their time and assistance during our testing of this indicator.

Approach	Results	Recommendations
1. We met with the Trust's lead for the 62 day cancer wait and documented the process from the urgent referral being received by the Trust to the result being included in the Quality Report.	1. The Trust was unable to demonstrate how the indicator result of 94% reported in the Quality Report agreed back to the population provided for our data testing. A difference of 1% (to 93%) was noted which would not be sufficient to cause the Trust to breach its target.	1. The indicator recorded in the Quality Report should be based on final validated data to ensure consistency between the results on the database used by the Trust and the Quality Report.
2. We confirmed our understanding of the process by corroborating explanations to supporting documentation.	2. Our detailed testing of 25 patient pathways identified:	2. All manual adjustments should be reviewed by someone other than the employee who entered them to check sufficient evidence exists for the adjustment.
3. We discussed with the Trust's lead for the 62 day cancer wait any areas which had experienced difficulties within the year. From this discussion we understood that upper GI cancers had been an area of concern in the year.	3. 6 patients where we were unable to conclude on the results of 6 patients due to lack of information:	3. Maintain a log of all manual adjustments posted to demonstrate that reviews take place and evidence exists to support the adjustment.
4. We obtained a listing of all 186 patients that had been admitted on the 62 day pathway between 1 April 2010 and 31 March 2011.	a) 1 patient pathway where we were unable to confirm the start date;	4. Internal Audit or staff should introduce a rolling program to undertake deep dives on indicators.
5. We selected a sample of 25 patients from the listing focusing on the patient pathways which appear to be most at risk of data being input incorrectly e.g. upper GI cancers, pathways with manual adjustments, and pathways close to the 62 day breach mark.	b) 1 patient pathway where we were unable to confirm the stop date; and c) 4 patient pathways where we were unable to agree the manual adjustment to supporting evidence.	5. Obtain supporting evidence for adjustments posted by other Trusts (where patients have been referred for treatment). 6. Retain stamped GP referral forms for all 62 day patients.

## Mandatory indicator - 62 day cancer wait (continued)

Amber

Approach	Results	Recommendations
6. We tested the agreement of our population data back to the reported indicator in the Quality Report.	<p>4. 4 patients where we identified recording errors:</p> <p>a) 1 patient pathway which was recorded as a non breach that should not have been included in the results due to it being a non urgent referral;</p> <p>b) 2 patient pathway where we identified that the incorrect stop date was used; and</p> <p>c) 1 patient pathway where we identified that the incorrect manual adjustment had been recorded.</p> <p>5. In our sample of 25 the Trust had identified 3 breaches. We agreed the 3 breaches identified by the Trust but our testing indicated an additional 2 breaches.</p>	<p>7. Obtain supporting evidence for the date that patients are put onto 'active monitoring', particularly where discussion with the patient s held over the telephone.</p> <p>8. Review patients with multiple open pathways to check the correct dates have been used.</p>

## Mandatory indicator - C-difficile

Green

C. difficile is a bacterium that is present naturally in the gut of around two thirds of children and 3% of adults. C. difficile does not cause any problems in healthy people but some antibiotics that are used to treat other health conditions can interfere and cause the C. difficile bacteria to multiply and produce toxins. At this point, a person is said to be infected with C. difficile.

C-difficile is a national indicator with a targeted 30% reduction in 2010/11 compared with the 2007/8 baseline figures. The Trust has a target of 100 cases and in the Quality Report the Trust has reported that it has achieved this target with only 73 cases being reported.

Approach	Results	Recommendations
<ol style="list-style-type: none"> <li>1. We met with the Trust's lead for C-difficile and documented the process from the initial symptoms being identified to the result being included in the Quality Report.</li> <li>2. We confirmed our understanding of the process by corroborating explanations to supporting documentation.</li> <li>3. We discussed with the Trust's lead for C-difficile any areas of concern in 2010/11.</li> <li>4. We obtained a listing of all C-difficile tests undertaken between 1 April 2010 and 31 March 2011.</li> <li>5. We selected a sample of 25 patients from the listing including in our sample of mixture of cases attributable and not attributable to the Trust.</li> <li>6. We agreed our sample of 25 patients to supporting documentation.</li> </ol>	<ol style="list-style-type: none"> <li>1. The results of our testing indicated that the Trust had appropriate supporting documentation for all patients selected in our sample.</li> <li>2. The results of our testing indicated that the Trust had correctly recorded the C-difficile result in the Quality Report.</li> </ol>	<ol style="list-style-type: none"> <li>1. No recommendations were identified during our C-difficile testing.</li> </ol>

## Local indicator - NCEPOD

Amber

In the 2009/10 Quality Report the Trust included a priority in relation to clinical effectiveness which introduced a requirement to monitor the time it took for the Trust to undertake emergency surgery. The overall aim of the priority was to reduce surgery waiting times. We understand that the Trust selected this indicator for our deep dive due to the fact it was considered to be a priority.

NCEPOD guidance was used by the Trust to split surgeries into 3 categories to enable prioritisation. NCEPOD did not provide specific guidance on the time targets for patients to receive surgery for these categories and therefore the Trust has interpreted these as: immediate – within 1 hour of the decision to operate (“dto”); urgent – within 24 hours of the dto; and expedited – within 96 hours of the decision to operate.

In 2010/11 there was an upgrade to the electronic booking system used by the Trust. The Trust has reported the results from November 2010 to March 2011 in its Quality Report to reflect usage of the new system. In the 2010/11 Quality Report the Trust has reported that between 98% and 99% of NCEPOD targets were achieved. We would like to take this opportunity to thank the Trust's NCEPOD lead, Dr Nicholas Fauvel, for his time and assistance during our testing of this indicator.

Approach	Results	Recommendations
<ol style="list-style-type: none"> <li>1. We met with the Trust's lead for NCEPOD, and documented the process of recording the NCEPOD results in the Quality Report.</li> <li>2. We confirmed our understanding of the process by corroborating explanations to supporting documentation.</li> <li>3. We discussed with the Trust's lead for NCEPOD any areas of concern in 2010/11.</li> <li>4. We obtained a listing of all emergency surgeries between 1 November 2010 and 31 March 2011. This showed a total of 1,132 patients being treated for emergency surgery in this period.</li> <li>5. We selected a sample of 31 patients from the listing provided including in our sample a mixture of categorisations (immediate, urgent and expedited).</li> </ol>	<ol style="list-style-type: none"> <li>1. Our reconciliation of the overall result recorded in the Quality Report back to the population data identified that:               <ol style="list-style-type: none"> <li>a) December 'urgent' in time cases had been overstated by 1 patient out of 193 patients in December; and</li> <li>b) the split between 'urgent' and 'expedited' cases in February and March had been mis-recorded by 1 patient out of 402.</li> </ol> </li> <li>2. Our detailed testing of 31 patient pathways identified:               <ol style="list-style-type: none"> <li>a) We were unable to conclude on the pathway result for 8 patients due to missing supporting documentation relating to:</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Additional resources should be allocated to the data interrogation process so that reporting is less reliant on a single staff member.</li> <li>2. The clock start time should be changed so that it is more relevant to the indicator.</li> <li>3. Training or guidance on NCEPOD classifications should be provided to the doctors filling in the surgery booking forms.</li> <li>4. An audit trail should be maintained for final NCEPOD categorisation.</li> <li>5. Review of the final indicator calculation should be undertaken to avoid error.</li> <li>6. Maintain a user identification audit trail of the anesthetic start time on PICIS.</li> </ol>

## Local indicator – NCEPOD (continued)

Amber

Approach (continued)	Results (continued)
<p>f) We agreed our sample of 31 patients to supporting documentation. Specifically we:</p> <p>a) Compared the case booking time as recorded on the paper surgery booking form with the booking form recorded in PICIS;</p> <p>b) Compared the anesthesia start time recorded in theatre ledgers with the anesthesia start time recorded in PICIS; and</p> <p>c) Corroborated the PICIS record validated NCEPOD categorisation by case record review with the NCEPOD lead.</p>	<p>i. 10 surgery booking forms which we use to check the start date. We understand that 4 of these patients were in fact elective and would therefore not require a surgery booking form and should not be included in the results of this indicator; and</p> <p>ii. 2 anesthetic start times (this is the stop time for the indicator);</p> <p>b) 8 patients where we identified recording errors:</p> <p>i. 7 differences were noted on anesthetic start times; and</p> <p>ii. 1 patient had been recorded as a 'non breach' when our testing indicated that the patient should have been treated as an elective patient and excluded from the indicator.</p> <p>c) In addition to the 8 recording errors noted above, we identified differences in clock start times on 21 patients: 11 of these differences appear to be due to the fact that we have used a different base to measure the start time than the Trust. The Trust measure the start time from the time the information is input onto PICIS; whereas, we recommend that a more reasonable start time to use would be the time the surgery booking form is completed. The lead clinician has agreed that the PICIS input time is not an appropriate clock start time and has confirmed that an appropriate clock start time is currently under discussion. For the remaining 10 patients, the difference in the time recorded between the Trust and our testing indicates that these are likely to be recording errors, for example where the PICIS input time was earlier than the booking time recorded on the surgery booking form.</p> <p>d) On review of the NCEPOD categories, Dr Fauvel indicated that 4 patients had been incorrectly categorised.</p> <p>e) Our testing of the final result indicated that 2 patients initially recorded as a 'breach' should have been recorded as a 'non breach'.</p>

# Draft action plan and management response

## Draft action plan and management response

Ref	Recommendation	Agreed	Management response	Responsible Person
1	The indicator recorded in the Quality Report should be based on final validated data to ensure consistency between the results on the database used by the Trust and the Quality Report.	YES	The monthly/quarterly final validated position is currently sent to information following extract from Open Exeter. This should be considered the position for inclusion in the Quality Report	Catherine Gillespie/ Cathy Mooney
2	We recommend that all adjustments (not just the complex ones) to the 62-day cancer pathway should be reviewed by someone other than the cancer MDT co-ordinator that entered it.	YES	Ensure that data reported in the Quality Report is the final validated data and is obtained from Cancer Services Manager who is the primary source.	
3	A log of all adjustments posted should be kept and maintained to ensure that all adjustments have been reviewed and can be supported by evidence.	YES	Senior MDT coordinator to discuss adjustments at the weekly performance meeting. Log of adjustments to be kept once agreed  To be in place end Q2.	Catherine Gillespie
3	We recommend consideration is given to whether Internal Audit or staff introduce a rolling programme to look at indicators (based on Monitor's guidance). Internal audit have looked at the processes behind the indicator but did not perform a deep dive down to the patient records level.	YES	This could be something that Internal Audit looks at going forward. However given the time consuming nature of the work for the clinicians involved and the pressures that already exist on their time, this might not be feasible.	Lorraine Bewes/ Amanda Pritchard

## Draft action plan and management response

Ref	Recommendation	Agreed	Management response	Responsible Person
4	We recommend that all adjustments, whether posted by Chelsea and Westminster or another Trust, be supported by the appropriate evidence to show why there is an adjustment and how it's been calculated.	YES	The inter-trust transfer forms will be filed in the patients notes. This form will form the evidence of adjustments made at other points in the pathway	Catherine Gillespie
			To be in place end Q2.	
5	We recommend that a check should be made to ensure that the stamped GP referral forms are retained for all 62-day patients.	YES	The 2 week wait GP referral form is placed in the notes by the appointments office and should therefore be expected to be retained in the notes. This forms part of the patients' clinical record. A copy is collected from appointments by the MDT co-ordinators in order to enter data onto Infoflex. Propose that if an internal documentation audit is considered that availability of key information in the notes is measured and this recommendation is implemented if there is deemed to be a problem.	Catherine Gillespie
6	We recommend that support for the date that a patient is put on active monitoring should be held on file so that the date per Infoflex can be verified.	YES	Management agree with the recommendation. To be in place end of Q2.	Catherine Gillespie

## Draft action plan and management response

Ref	Recommendation	Agreed	Management response	Responsible Person
7	We recommend that where a patient has a multiple number of pathways active at one time, a review should be performed to ensure that the correct dates have been entered. This review should be independent of the person entering the information	YES	Senior MDT coordinator to review cases with multiple pathways at the weekly performance meeting.  To be in place end Q2	Catherine Gillespie
8	We recommend that changes are made, either by allocating additional resources or making the data interrogation process more automated, so that reporting is less reliant on a single staff member preparing the reports from PICIS.	YES	Management agree the recommendation but implementing this could be difficult given the member of staff involved requiring a unique skill set of IT knowledge and clinical experience, which are difficult to find.	Doctor Nicholas Fauvel
9	We recommend that the current system generated information upload (clock start) time is changed so that the clock start time is more relevant to the indicator. Relevant times could be: the time the form is received by the Surgery Floor Manager; the time the booking form is filled in by the junior doctor; or the time a decision to operate is made.	YES	The PICIS data capture tool has been changed (as of 6/5/2011) to remove the system-generated booking time. Staff now enter the booking time manually to correspond with the time on the paper booking form. A weekly validation exercise is now undertaken of all emergency surgery PICIS records, to check agreement between PICIS-recorded data and the same data on the original booking form.	Doctor Nicholas Fauvel

## Draft action plan and management response

Ref	Recommendation	Agreed	Management response	Responsible Person
10	We recommend that NCEPOD categorisation is provided to the doctors completing the surgery booking form. At present, the final reported NCEPOD categorisation is heavily reliant on a clinical validation review process.	YES	A new version of the emergency surgery booking form is to be implemented in June 2011. This will help junior doctors more easily record the appropriate NCEPOD class at first attempt.	Doctor Nicholas Fauvel
11	We recommend that an audit trail is maintained for NCEPOD categorisation following the validation review.	YES	The process was completed in November 2010 but found to be laborious; therefore adjustments for December – March 2011 were only summarised. Doctor Fauvel has agreed to re-implement the approach used in November 2010.	Doctor Nicholas Fauvel
12	We recommend that the monthly calculation of the indicator should be reviewed based on the final validated classifications.		Response was not received by the date of release of this report but we will follow up this point and update the Audit Committee orally.	Doctor Nicholas Fauvel
13	We recommend that an electronic audit trail is maintained of the anaesthetic start time recorded in PICIS. Up until 25 February 2011, this information was recorded in the manual theatre register and allowed us to agree the start time to manual records. From 25 February 2011 the recording in these manual registers was ceased with all information being recorded directly in the PICIS database.	YES	PICIS data entry requires person-specific login. The database records all keystrokes and it is therefore possible to identify the staff member recording the anaesthesia start time.	Doctor Nicholas Fauvel

# Appendices

## Appendix 1: Independent Auditor's Assurance Report to the Council of Governors of Chelsea & Westminster Hospital NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Chelsea & Westminster Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of the content of Royal Chelsea & Westminster Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

This report, including the conclusion, has been prepared solely for the Council of Governors of Chelsea & Westminster Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Chelsea & Westminster Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Chelsea & Westminster Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Scope and subject matter

We read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for our report if we became aware of any material omissions.

### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

We read the other information contained in the Quality Report and considered whether it is inconsistent with the specified documents in the Monitor guidance.

< Continues over slide >

# Appendix 1 : Independent Auditor's Assurance Report to the Council of Governors of Chelsea & Westminster Hospital NHS Foundation Trust on the Annual Quality

## Report (contd)

<Continues from previous slide>

We considered the implications for our report if we became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Making enquiries of management;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Deloitte LLP  
Chartered Accountants  
St Albans  
6 June 2011

## Appendix 2: List of Interviewees

As part of our work, we met with the following individuals:

- Cathy Mooney (Director of Governance and Corporate Affairs);
- Catherine Gillespie (Macmillan Lead Nurse and Acting Cancer Manager);
- Doctor Berge Azadian (Infection control lead); and
- Doctor Nicholas Fauvel (Consultant Anaesthetist and Intensivist)
- Rosalind Wallis - Consultant Nurse (Infection Prevention and Control)
- Peter Andrews – Information Lead (Information and Performance)
- Dr Mike Weston – Divisional Medical Director (Clinical Support Services)
- Helen Mustoe (Infection Control Nurse)

## Appendix 3: List of Documentation

As part of our work, we reviewed the following documentation:

- Draft Quality Report dated 09 May 2011
- Final Quality Report dated 6 June 2011
- Care Quality Commission – Quality and Risk Profile dated March 2011
- The Trust's complaints and concerns annual report 2009/10;
- Overview of the 2010 Inpatient survey;
- 2010 NHS Staff Survey published in March 2011
- Board meeting minutes from April 2010 to May 2011
- Council of Governors meeting minutes from April 2010 to May 2011
- Board papers specifically relating to the Quality Report;
- KPMG Head of Internal Audit Opinion dated 13 May 2011;
- Feedback from commissioners – Royal Borough of Kensington and Chelsea;
- Feedback from commissioners – Inner North West London PCTs; and
- Feedback from Kensington and Chelsea Local Involvement Network dated 2 June 2011.

This document is confidential and prepared solely for your information. Therefore you should not, without our prior written consent, refer to or use our name or this document for any other purpose, disclose them or refer to them in any prospectus or other document, or make them available or communicate them to any other party. No other party is entitled to rely on our document for any purpose whatsoever and thus we accept no liability to any other party who is shown or gains access to this document.

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# **Annual Report & Accounts**

## **2010/11**



**Chelsea and Westminster Hospital NHS Foundation Trust**

**Annual Report & Accounts 2010/11**

**Presented to Parliament pursuant to Schedule 7,  
paragraph 25 (4) of the National Health Service Act 2006**



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# Introduction

# About this report

Our annual report follows best practice in corporate reporting by setting out our strategy, reporting back on our performance against strategic objectives and national targets, and presenting information about our service and financial performance transparently and honestly.

The structure of the report is as follows:

- **Introduction**  
Statements by the Chairman and Chief Executive
- **Strategy**  
Including our strategic vision, performance against corporate objectives 2010/11 and details of our corporate objectives 2011/12
- **Quality Report**  
Articulating our commitment to providing quality care for all patients and reporting back on our performance against priorities for quality improvement agreed by the Trust Board
- **Performance Report**  
Including our performance against national targets
- **Governance Report**  
Including details of the Board of Directors, Council of Governors and Foundation Trust membership
- **Statutory Information**  
Other information required to be included in the annual report by Monitor, the independent regulator of Foundation Trusts
- **Finance**  
Including the accounts

A commitment to quality and quality improvement underpins our corporate objectives and this annual report.

## Credits

This annual report has been produced in-house by Chelsea and Westminster Hospital NHS Foundation Trust:

### **Content & Articles**

Matt Akid  
Head of Communications

### **Design & Layout**

George Vasilopoulos  
Web Communications & Graphic Design Manager

The Quality Report was written by Catherine Mooney (Director of Governance & Corporate Affairs) with contributions from a wide range of staff throughout the Trust.

# Chairman's statement



2010/11 was a challenging year for the Trust but a successful one.

The economic downturn and the need for the NHS in North West London to reduce its costs by £1 billion over the next three years meant that we had to make 10% cost savings in 2010/11.

I would like to thank Trust Chief Executive Heather Lawrence and the rest of the Executive team, as well as all staff, for achieving these cost savings to ensure that we retain the financial stability that has underpinned our success while at the same time investing in a major redevelopment of the hospital.

Financially, things will be no easier this year as the Trust Board has agreed a further 9% cost savings but I am confident that, with Heather's strong leadership and the commitment of our staff, we are well placed to rise to this challenge.

As a clinician, I am delighted that we gained significant independent recognition of the quality and safety of our services this year despite the challenging economic times.

The Dr Foster Hospital Guide 2010 singled us out as one of only two NHS trusts nationally with significantly lower than expected mortality rates after surgery.

In addition, we were one of only six NHS trusts nationally to be shortlisted for the CHKS patient safety award 2011 which is based on a range of criteria including mortality and infection rates.

As an academic, I am pleased with the progress we made this year as a centre for teaching and research not only through the approval by the Trust Board of our Research Strategy but also as the hub for two sectorwide research and innovation organisations.

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London aims to embed research findings into clinical practice as quickly as possible with a clear focus on funding projects to improve quality.

The North West London Health Innovation and Education Cluster (HIEC) supports the quick uptake of innovative technologies and services, currently focusing on cancer and cardiovascular care pathways, education and innovation.

Our 14,000 patient, public and staff Foundation Trust members—as well as their elected representatives on the Council of Governors—continue to play an important role in the life of the hospital.

Members supported the Trust's successful campaign for the removal of the Western Extension of the Congestion Charge Zone and they also attended our Annual Members' Meeting and hospital Open Day in record numbers.

These annual events demonstrate the commitment of our patients, local community and staff to Chelsea and Westminster Hospital and we are grateful for their continuing support.

It is my privilege to attend these events and many others as Trust Chairman and looking back on 2010/11 there has been an extraordinary range and diversity of events and celebrations in the hospital which provide an insight into the vibrancy and uniqueness of the Trust.

For example, we held an official opening for the new, purpose-built Hospital School which does such wonderful work with our young patients as part of the ongoing redevelopment of the hospital to improve our services.

HRH Prince Michael of Kent, Patron of the Children's Burns Trust, visited the Burns Unit to see how £90,000 donated to the Unit has been spent to improve services for young patients.

Lord Fowler and colleagues from the House of Lords HIV & AIDS Select Committee visited the hospital to meet patients and staff and were impressed by what they described as our 'pioneering' work and facilities.

These are undoubtedly challenging economic times for the NHS but this promises to be another exciting year at Chelsea and Westminster as we look forward to the completion of the redevelopment of the hospital.

The state-of-the-art facilities for children, people living with HIV and other patients that are due to open in early 2012 have been made possible by our financial stability and by our status as a Foundation Trust.

I am confident that this investment in the future of Chelsea and Westminster will help maintain and develop further our reputation as an excellent hospital.

A handwritten signature in blue ink that reads "Christopher Edwards".

Professor Sir Christopher Edwards  
Chairman

# Chief Executive's statement



I would like to thank all staff including our contractors for their commitment, hard work and expertise which ensured that 2010/11 was a year of achievement for the Trust.

Our focus this year was on improving the quality of care for our patients and investing in a major redevelopment of the hospital to improve our services while at the same time delivering significant efficiency savings.

We treated a record number of patients this year and met all major national performance targets, including treating 95% of outpatients and 90% of inpatients within 18 weeks, despite one of the busiest winters on record.

We met targets set by the Foundation Trust regulator Monitor to minimise MRSA bacteraemia and *Clostridium difficile* infections while our hygiene standards have again been rated 'Excellent' by the National Patient Safety Agency's Patient Environment Action Team.

It is important that we get the basics right to ensure that patients have confidence in the quality and safety of the care that we provide.

Although 89% of patients taking part in the latest national inpatient survey rated their treatment at Chelsea and Westminster as 'Excellent', 'Very good' or 'Good', I was personally disappointed that the survey showed a lack of consistency in our standards of care and the Board shared this view.

We want to ensure that all patients have 'Excellent' care and therefore improving the patient experience is a corporate objective in 2011/12 and it is also a key focus of our Quality Report which forms part of this annual report.

Campaign groups will be established to work with patients and Foundation Trust Governors to improve our performance in the three key areas of communication, discharge and care of older people which are increasingly important as we treat more frail, acutely ill and elderly patients.

We have taken a strategic, planned approach to maintaining financial stability which has enabled us to continue investing in our future.

The Trust is currently in the middle of the biggest redevelopment of the Chelsea and Westminster Hospital site since it opened to patients in 1993.

For example, I am proud of the new, modern Outpatients department on the Lower Ground Floor of the hospital which is providing a greatly improved environment for our patients and will facilitate the development in early 2012 of new facilities for children and patients living with HIV.

The new Outpatients department is designed to provide an 'airport style' quality of service to patients including self check-in for patients, light and airy waiting areas and 'gates' that patients are called to before their appointment so they are in the right place at the right time for their treatment.

We recognise that all NHS organisations need to be flexible and able to deliver services in new and innovative ways. The new Outpatients department is capable of adapting its purpose depending on the future shape of the NHS.

The innovative approach of our staff is also demonstrated by the success of 56 Dean Street, our HIV and sexual health centre in Soho, and by our community mobile health clinic which takes services to patients.

We are also providing an increasing number of services in the community as we position ourselves as a healthcare organisation that is willing and able to take our services to where patients are.

For example, our community gynaecology service in Westminster provides consultant-led care in a community setting—the service is provided by female staff for female patients. More than 800 women were treated by the Westminster Community Gynaecology Service in its first year—and 94% of women taking part in patient surveys rated their care as 'Excellent' or 'Good'.

At the time of writing, the Government's planned reforms of the NHS were on 'pause' following the announcement of a 'listening exercise' with patients, the public and staff to address concerns about the Health and Social Care Bill.

We were proud to host the first listening event with patients when Deputy Prime Minister Nick Clegg visited the hospital in April 2011 and a listening event with staff from Chelsea and Westminster and other hospitals when Prime Minister David Cameron visited the hospital in May 2011.

Whatever the outcome of this listening exercise, it is clear that we need to forge closer, stronger relationships with our local GPs as GP consortia will commission our services in future.

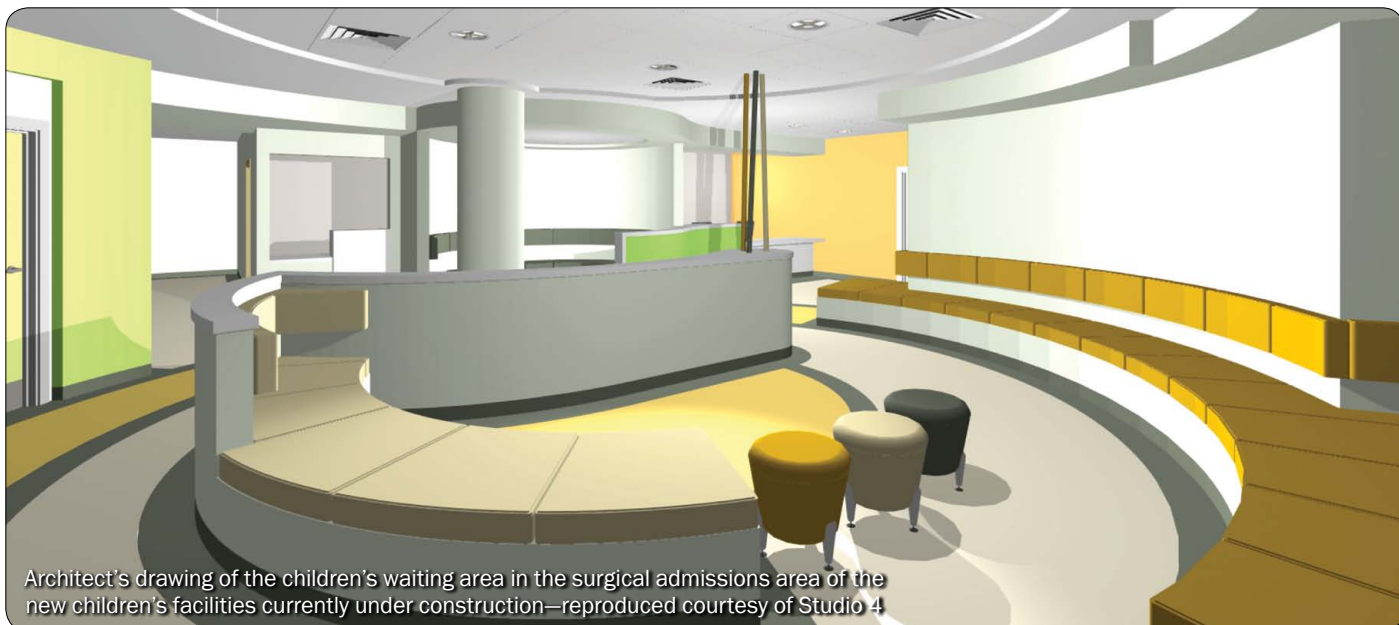
We are also committed to providing more high quality information to patients in line with the Government's principle of 'no decision about me without me'.

The next year will undoubtedly be a challenging one but I am looking forward to working with colleagues on the Board of Directors and staff at Chelsea and Westminster to continue improving the experience of our patients.

*Heather Lawrence*

Heather Lawrence OBE  
Chief Executive

# Strategy



## 2010/11

### Strategic approach

The Trust's strategic vision in 2010/11 was as follows:

*"To provide high quality patient-centred care for our local population and those using our specialist services, delivered by a modern workforce in a range of settings along integrated pathways of care."*

Our strategic priorities in 2010/11 to support delivery of this vision were as follows:

- To improve quality—patient safety, clinical effectiveness and patient experience
- To streamline our administrative processes—for example, the use of technology to deliver our vision of an 'airport style' facility to enhance the patient experience in a new Outpatients department
- To foster an environment of strong clinical leadership
- To work collaboratively through networks and in partnership with other providers
- To provide world class teaching and research
- To deliver more care in community-based settings in close liaison with GPs and other primary and community care colleagues
- To challenge traditional ways of working to ensure an efficient and 'fit for purpose' organisation that is financially sustainable

These cross-cutting priorities were in support of our ongoing aim to be both a provider of specialist services—especially for HIV, burns, high risk maternity, and neonatal and paediatric care—and a provider of local services with a focus on community services.

### Strategic developments

Key developments in support of the Trust's strategic vision included:

- Work started in April 2010 on a £40 million redevelopment to improve the patient environment for children and people living with HIV in particular—the Netherton Grove extension is a two-storey extension to the 1st and 2nd Floors of the hospital which will help the Trust to achieve its vision of providing world class children's services following our designation as the lead centre for specialist paediatric and neonatal surgery in North West London, while also developing HIV services
- A new Outpatients department on the Lower Ground Floor of the hospital opened to diabetes patients in January 2011 and to general surgery, pain and urology patients in April 2011
- A £9.5 million project to overhaul the hospital's infrastructure was started to transform the way in which electricity, heating and cooling is supplied to the hospital—the project will help reduce the Trust's carbon footprint and make us self-sufficient in terms of the power needed to keep services running smoothly
- We continued to expand our portfolio of community services by, for example, winning a competitive tendering process to provide community dermatology services in Kensington and Chelsea for the next three years—this service was launched in October 2010
- We also successfully bid for the contract to provide community gynaecology services in Richmond and Twickenham
- Our Urgent Care Centre opened to adults in October 2010 and to children in April 2011—it is run by the Trust in partnership with local GPs to treat those patients who come to A&E with less serious or urgent injuries and illnesses, providing a faster assessment process and GP-led care so that patients receive the right care in the right place

# Performance against corporate objectives

## Corporate Objective 1: Improve patient safety and clinical effectiveness

### Patient safety

- The Trust was shortlisted for the CHKS patient safety award 2011, a national award for providing a safe hospital environment for patients which is based on criteria including infection and mortality rates
- From October 2010 we met a national target to assess 90% of inpatients for their risk of venous thromboembolism (VTE)—only 26 out of 159 acute hospitals nationally achieved this target
- We achieved our target of reducing the incidence of falls resulting in moderate or major harm by at least 25%
- We met Monitor's target of no more than six MRSA cases during the year—only one elective patient was infected with MRSA while in the hospital

### Clinical effectiveness

- The Trust was named as one of only two hospitals nationally with significantly lower than expected mortality rates after surgery in the Dr Foster Hospital Guide 2010
- We achieved targets for emergency surgery based on National Confidential Enquiry into Patient Outcome & Death (NCEPOD) recommendations
- We reduced the Trust's Hospital Standardised Mortality Ratio (HSMR) by more than 5%
- The average number of days that patients had a catheter (excluding patients who need a lifelong urinary catheter) was reduced from 10 days when an audit was carried out in 2009 to 7.8 days when another audit was carried out in 2010/11

## Corporate Objective 2: Improve the patient experience

- 89% of patients in the latest NHS inpatient survey rated their care at Chelsea and Westminster as 'Excellent', 'Very good' or 'Good'
- 95% of women in the latest national survey of maternity services said their care at Chelsea and Westminster was 'Excellent', 'Very good' or 'Good'
- 95% of children and young people aged 8–17 and 94% of parents of children aged 0–7 in the latest national survey of paediatric inpatient services rated their care at Chelsea and Westminster as 'Excellent', 'Very good' or 'Good'

- We achieved our target of reducing the number of complaints relating to appointments and admissions by 30%
- 75% of staff completing the latest national NHS staff survey said they had an appraisal in the previous 12 months and 69% of staff said they had a Personal Development Plan which is above average for an acute trust
- We achieved our target of a Trust vacancy rate of less than 10% as the vacancy rate was 9.7% at the end of 2010/11, and we also achieved our target of an average monthly sickness rate of 3.6% or less as the average monthly sickness rate for 2010/11 was 3.44%

## Corporate Objective 3: Deliver excellence in teaching and research

- The Research Strategy was approved by the Trust Board and is now being implemented through the Research Strategy Board which is chaired by the Trust Chairman
- Professor Masao Takata, Deputy Head of the Department of Anaesthetics, Pain Medicine and Intensive Care at Imperial College London, was appointed as Magill Chair of Anaesthesia
- The North West London Health Innovation and Education Cluster (HIEC) was officially launched and key performance indicators (KPIs) agreed with NHS London for 2011/12
- The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London led a successful bid for a three-year Improvement Science Fellowship from The Health Foundation
- Two new education fellows were appointed to facilitate medical teaching and to improve students' overall rating of their teaching

## Corporate Objective 4: Ensure financial and environmental sustainability

- We achieved the financial plan for 2010/11 by delivering cost savings of £22.6 million and achieving a surplus for the year of £13.8 million which was £1.5 million ahead of plan
- We improved our performance on environmental sustainability by:
  - Completing a programme to install automatic meter reading for gas and electricity usage
  - Increasing recycling rates to 40% of all waste by the end of 2010/11

## Strategic approach

The Trust's strategic vision for 2011/12 is as follows:

*"To deliver safe and sustainable care of the highest quality and to be the provider of choice for our local population and those using our specialist services, provided in a modern way by multi-disciplinary teams working in an excellent environment, supported by state-of-the-art technology and world class academic research."*

## Strategic objectives to support the vision

While we have made significant progress in delivering our strategic vision, there are a number of significant internal and external challenges and opportunities to be addressed.

Therefore the Trust's strategic objectives for the next three years have been grouped around three broad areas focusing on maintaining and developing our key clinical specialties, exploring opportunities for growth, and ensuring sustainability.

### Maintaining and developing our key clinical specialties

- Maintain our key specialties to secure our future both in terms of financial sustainability and reputation
- Support services that face particular challenges including paediatrics, HIV, cancer and burns because there is a drive within the North West London sector and across London for greater centralisation of specialist services
- Develop clear strategies for key clinical specialties to mitigate the risks to our organisation of the centralisation of services—work is already underway to explore the potential impact and develop appropriate responses

### Exploring opportunities for growth

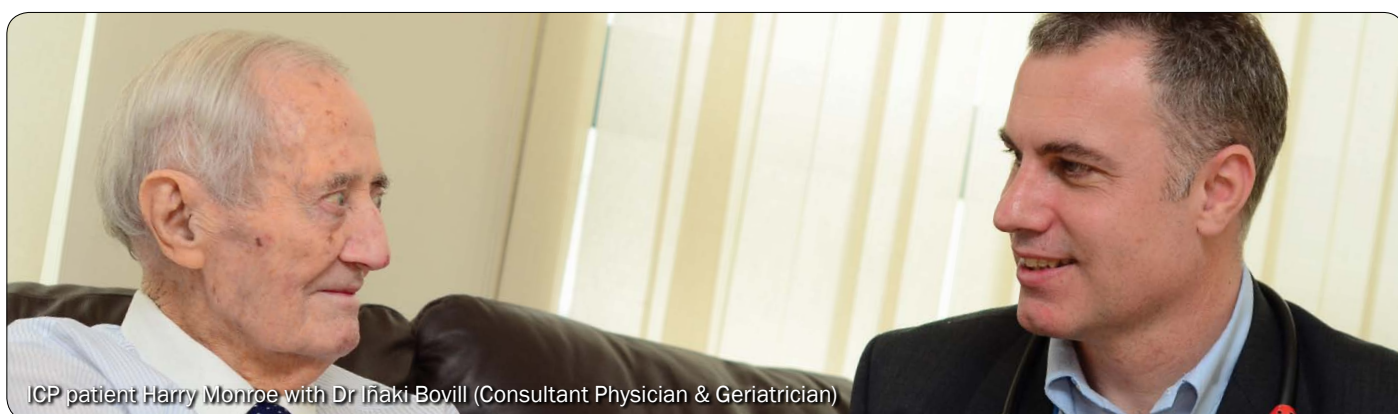
- Explore the acquisition of another acute trust or a federated model of care, potentially in partnership with our partner hospitals on the Fulham Road, the Royal Brompton and the Royal Marsden
- Engage actively in Integrated Care Pilots (ICPs) in our sector particularly the North West London ICP and the

Wandsworth 'Virtual Ward': equally, we may consider opportunities for vertical integration with a community provider or social care organisation to increase our involvement in public health

- Develop and promote the model of care successfully provided by 56 Dean Street, our HIV and sexual health centre which opened in Soho in March 2009, with a view to expanding or franchising this approach
- Increase our market share of services with potential for growth, for example endoscopy and bariatrics (weight loss surgery)
- Grow private patient income if and when the cap on private patient activity is lifted to compensate for activity that may be lost as a result of NHS efficiency savings and our commissioners' demand management initiatives

### Ensuring sustainability

- Continue to improve the patient experience and patient safety, for example through effective communication and the provision of information to patients and their families, and consultant-led and delivered care
- Maintain financial sustainability—the Trust successfully achieved a Cost Improvement Programme of 10% of the Trust's controllable costs in 2010/11 and a similar scale of Cost Improvement Programme is planned for 2011/12
- Complete a £9.5 million project to overhaul the hospital's infrastructure to help reduce the Trust's carbon footprint and make us self-sufficient in terms of the power needed to keep services running smoothly
- Mitigate the planned reduction in secondary care activity as a result of NHS efficiency savings by exploring the opportunities for growth outlined above and by identifying the potential sharing of 'back office' functions with our partner hospitals on the Fulham Road
- Implement a new senior nursing and management staffing structure, in line with the Trust's three clinical divisions, following a consultation with staff which ended in May 2011
- Ensure that services such as IT, Marketing and Facilities are in place to support the Trust's clinical divisions and its strategic objectives



ICP patient Harry Monroe with Dr Inaki Bovill (Consultant Physician & Geriatrician)

# Corporate objectives

## Corporate Objective 1: Improve patient safety and clinical effectiveness

- **Patient safety**

Have no hospital acquired preventable venous thromboembolism (VTE)

- **Clinical effectiveness**

Improve the quality of emergency surgery for patients by reducing the waiting time for surgery by 10%, reducing the time patients are nil by mouth, and providing better information for patients and relatives

## Corporate Objective 2: Improve the patient experience

- Establish campaign groups for each of the three key areas identified below to work with patients and Foundation Trust Governors to agree targets to measure progress:

- **Communication**

Ensure that patients receive accurate information (verbal and written) about their diagnosis and treatment/care plan in a way they understand and which helps to make them feel involved

- **Discharge**

Explore the possibility of patients having a discharge interview with a senior member of staff before they go home and a follow-up phone call the following day, and explore different models of care to reduce readmission rates

- **Care of older people**

Introduce an individual daily 'wellbeing round' by senior nursing staff for every patient over 75 years old, and identify and assess all patients with dementia at the point of admission so that a dementia care pathway can be implemented

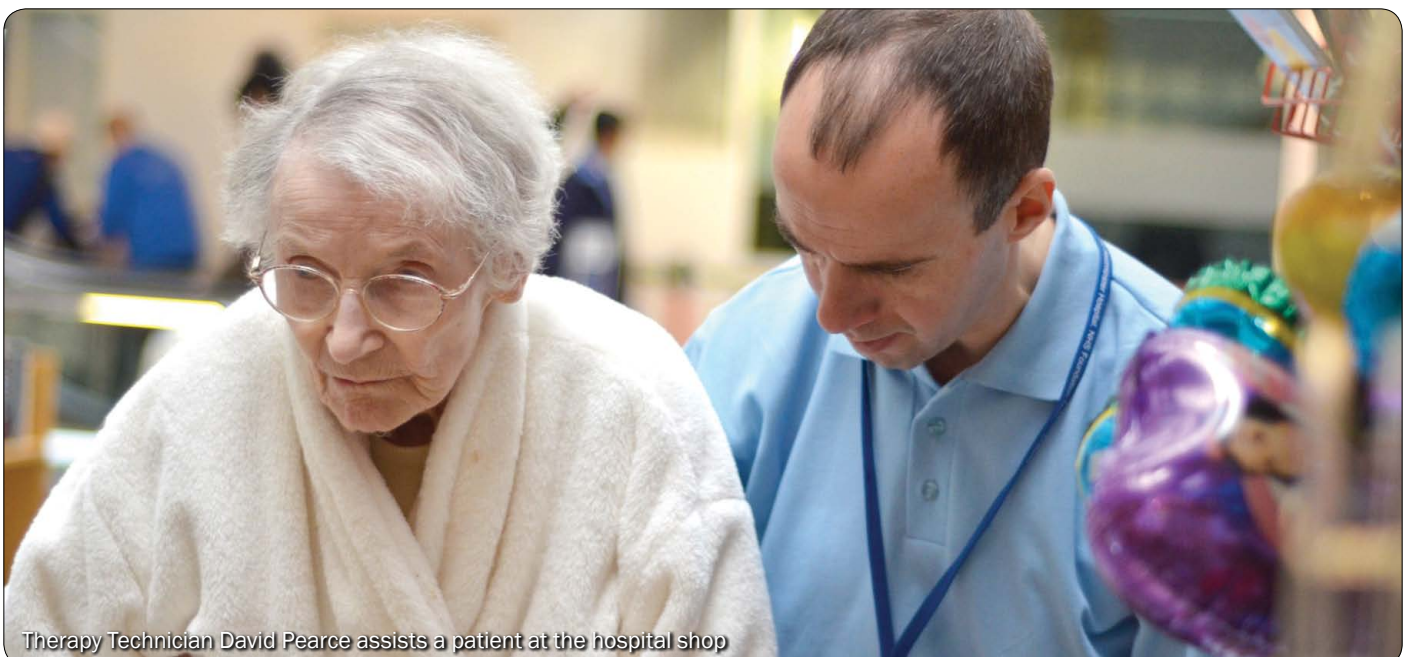
- Remain in the top 20% of acute trusts nationally for staff engagement and be in the top 20% for staff appraisals, as measured by the national staff survey

## Corporate Objective 3: Deliver excellence in teaching and research

- Deliver an agreed improvement in students' overall rating of their teaching
- Implement the Trust's Research Strategy and continue to build upon the Trust's research capacity and capability to support improved patient outcomes
- Develop synergies between the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London, North West London Higher Education and Innovation Cluster (HIEC) and Training for Innovation (TFI) to support implementation of the Quality, Innovation, Productivity and Prevention (QIPP) agenda

## Corporate Objective 4: Ensure financial and environment sustainability

- Deliver a financial risk rating of no less than 3 (where 0 is 'high risk' and 5 is 'low risk') in each of the next three years and deliver the financial plan in each year
- Improve environmental sustainability by:
  - Initiating a formal environmental management system to ensure that all environmental legislative activities are complied with
  - Developing a procurement statement that includes consideration of sustainability in the evaluation of products and services purchased by the Trust



Therapy Technician David Pearce assists a patient at the hospital shop



Andrew Lansley (centre) with Heather Lawrence (Chief Executive) and Dr Mike Anderson (Medical Director) during a visit to the A&E Department in December 2010



Andrew Lansley speaks to A&E Consultant Dr Claire Emerson

# Quality Report

# Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010/11:

- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2010–May 2011
  - Papers relating to Quality reported to the Board over the period April 2010–May 2011
  - Feedback from the commissioners 2 June 2011
  - Feedback from Governors through the Council of Governors Quality Sub- Committee throughout the year
  - Feedback from Kensington and Chelsea Local Involvement Network(LINK) 2 June 2011
  - The Trust's complaints report 2009/10 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, September 2010
  - The national inpatient survey 2009 and 2010
  - The national staff survey 2009 and 2010
  - The Head of Internal Audit's annual opinion over the Trust's control environment—RSM Tenon up to 31 January 2011 (24 March 2011) and KPMG December 2010–March 2011 (19 May 2011)
  - CQC quality and risk profile March 2011
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations published at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual))

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board.



Professor Sir Christopher Edwards  
Chairman  
6 June 2011



Heather Lawrence OBE  
Chief Executive  
6 June 2011

# Independent Auditor's Assurance Report

## Independent Auditor's Assurance Report to the Council of Governors of Chelsea and Westminster Hospital NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Chelsea and Westminster Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of the content of Chelsea and Westminster Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

This report, including the conclusion, has been prepared solely for the Council of Governors of Chelsea and Westminster Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Chelsea and Westminster Hospital NHS Foundation Trust's quality agenda, performance and activities.

We permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Chelsea and Westminster Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Scope and subject matter

We read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for our report if we became aware of any material omissions.

### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

We read the other information contained in the Quality Report and considered whether it is inconsistent with the specified documents in the Monitor guidance.

We considered the implications for our report if we became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised)—'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000').

Our limited assurance procedures included:

- Making enquiries of management
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report
- Reading the documents

A limited assurance engagement is less in scope than a reasonable assurance engagement.

The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.



Deloitte LLP  
Chartered Accountants  
St Albans  
6 June 2011

# Statement on quality from the Chief Executive

The Trust Board of Directors is committed to providing high quality care for our patients.

This commitment to meet the challenge of delivering quality while delivering efficiency cost savings of around 10% a year underpins our corporate objectives for 2011/12:

- Improve patient safety and clinical effectiveness
- Improve the patient experience
- Deliver excellence in teaching and research
- Ensure financial and environmental sustainability

I am grateful to our stakeholders for contributing to the development of this Quality Report, in particular our staff and Foundation Trust Governors, and Kensington and Chelsea Local Involvement Network (LiNK), to ensure that we reflect and address the concerns of patients and the public.

Our commitment to quality improvement is evidenced by the following achievements in 2010/11:

- The Trust was registered without conditions by the Care Quality Commission (CQC) from 1 April 2010 when a new system for regulating standards in the NHS became law—the Trust showed it could meet new essential standards of quality and safety which the CQC monitors
- We were named by the Dr Foster Hospital Guide in November 2010 as one of only two NHS trusts nationwide with lower than expected mortality rates after surgery among patients who had a secondary diagnosis such as internal bleeding, pneumonia or a blood clot

- Chelsea and Westminster Hospital was rated 'Excellent' for the three categories of Environment, Food and Privacy & Dignity in the Patient Environment Action Team (PEAT) assessment 2010
- We achieved Monitor targets for the number of cases of both MRSA bacteraemia and *Clostridium difficile* in 2010/11
- A Statement of Declaration was published by the Trust in December 2010 to confirm that we have the necessary procedures in place to ensure a robust MRSA screening programme for both planned and emergency admissions

The Board of Directors is committed to improving quality further and sees quality as a constant drive for improvement. We set ourselves challenging targets to improve in key areas of safety, effectiveness and patient experience in 2010/11 and, while we made progress in many areas, we have set ourselves further challenges in 2011/12 to ensure that we constantly focus on providing the best and safest care to our patients.

Our performance against our priorities for quality improvement in 2010/11 and the priorities for quality improvement that we have set for 2011/12 are outlined in this Quality Report.

To the best of my knowledge, the information in this report is accurate.

*Heather Lawrence*

Heather Lawrence OBE  
Chief Executive  
6 June 2011



Hand surgery in the Treatment Centre

# Priorities for improvement and statements of assurance from the Board

## Performance against priorities for quality improvement 2010/11

### Priority 1: Patient safety

#### To reduce hospital associated preventable venous thromboembolism (VTE) by 20%

Venous thromboembolism (VTE) is the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE). A DVT is a blood clot that forms in a deep vein, usually in the leg or the pelvis.

Sometimes the clot breaks off and travels to the arteries of the lung where it will cause a pulmonary embolism (PE). We can avoid many VTEs by offering preventative treatment to patients at risk.

#### What did we do in 2010/11?

We introduced measures to raise awareness among patients and staff that all patients admitted to hospital should be assessed for their risk of VTE and treated appropriately:

- We updated our electronic VTE risk assessment and produced a new electronic VTE risk assessment specifically for pregnant women—these assessments identify adult inpatients at risk of VTE and enable us to provide appropriate treatment
- We updated a patient information leaflet on DVT and PE and a pocket guide for staff which includes guidance on assessing risk factors for VTE and treatment
- We launched a *No more clots* campaign to raise awareness of VTE
- We produced a new mandatory online training module for nurses and all junior doctors receive training on VTE prevention

#### How did we perform in 2010/11?

We wanted to measure the number of DVTs and PEs diagnosed at this hospital that occurred during an admission or within three months of an admission and to check that we had offered the appropriate preventative treatment.

In 2009/10, in a four-month audit period from September to December 2009 we identified 13 patients with VTE that were associated with a hospital admission. On investigation eight of the 13 patients had received appropriate preventative treatment, and five had not.

In 2010/11 in a five-month retrospective audit period from April to August 2010 we identified 22 patients with VTE that were associated with a hospital admission. On investigation 11 of the 22 patients had appropriate preventative treatment and seven further patients were given preventative medication, but some doses were missed. Four patients were not given appropriate preventative treatment.

This shows that we are preventing many VTEs in patients admitted to hospital, but not all VTEs are avoidable despite

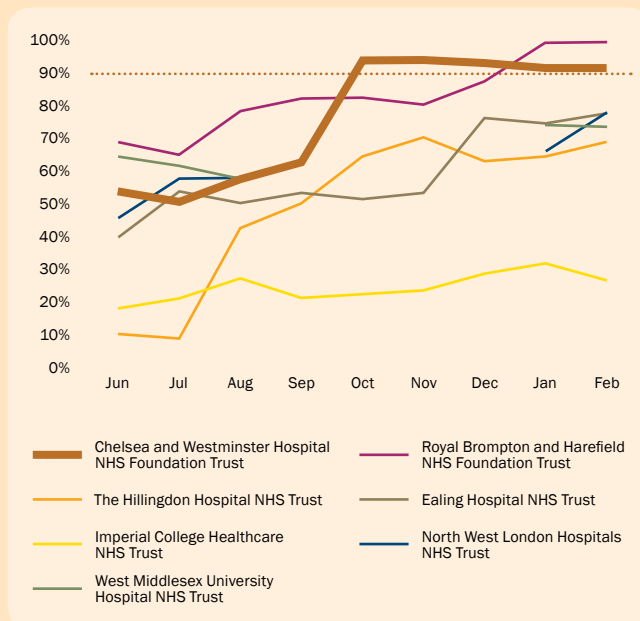
appropriate preventative treatment. We still need to improve to ensure all patients at risk are given the right preventative treatment.

Ensuring that all patients admitted to hospital are assessed for their risk of VTE increases the likelihood that we can provide appropriate preventative treatment.

We monitor the number of patients who have a risk assessment—from October 2010 we achieved the national target of more than 90% (see graph below).

This improvement was a result of raising awareness and updating our electronic risk assessment tool. We were one of only 26 hospitals to achieve this target out of a total of 159 acute hospitals.

#### Percentage of patients admitted to hospital with a completed VTE risk assessment each month for hospitals in the North West London sector Jun–Dec 2010



Source: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_124558](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_124558)

We undertake audits to establish the number of patients who receive appropriate preventative treatment. An audit in January 2011 of 46 patients who had orthopaedic surgery showed that 96% received appropriate preventative medication, compared with 69% in an audit in August 2009 of 16 orthopaedic patients.

An audit of patients undergoing planned surgery during one week in December 2010 showed that 100% of patients were offered an information leaflet on DVT and PE at their pre-operative assessment, compared with 83% in 2009.

## Priority 2: Patient experience

To achieve a progressive improvement in issues identified in the annual national inpatient survey relating to communication, information and responsiveness to the personal needs of patients

Improving the patient experience is a key Trust corporate objective and issues relating to communication and information were highlighted as areas for improvement in the Trust's national inpatient survey results. In addition, there was a national focus in 2010/11 on responsiveness to the personal needs of patients as measured through five selected questions in the national inpatient survey (see table below).

### What did we do in 2010/11?

We used our realtime electronic patient feedback tool called the Patient Experience Tracker (PET) to ask the five questions. Between August 2010 and March 2011 2,938 patients discharged from our adult inpatient wards gave us the following feedback:

#### Selected questions from national inpatient survey

N°	Question	Overall Satisfaction Score
1	Have you felt as involved as you wanted to be in decisions about your care and treatment?	89%
2	Have you had the opportunity to talk to someone about any worries or fears?	90%
3	Have you been given enough privacy when discussing your condition or treatment?	90%
4	Have you been told about medication side effects to watch out for after you leave hospital?	86%
5	Have you been told who to contact if you are worried about your condition after you leave hospital?	88%

### How did we perform in 2010/11?

The following table identifies how we performed in the national inpatient survey in 2010. It also includes a comparison with our performance in 2009 and a comparison with our performance against the national average of NHS trusts that used Picker Institute to conduct the national inpatient survey programme. A low score is a good score.

#### Performance in national inpatient survey 2010

Ref	Question	2009	2010	Picker Avg 2010
E2	Care: wanted to be more involved in decisions	40%	49%	46%
E5+	Care: could not always find a member of staff to discuss concerns with	59%	62%	57%
E6	Care: not always enough privacy when discussing condition or treatment	27%	26%	28%
G9	Discharge: not fully told of side-effects of medications	48%	47%	46%
G14	Discharge: not told who to contact if worried	24%	23%	21%

Disappointingly, our patient satisfaction scores as measured by the PET are not reflected by any significant improvements in our national inpatient survey scores for 2010.

## Improving the patient experience in Maternity and Children's & Young People's Services

In addition to the general Trustwide objective to improve the patient experience, the Trust also had a specific objective to improve the patient experience for women using our maternity services and for children and young people.

### Maternity

Our objectives in 2010/11 were:

- To achieve a 90% satisfaction score for patient experience on the postnatal ward (Ann Stewart Ward), as measured by the Patient Experience Tracker (PET)
- To reduce the waiting time for an appointment in the Antenatal Clinic to no longer than 15 minutes

### What did we do in 2010/11?

Themes in feedback from women using maternity services have been analysed to identify areas for improvement. One key theme is that some women say they sometimes lack the information and detailed debriefing to allow them to understand what happened during their labour. As a result of this a new post has been created to provide a clinically expert debriefing service for women who need or choose this.

Extended visiting has been introduced onto the antenatal ward so that husbands and partners can stay and support their partners in early labour and during induction.

The postnatal ward is being improved to replace all bathrooms with upgraded bathrooms and showers and to refurbish the ward area, including replacement of worn flooring and making all delivery rooms ensuite.

Recruitment of midwives to ensure that 1:1 care in labour is maintained has reduced our vacancy rate to less than 10%.

Staff training has been reorganised so that all staff undertake annual updates. This training includes simulation exercises and is undertaken in multi-disciplinary groups.

The development team were 'Highly Commended' for their integrated care training programme as part of the Elizabeth Paice Award for Educational Excellence.

An antenatal working party was set up to reduce waiting time for patients.

## How did we perform in 2010/11?

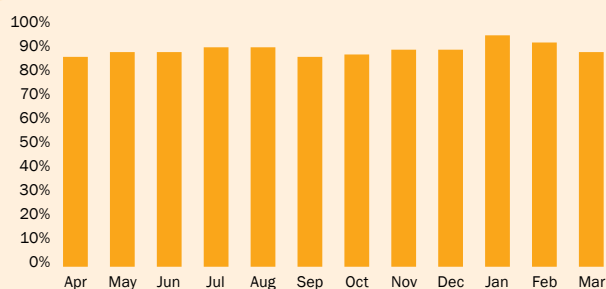
### Postnatal ward

Women on the postnatal ward (Ann Stewart Ward) were asked the following questions using the PET:

- Did you get information you could understand?
- Did you feel the ward was clean enough?
- Were the staff kind and caring?
- Did you feel welcomed when you arrived?
- Overall how would you rate your experience on this ward?

We were unable to achieve consistently the objective of a 90% satisfaction score for patient experience as the following graph demonstrates.

**Monthly percentage satisfaction scores for Ann Stewart Ward 2010/11**



### Antenatal Clinic

The goal of achieving waiting times of no greater than 15 minutes has not been achieved. An audit from 15 to 29 January 2011 showed that the majority of patients had a waiting time of less than 30 minutes but the target wait of 15 minutes was only achieved for 48% of patients.

Reorganising the doctors' clinics to achieve maximum appointments will come into place in July 2011. A further audit of waiting times will then be carried out. There is a refurbishment project planned for 2011 which will improve the waiting and reception areas, and we will be drawing on technological innovations that have been used in the Outpatients redevelopment.

## Children's & Young People's Services

Our objective in 2010/11 was:

- to achieve a 90% satisfaction score for patient experience in Children's Outpatients, as measured by the PET

## What did we do in 2010/11?

A patient experience improvement action plan was implemented by the Children's Outpatients Improvement Group, led by the service director.

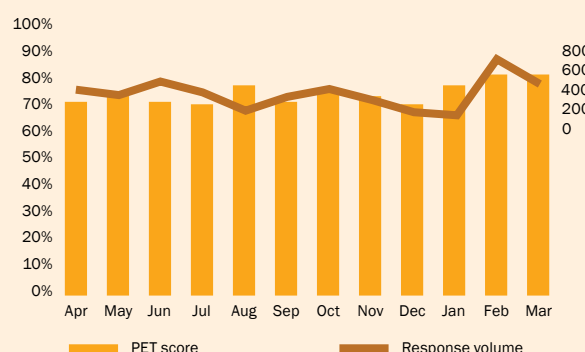
Work undertaken in 2010/11 included:

- The use of pagers in Children's Outpatients to enable families to leave the department while they wait for their appointment and be called back at the appropriate time
- The building of four new outpatient rooms and an associated waiting area to increase clinic capacity
- The installation of an audiology room to support ENT clinics in Children's Outpatients so that clinics can run all in one child-friendly area instead of using an audiology room on another floor
- The launch of a new Children's Outpatients timetable with earlier start times for clinics and more evenly distributed appointment times
- An increased focus on communications and cross-cover between the reception and nursing/healthcare assistant teams

## How did we perform in 2010/11?

A lot of work was undertaken through the year and month-on-month PET scores improved from around 70% in April 2010 to 80% in March 2011, alongside an increase in the numbers of patients using the PET. However, we fell short of our target to achieve a 90% satisfaction score.

**Children's Outpatients PET score and response volume 2010/11**



Several new initiatives will be put in place to ensure continued improvement into 2011/12. A service review and restructure has been undertaken of all children's outpatient and ambulatory care services, with the objective of improving patient experience in these departments.

The agreed proposal merges the reception and healthcare assistant teams so that all staff will learn both administrative and clinical skills and can work flexibly to provide the best service to patients. This new structure will be implemented in summer 2011 and we anticipate will be a significant driver of enhanced patient experience through 2011/12.

A significant improvement to the environment will be delivered with new flooring expected to be completed by May 2011. Alongside this we will be able to release additional clinic room capacity by moving Pre-operative assessment clinics to the new purpose built Pre-operative and Day Case unit on the 1st Floor within the Netherton Grove Extension, enabling more clinics to be offered and reducing waiting times for and during appointments.

## Priority 3: Clinical effectiveness

### To meet agreed targets based on National Confidential Enquiry into Patient Outcome & Death (NCEPOD) recommendations for emergency surgery

We set ourselves targets for emergency surgery by adopting the NCEPOD classification of surgical priority which outlines four levels of surgery:

- **Immediate**—immediate life, limb or organ saving intervention
- **Urgent**—normally within hours of decision to operate, we agreed a target of within 24 hours of booking
- **Expedited**—normally within days of decision to operate, we agreed a target of within four working days of booking
- **Elective**—routine admission for planned surgery at a time convenient for the patient

#### What did we do in 2010/11?

Initiatives started in 2010/11 included:

- Introducing a meeting of the emergency anaesthetist, lead theatre nurse and surgeons who have booked patients

for emergency operations at 7:45am each day to allow planning of the schedule of emergency patients

- Increasing the proportion of weekday emergency lists covered by consultant anaesthetists or associate specialists to 97%, to increase theatre list efficiency, the safety of anaesthesia delivery for emergency cases, and the quality of teaching in emergency anaesthesia
- Initiating an electronic theatre booking system (PICIS) that allows tracking of emergency patients from booking to operation

#### How did we perform in 2010/11?

The following table represents the first five months of the new PICIS system and demonstrates that we have met the target for the majority of patients.

#### Chelsea and Westminster Hospital Main Theatres Emergency Surgery

NCEPOD class	Nov 2010		Dec 2010		Jan 2011		Feb/Mar 2011	
	class total	% in time	class total	% in time	class total	% in time	class total	% in time
Immediate	4	100%	0	100%	0	100%	5	100%
Urgent	237	99%	193	98%	185	99%	298	99%
Expedited	12	83%	42	100%	52	100%	104	96%
<b>Total</b>	<b>253</b>	<b>98%</b>	<b>235</b>	<b>99%</b>	<b>237</b>	<b>99%</b>	<b>407</b>	<b>98%</b>

## Priority 4: Patient Safety

### To reduce the incidence of falls resulting in moderate or major harm by at least 25% in 2010/11

Falls are in the top three most reported incidents in the Trust. Approximately 10–30% of falls result in harm to the patient, of which 10% of injuries are moderate or serious.

We know from feedback and complaints how a fall can cause distress to a patient and their family and can lead to a longer stay in hospital than expected.

#### What did we do in 2010/11?

We took the following actions in 2010/11:

- A total of 488 nursing staff undertook falls training although the challenge of extending the training to all staff remains
- The use of falls alarms was trialled on two wards to indicate when 'at risk' patients are standing up and allow prompt help to be provided—this proved to be very successful and further alarms are being purchased for other wards

#### How did we perform in 2010/11

We achieved our target of reducing falls causing moderate or severe harm by 25%, from 12 in 2009/10 to 7 in 2010/11.

#### Patient falls per year, 2005–11



We will continue to work on other initiatives such as an alert on our electronic patient system, the further development of the risk assessment, and work on development, design and deployment of a Falls Safety Checklist—an inter-disciplinary checklist for fall prevention interventions, based around the four basics of fall prevention described in the *Patient Safety First* document.

Please see the local indicator section for our proposed targets for 2011/12.

# Priorities for quality improvement 2011/12

As a result of our continuous review of services throughout the year in conjunction with our key stakeholders, the following priorities for quality improvement were proposed and agreed by the Trust Board of Directors for 2011/12.



Posters from the No More Clots campaign to highlight the importance of VTE assessments for patients

## Priority 1: Patient safety

### To have no hospital acquired preventable venous thromboembolism (VTE)

#### Why is this a priority?

Approximately half of all cases of VTE occur in patients who have had a recent stay in hospital. VTE is one of the most common preventable causes of hospital deaths. It is estimated that in England each year more than 25,000 people die from preventable VTE contracted in hospital.

About one third of patients will develop VTE despite the best care but we can help prevent VTE occurring in two thirds of patients by providing appropriate preventative treatment.

#### What actions are we planning to improve our performance?

In addition to the initiatives already in place, we will set up a system to identify patients who have been diagnosed with VTE during a hospital admission or within three months of admission to identify patients who did not receive appropriate preventative treatment. For these patients, we will undertake

a root cause analysis to identify areas in which we can make improvements.

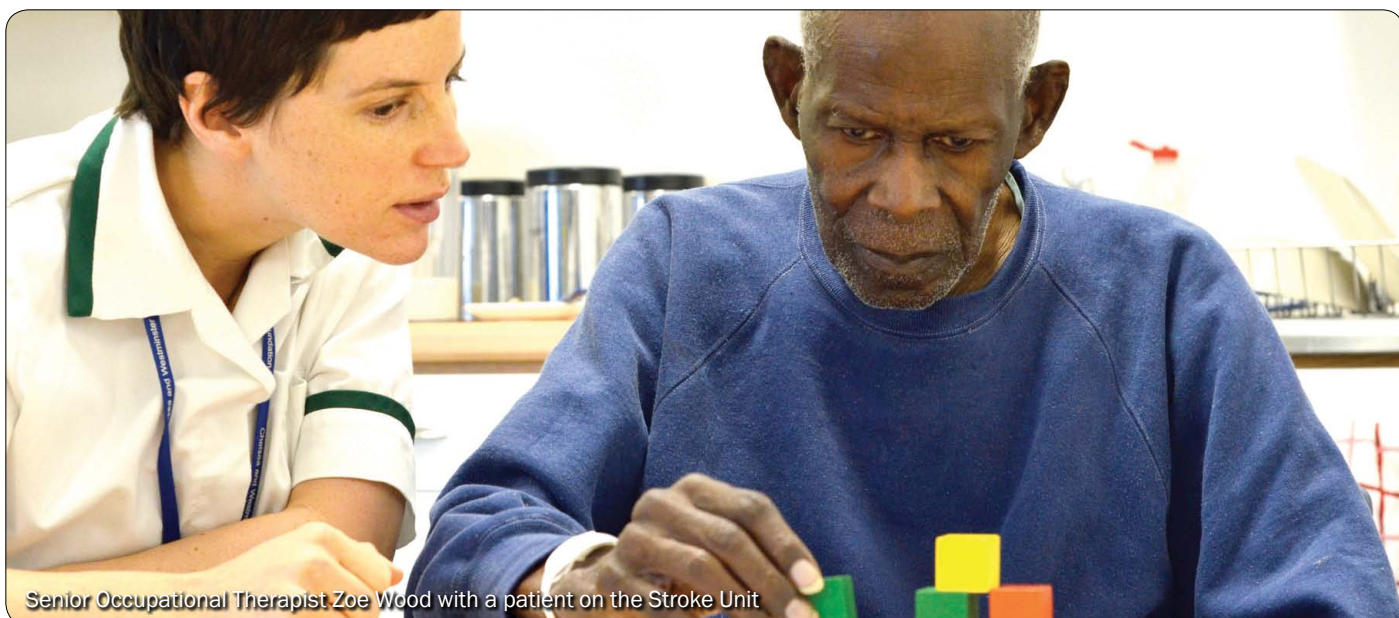
We will produce guidance for nurses and doctors on compression stockings to ensure that patients wear these correctly and have adequate monitoring.

#### How will improvement be measured and monitored?

We will monitor the number of patients with preventable VTE and we will audit on a regular basis whether appropriate preventative treatment and information is being provided.

#### How will progress be reported?

Progress will be reported at the multi-disciplinary Thrombosis and Thrombophylaxis Committee every month and at the Trust Executive Quality Committee and the Assurance Committee on a quarterly basis.



Senior Occupational Therapist Zoe Wood with a patient on the Stroke Unit

## Priority 2: Patient experience

**Our patient experience strategy for 2011/12 will focus on three key areas—communication, discharge planning and the care of older people**

### Why is this a priority?

Our patients and stakeholders have highlighted these three key areas as being of greatest concern:

- **Communication and information**—it is clear from the national inpatient survey that at times we do not communicate with patients effectively and do not provide enough information, which can result in increased anxiety and stress.
- **Discharge planning**—a theme within the national inpatient survey is dissatisfaction with the discharge processes within the hospital. This was supported by feedback from our Foundation Trust Governors and Kensington and Chelsea Local Involvement Network (LiNK).
- **Care of the older person**—the Health Service Ombudsman report “Care and Compassion” (2010) looked at the distressing problems that older people in hospital often face. The national inpatient survey results and our complaints have highlighted that there is more the Trust can do to improve the experience for our older patients and ensure that their dignity is maintained at all times.

### What are our objectives in 2011/12?

We will be setting up campaign groups for each of the three key areas above. The campaign groups will work with patients and governors to agree targets to measure our progress.

- **Communication**  
Our objectives are for patients to receive accurate information (verbal and written) about their diagnosis and treatment/care plan in a way they understand and which helps to make them feel involved.
- **Discharge**  
We will be exploring the possibility of patients receiving a discharge interview before they go home from a senior

member of staff and a follow-up phone call the following day. We will also explore different models of care to reduce re-admission rates.

- **Care of the older person**

An individual daily ‘wellbeing round’ will be undertaken by senior nursing staff, which will include every patient over 75-years-old. In addition, patients with dementia will be identified and assessed at the point of admission and a dementia pathway implemented.

### What actions are we planning to improve our performance?

The three identified themes will be organised into ‘campaigns for action’. Each campaign will have a named campaign leader within each Division who will ensure the campaign is managed to achieve its expected outcomes. There will be a clear action plan for each campaign, which will be closely monitored by the campaign group and campaign leader.

### How will improvement be measured and monitored?

Improvement will be measured by each campaign group and monitored by Divisional Boards. A Non-Executive Director will lead a review every two months. Summaries of any monthly visits undertaken by the Governors and any reports from Kensington and Chelsea LiNK will be considered. The overall measure of success will be improving the national inpatient survey results and reducing complaints in these areas. We will use a range of methods to track patient experience in order to monitor progress.

### How will progress be reported?

The campaign leaders will report into the Patient Experience Committee, and will produce a quarterly report for the Trust Executive Quality Committee and Assurance Committee, which reports to the Board. The Council of Governors will also receive regular updates on progress.

### **Priority 3: Clinical effectiveness/patient experience**

**To improve the quality of emergency surgery for patients by reducing the waiting time for surgery by 10%, reducing the time patients are nil by mouth, and providing better information for patients and relatives**

#### **Why is this a priority?**

Senior surgeons had previously expressed concern about delays for some patients needing urgent surgery and last year we achieved our targets. However, we know from complaints and feedback that there are still concerns from patients and relatives about delays, which affect the time patients have to wait without food and drink, and they feel that they are not given enough information.

Our surgeons also believe that we can reduce waiting times further so this year we want to look at the average waiting time for an operation with a view to decreasing this by at least 10% as well as other aspects of the patient experience.

#### **What actions are we planning to improve our performance?**

- We will increase the availability of emergency/trauma operating theatre time at weekends by instituting an extra emergency list on Saturday afternoons
- We will reduce waiting times for adult patients in main theatres requiring emergency surgery by using the new Netherton Grove paediatric theatre suite (due to open early 2012) for children requiring emergency surgery during normal working hours

- We will improve communication and information to patients and relatives about emergency surgery, in particular when there are delays
- We will minimise the length of time that patients are nil by mouth (not allowed to eat or drink) while waiting for surgery
- We will ensure that a consultant gives approval for a patient to be scheduled for emergency surgery

#### **How will improvement be measured and monitored?**

We will measure the average wait from booking time to operation time and monitor this on a monthly basis and will measure communication with patients through a quarterly survey. We will measure the length of time that patients are nil by mouth by auditing a sample of all patients in an observation period on a quarterly basis.

#### **How will progress be reported?**

Progress will be monitored by the Divisional Board and by the Theatre Improvement Board. Progress will be also be reported to the Trust Executive Quality Committee and the Assurance Committee on a quarterly basis.

### **Priority 4: Patient experience/workforce**

**To remain in the top 20% of acute Trusts nationally for staff engagement and to be in the top 20% for staff appraisals as measured by the national staff survey**

#### **Why is this a priority?**

A growing body of evidence has shown a clear correlation between a satisfied workforce and high quality patient care. The staff engagement score in the national staff survey includes the following:

- Staff feeling able to contribute towards improvements at work
- The extent to which staff feel motivated and engaged with their work
- Willingness of staff to recommend the Trust as a place to work and/or receive treatment
- Communication between senior management and staff

The appraisal indicator score in the national staff survey includes the following (targets are based on the top 20% of the current 2010/11 results):

- % of staff who receive an appraisal (we aim to increase our appraisal rates from 75% to 84%)
- % of staff who have a well structured appraisal (we aim to increase the percentage of staff having a well structured appraisal from 39% to 41%)
- % of staff appraised with personal development plans (we aim to increase the percentage of staff appraised with personal development plans from 68% to 72%)

#### **What actions are we planning to improve our performance?**

- Continue to develop face-to-face communication with the Chief Executive and senior management team eg staff forums
- Introduce a "Directors' Den" competition to encourage staff to contribute innovative ideas to improve patient care
- Introduce a new standardised approach to improve the quantity and quality of appraisals and personal development plans (PDPs)

#### **How will improvement be measured and monitored?**

We will monitor monthly appraisal statistics showing the number of appraisals completed and undertake regular audits of appraisals to review the quality of the supporting paperwork. An internal communication survey will be carried out in June 2011. The annual national staff survey results will demonstrate if we have met our targets.

#### **How will progress be reported?**

Monthly reporting on appraisals and PDPs through Divisional Boards and quarterly reporting to the Trust Executive Quality Committee and the Assurance Committee.

# Statements relating to quality of NHS services provided

## Statements of assurance from the Trust Board

During 2010/11 Chelsea and Westminster Hospital NHS Foundation Trust provided and/or sub-contracted 60 NHS services.

The Trust has reviewed all the data available to us on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 100% of the total income generated from the provision of NHS services by the Trust in 2010/11.

## Review of data on quality of care

The Trust has systems and processes in place to review data on quality regularly.

The Trust is structured around three Divisions and Division specific quality reports are provided quarterly to each Division to review as part of their overall performance reviews.

The reports cover a wide range of data including complaints, concerns, claims and incidents.

Incident trends and the outcomes of more serious incident investigations are reviewed to ensure that actions are followed through and changes implemented.

The reports also include risks on the risk register and progress on actions, data on the incidence of MRSA and *Clostridium difficile*, the results of monthly hand hygiene audits, progress on updating clinical guidelines, and progress on clinical audits, legal claims and research activity.

The results of Trustwide audits in areas including documentation and consent are reported at Divisional level.

Patient experience is addressed through reviewing complaints and concerns as well as progress on completion rates and satisfaction scores from the Patient Experience Tracker (PET) and national inpatient survey results.

Complaints are discussed with the Divisions on a weekly basis and all responses are reviewed by the Chief Executive, Deputy Chief Executive or Chief Nurse.

Actions from complaints are reviewed regularly to ensure completion and an improvement in services.

Problems identified using this data are addressed at local level through the directorate management systems or, if appropriate, escalated to the Executive team.

All the data available at local level is also monitored at corporate level through the Trust Executive Quality Committee.

At a Trustwide level the Trust Executive has a key role to play in driving up quality.

Additional challenge and scrutiny is provided by the Assurance Committee which is a sub-committee of the Board.

The annual business planning process seeks to involve staff at all levels in the organisation to identify issues to be addressed.

We are informed and supported by the Council of Governors Quality Sub-Committee, which includes Kensington and Chelsea Local Involvement Network (LINK) representatives as members.

We have also undertaken an in-depth review of some of our services.

Our Intensive Care Unit achieved a Customer Service Excellence Award, based on criteria including customer insight, culture of the organisation, information and access, delivery and timeliness and quality of service.

The Supervisors of Midwives' annual audit involved a detailed review of the service and the Trust was commended for the Supervisors' annual report, the reduction in agency staff, the normal birth action plan and positive feedback from women on the role of Supervisors.

A quality improvement plan was monitored throughout the year, which resulted in more of a focus on clinical audit as a tool for improvement and assurance, the development of a Board dashboard to include the quality indicators, and further development of our engagement and feedback processes.

In 2011/12 the Divisions will focus on setting up and developing divisional dashboards to measure quality indicators at a local level and we will continue to work on improving our participation in national audits as well as using audit as a quality improvement tool.

## Participation in clinical audits

During 2010/11, 41 national clinical audits and nine national confidential enquiries covered NHS services that the Trust provides.

During 2010/11 the Trust participated in 80% of national clinical audits and 89% of national confidential enquiries that it was eligible to participate in.

See below for full details including:

- National clinical audits and national confidential enquiries in which the Trust was eligible to participate
- National clinical audits and national confidential enquiries that the Trust participated in and for which data collection was completed
- Number of cases submitted to each audit or enquiry as a percentage of the number of registered cases indicated/required by the terms of that audit or enquiry

## National Clinical Audits in which the Trust was eligible to participate

Subject	Participated	Cases indicated or required	Cases submitted	% Cases submitted	Comment
<b>Peri and Neonatal</b>					
CEMACE Perinatal Mortality	Yes	All	24	100%	
NNAP: Neonatal Intensive and Special Care	Yes	650	650	100%	Data reflects Jan–Dec 2010.
<b>Children</b>					
British Thoracic Society: Paediatric Pneumonia	No	n/a	n/a	n/a	Data collection not completed. Priority given to asthma audit, which is more prevalent amongst our paediatric patient population.
British Thoracic Society: Paediatric Asthma	Yes	35	35	100%	
College of Emergency Medicine: Paediatric Fever	Yes	50	50	100%	
Royal College of Physicians: National Childhood Epilepsy Audit	Yes	n/a	n/a	n/a	Data collection commenced 1 May 2011.
The Royal College of Paediatrics and Child Health: Diabetes Audit	No	n/a	n/a	n/a	Previously unable to participate, however recently completely revised the database in order to collect and submit data required to participate in this audit in 2011/12.
<b>Acute Care</b>					
British Thoracic Society: Emergency Use of Oxygen	No	n/a	n/a	n/a	Audit took place from 1 Oct–15 Nov 2010. Resources invested in 3 other major audits at that time.
British Thoracic Society: Adult Community Acquired Pneumonia	Yes	Prospective data collection, therefore n° of cases unknown	Data entry to May 2011	n/a—study ongoing	Closing date for data entry 31 May 2011.
British Thoracic Society: Non-invasive ventilation NIV (Adult)	Yes	Prospective data collection, therefore n° of cases unknown	Data entry to May 2011	n/a—study ongoing	Closing date for data entry 31 May 2011.
British Thoracic Society: Pleural Procedures	Yes	25	25	100%	
National Cardiac Arrest Audit: Cardiac Arrest	No	n/a	n/a	n/a	The Trust will participate in this audit in 2011/12.
College of Emergency Medicine: Vital signs in majors	Yes	50	50	100%	
ICNARC: CMPD Case Mix Program	No	n/a	n/a	n/a	Data is not interpreted on an institutionally individualised basis that is of any benefit to the contributing organisations. The financial cost to participate is also prohibitive.
NHS Blood & Transplant: Potential Donor Audit	Yes	n/a	2		Data is for Apr–Sep 2010.
<b>Long term conditions</b>					
National Adult Diabetes Audit: Diabetes	No	n/a	30	n/a	Data collection not completed due to priority given to participation in the National Inpatient Diabetes Audit.
RCOG National Audit of Heavy Menstrual Bleeding	Yes	5	2	40%	n=5 relates to outpatient clinic only. Recently identified gap gynaecology community clinic, which will be included moving forward.
National Pain Audit: Chronic Pain	Yes	n/a	n/a	n/a	Data collection commences May 2011. Audit concludes at the end of 2012.
National Inflammatory Bowel Disease Audit: Ulcerative colitis & Crohn's Disease	Yes	40	n/a	n/a	Data collection concludes Aug 2011.
National Parkinson's Audit: Parkinson's disease	Yes	n/a	n/a	n/a	Registration of intended participation from May 2011.
British Thoracic Society/ European Audit: COPD	Yes	20	20	100%	
British Thoracic Society: Adult Asthma	Yes	20	20	100%	
British Thoracic Society: Bronchiectasis	No	n/a	n/a	n/a	Audit concluded Jan 2011. Resources invested in 3 other major audits at that time.

Subject	Participated	Cases indicated or required	Cases submitted	% Cases submitted	Comment
<b>Elective procedures</b>					
National Joint Registry: Hip, Knee, and Ankle Replacement	Yes	239	225	94%	Patient data refers to Jan–Dec 2010.
National PROMs Programme, Elective Surgery: Hernia	Yes	151	77	51%	Data relates to Sep 2010–Feb 2011. It should be noted that a proportion of patients chose not to complete questionnaires, which affects the percentage of cases submitted.
National PROMs Programme, Elective Surgery: Hip Replacement	Yes	86	38	44%	Data relates to Sep 2010–Feb 2011. It should be noted that a proportion of patients chose not to complete questionnaires, which affects the percentage of cases submitted.
National PROMs Programme, Elective Surgery: Knee Replacement	Yes	63	53	84%	Data relates to Sep 2010–Feb 2011. It should be noted that a proportion of patients chose not to complete questionnaires, which affects the percentage of cases submitted.
National PROMs Programme, Elective Surgery: Varicose Veins	Yes	39	34	87%	Data relates to Sep 2010–Feb 2011. It should be noted that a proportion of patients chose not to complete questionnaires, which affects the percentage of cases submitted.
<b>Cardiovascular Disease</b>					
National Clinical Audit of Mgt of Familial Hypercholesterolaemia	No	n/a	n/a	n/a	Data collection not completed due to priority given to National inpatient Diabetes Audit.
Myocardial Ischaemia National Audit Project (MINAP) Acute Myocardial Infarction & other acute coronary syndrome	Yes	20	22	100%	Complete.
National Heart Failure Audit	Yes	120	120	100%	Data reflects the 120 cases referred directly to the Heart Failure Nurse Specialist. Await confirmation of 100%.
Stroke National Audit Project (SINAP): Acute Stroke	Yes	20	20	100%	Complete.
National Sentinel Stroke Audit: Stroke Care	Yes	20	20	100%	Complete.
<b>Renal Disease</b>					
College of Emergency Medicine: Renal colic (adults)	Yes	50	50	100%	
<b>Cancer</b>					
National Lung Cancer Audit: Lung Cancer	Yes	Prospective data collection, therefore n° of cases unknown	Data entry to Jun 2011	N/A	Ongoing. Due date 30 Jun 2011.
National Bowel Cancer Audit Programme: Bowel Cancer	Yes	77	77	100%	
<b>Trauma</b>					
NHFD: National Hip Fracture Database	Yes	211	211	100%	
TARN: Severe Trauma	Yes	8	8	100%	
National Falls & Bone Health Audit	Yes	60	40	67%	Complete.
<b>Blood Transfusion</b>					
National Comparative Audit of Blood Transfusion Re-audit of the use of platelets	Yes	40	10	40%	Complete.
National Comparative Audit of Blood Transfusion Repeat use of 'O' Negative blood audit.	Yes	40	33	82.5%	Complete.

## National Confidential Enquiries in which the Trust was eligible to participate

Subject	Participated	Cases indicated or required	Cases submitted	% Cases submitted
NCEPOD: Peri Operative Care	Yes	32	32	100%
NCEPOD: Surgery in Children	Yes	18	17	94%
NCEPOD: Emergency Elective Surgery in the Elderly	Yes	8	8	100%
NCEPOD: Cosmetic Surgery	Yes	None that met criteria during study period.	n/a	n/a
NCEPOD: Cardiac Arrest Procedures Study	Yes	Prospective data collection so n° of cases unknown at this stage.	2	
CEMACE: Maternal and Perinatal Surveillance	Yes	48	48	100%
CEMACE: Obesity in Pregnancy	Yes	Prospective data collection so n° of cases unknown at this stage.	Data entry to 2011	
CEMACE: Head Injury in Children	Yes	32	20	63%

## National Clinical Audits

The reports of nine national clinical audits published in 2010/11 were reviewed by the Trust. See below for details of actions taken to improve the quality of care where appropriate.

National audit	Department leading review	Actions Agreed
CEM: Renal Colic	Emergency Department	One of the measures highlighted for improvement within the national audit report feedback related to pain relief. Specific training focusing on pain relief and appropriate pain scoring has been completed. Subsequently, staff undertook a re-audit to establish whether the effect of the training had made a positive impact on the management of pain within the department. This audit has shown a marked improvement, with results well above the national average for severe pain relief. A rapid assessment team has been established within the Emergency Department to help to ensure that patients are assessed within a hour of arrival. This is one of the department's own indicators of clinical quality.
CEM: Vital signs in Majors	Emergency Department	The Emergency Department multi-disciplinary team reviewed the outcome of the report and agreed that standards are being met and best practice guidance followed. No further action was therefore required.
TARN	Emergency Department	The Emergency Department multi-disciplinary team reviewed the outcome of the report and agreed that standards are being met and best practice guidance followed. No further action was therefore required.
National Audit of Heart Failure	Medicine Department meeting	Clinicians within General Medicine, including Cardiology, reviewed the outcome of the report and agreed that standards are being met and best practice guidance followed. No further action was therefore required.
CEM: Asthma (this was a 2009/10 QA Audit where the original action has been satisfied and superseded)	Emergency Department	There has been a renewed focus through training and audit of the management of asthma as a core skill for both doctors and nurses in emergency department. A rapid assessment team has been established within the Emergency Department to help to ensure that patients are assessed within an hour of arrival.
CEM: Paediatric Asthma	Paediatric Department	An 'Asthma Plan' document has been restocked on the paediatric wards to ensure that these are available for issue to patients as part of their discharge documentation. An ongoing training plan has been established for ward staff, in order to reinforce the importance of issuing these to patients prior to discharge. A more efficient system has also been established to ensure that the documents are routinely available and re-stocked when required. Furthermore, local guidelines containing strong advice to avoid use of chest X-rays/antibiotics in specified groups of patients were reiterated to existing medical staff, and this advice is a part of the information provided to newly appointed staff as part of their induction training.
PICANET	Paediatric Department	Although this audit relates to hospitals with a Paediatric Intensive Care Unit, clinicians within Paediatrics and Neonatology reviewed the outcome of the report and agreed that some of the applicable standards are being met and best practice guidance followed with respect to management of children within an ICU facility. Therefore, the team are in the process of reviewing the appropriateness of participation in the audit, despite not providing an Paediatric Intensive Care Service, and to this end, data is currently being collected.
RCP: National Audit of Dementia	Medicine Department meeting	A review of the results demonstrates that we are meeting most of the standards. However, we need to address some issues around discharge and training.

The reports of 136 local clinical audits were reviewed by the Trust in 2010/11 and we intend to take actions to improve the quality of care. Details are available on request from Dr Mike Anderson, Trust Medical Director at [mike.anderson@chelwest.nhs.uk](mailto:mike.anderson@chelwest.nhs.uk).

## Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Chelsea and Westminster Hospital NHS Foundation Trust in 2010/11 who were recruited during 2010/11 to participate in research approved by a research ethics committee was 4,469. Since 2009/10 there has been a 49% increase in the number of patients recruited into clinical trials. Enabling participation in clinical research means we can offer patients the opportunity to access the latest innovative treatments while improving the quality of treatments and services available.

In 2010/11, we conducted 217 clinical research studies, 59 of which were part of the National Institute of Health Research (NIHR) portfolio, which are high quality national studies covering a broad range of clinical themes (eg cancer, stroke, diabetes).

Delivering excellence in research is one of the four Trust corporate objectives and is the main focus of the Trust Research Strategy (2010–2013) *Improving Patients' Lives through Research and Innovation*.

In addition, we host the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London and the North West London Health Innovation and Education Cluster (HIEC) and the Training for Innovation (TFI) hub. These organisations help to advance the implementation of new therapies and approaches to clinical care in the NHS. Examples include the ongoing development of evidence-based care for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) looking at improving how we explain to patients about medicines and their side effects and communication of changes in their discharge medications to GPs. This links to one of our new local indicators for 2011/12.

Chelsea and Westminster Hospital has continued to work closely with its local and national research partners including

the National Institute for Health Research (NIHR), NIHR research networks, Imperial College and local charities such as Chelsea and Westminster Health Charity and Westminster Medical School Research Trust. This ensures that our research is responsive to both national and local priorities.

## Goals agreed with commissioners

A proportion of Trust income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed with the Trust's acute and specialised commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2010/11 and for the following 12-month period are available from the Foundation Trust Secretary at [ftsecretary@chelwest.nhs.uk](mailto:ftsecretary@chelwest.nhs.uk).

In 2010/11, income equal to 1.5% of the value of our main acute contract, which covers most of our NHS services, was conditional upon achieving CQUIN goals agreed with our host commissioner, North West London Commissioning Partnership. We also agreed CQUIN payments linked to our work in HIV and Neonatal Intensive Care, which is commissioned by the London Specialised Commissioning Group, as well as low value CQUINs for our community services in Paediatrics, Dermatology and Gynaecology.

We achieved 90% of our CQUIN-related goals in 2010/11. This level of performance was associated with a payment of £3.6m, compared with a maximum payment of £4.0m.

The Trust agreed and achieved a wide range of quality indicators to underpin these payments as detailed below. The Trust achieved a high level of compliance across the CQUIN schemes with underachievement relating to partial delivery of improvement targets related to the outcome of the national inpatient survey and some underperformance on the proportion of patients discharged before 12 noon.

Area of improvement	Indicator	Rationale for inclusion and performance
Patient Safety	90% of adult patients to have a VTE assessment on admission	Measuring the percentage of patients who have a VTE risk assessment will help ensure that appropriate preventative treatment is given. This is one of the Trust's quality priorities and the target of 90% was achieved from October 2010 onwards.
Patient Experience	Improvement in a composite score relating to a range of questions in the national inpatient survey	The indicator incorporates questions which are known to be important to patients and where past data indicates significant room for improvement across England. The Trust partially met this indicator gaining a payment of 75% of the funding available.
Patient Safety	6 months implementation of the IHI Global Trigger Tool	The Global Trigger Tool identifies avoidable harm through a review of patient records. This will allow interventions to be identified to reduce harm. The Trust reviewed the notes on 50 deaths and has completed a review of a sample of discharges for six months, so fully achieving the target.
Clinical Effectiveness	Implementation of the Enhanced Recovery Programme (ERP) across two specialties	The ERP has been shown to help patients recover faster. The Trust achieved the plan including the target for reduction in length of stay by December 2010.
Clinical Effectiveness	Improvement in the quality and timeliness of discharge summaries	The quality and timeliness of information between primary (GPs, community care) and secondary (hospital) care is of critical importance for patient safety and effective care. An audit in December 2010 showed compliance with 88% of the requirements. We will continue to work on this in 2011/12.
Patient Experience	Increase in the proportion of patients discharged in the morning and at weekends and an increase in the proportion of patients going home on their agreed date	This aims to improve the quality of the patient experience and safety by incentivising good discharge practice within trusts. We achieved the majority of targets on discharge before midday, discharge at the weekend and patients discharged on their agreed date. The weekend/morning discharge targets were not met in Quarter 3 due to the extraordinary winter pressures.
Clinical Effectiveness	Improvement in the quality and timeliness of letters to GPs following new outpatient appointments	The quality and timeliness of information between primary (GPs, community care) and secondary (hospital) care is of critical importance for patient safety and effective care. We did well on the quality requirements (90% performance against target) but did not do well on timeliness with an average of 25 days delay. Additional measures were introduced in Q4 to improve turnaround times and a digital dictation system is being introduced in summer 2011.

Area of improvement	Indicator	Rationale for inclusion and performance
Clinical Effectiveness	Reduction in emergency re-admissions for COPD, heart failure and diabetes	To prevent unnecessary re-admissions by ensuring the best care for patients when in hospital and to encourage best practice in the community. We achieved improvements in readmissions within 14 and 28 days with 14 day readmissions down to 3.65% in Q3 against a target of 5.32% and 28 day readmissions down to 5.84% against a target of 10.32%.
Clinical Effectiveness	Patients' electronic discharge summary includes indication for treatment and intended duration of treatment for hospital initiated Proton Pump Inhibitor therapy and for antimicrobials	To enhance continuing care, when patients were being discharged with a course of treatment of either Proton Pump Inhibitors or antimicrobials, the Trust agreed to ensure electronic discharge summaries provided GPs with information on how long patients should stay on these treatments and why the treatment was started. This information was agreed to be important to GPs in their ongoing care of patients after hospital discharge, including ensuring that patients did not stay on courses of treatment unnecessarily. We achieved a steady improvement across the year.
Clinical Effectiveness	Improve the rate of medicines reconciliation on admission. The target is to ensure that on admission to the Trust, the patient's regular medication is confirmed with the patient/carer and GP record, that all medicines which should be continued are prescribed accurately on the inpatient prescription chart and that any medicines which are discontinued have a reason documented.	To ensure that a patient's medication history is accurate on admission and that there are no unintentional omissions of medicines (due to incomplete or incorrect information) on the in-patient prescription chart that might affect patient care. We achieved our target of 75%.
Clinical Effectiveness	Implementation of Ventilator Associated Pneumonia Care Bundle (see glossary for more information)	Making sure that the four elements of best practice are used: prevention of DVT, prevention of stomach ulcers, withholding sedation for part of the day and keeping the patient elevated. By year end we achieved our target of 95%
Clinical Effectiveness	Implementation of NCEPOD recommendations on time to theatre for emergency patients	Achievement of emergency patient time to theatre from time of booking: Immediate (within 1 hour), urgent (within 24 hours), expedited (within 4 days). This is one of the Trust priorities. We achieved our target of 99% in Q4. See the priorities section of the Quality Report for more information.

## Statements from the Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current status is registration without conditions. The Care Quality Commission has not taken enforcement action against the Trust during 2010/11. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

## Statement on relevance of data quality and actions to improve data quality

### Data quality metrics and processes

The accuracy and completeness of the data we use to report on quality of care and value for money is of utmost importance and is seen as an integral part of improving clinical effectiveness.

Clinical activity needs to be recorded accurately for a number of reasons. It helps us to measure our care against others, to reduce delays and to inform 'Service Line Management' which is the way that we track value for money and financial efficiency.

Reconciliations are undertaken on a monthly basis to ensure that activity levels reported are accurate. Coding is audited regularly to ensure the accuracy of the clinical data. We ask managers and frontline staff to review and correct data quality reports on a daily basis eg a daily demographic report highlights completeness issues with retrospective data, giving frontline staff the opportunity to correct data as soon as possible after the interaction with the patient.

We also use a demographic report to highlight data completeness issues in relation to episodes of care which are

about to occur so that staff can ensure they have up-to-date information and can update the patient record accordingly.

However, we are seeking to improve and will be taking the following actions to improve data quality:

- The development and leadership of the Trust's Data Quality Group is critical to the success in improving the quality of data. We will focus the role of this group on identifying data quality issues, specifying reporting requirements and ensuring that monitoring information is available at the right frequency to the right individuals and committees.
- We will ensure that inpatient data quality has the same level of focus as outpatient data quality. We will also strengthen the role of the Outpatient Steering Group in improving the quality of data entry.
- We will ensure that data quality issues are highlighted in weekly operational performance reports and monthly divisional performance reports so that managers can brief their teams on any data quality issues in their area. Managers are to be held to account for data quality via the monthly Divisional Boards and Finance/Performance meetings.
- We are developing reporting mechanisms for the new mandatory clinical indicators including ways to ensure accuracy eg reviewing the accuracy and completeness of the Accident and Emergency activity data
- We will develop and implement a new 'Referral to Treatment' module on the Patient Administration System in order to improve the accuracy and completeness of data on patients' waiting times to ensure patients are treated as quickly as possible.
- We will circulate a weekly coding data quality report to highlight records where coding is incomplete in order to prompt completion.

- We will undertake internal coding audits to provide internal assurance on coding accuracy and inform topics of monthly training sessions for the coding team, and will participate in Payment by Results (PbR) coding audits (Audit Commission) which check accuracy and completeness of inpatient and daycase activity coding.

### **NHS Number and General Medical Practice Code validity**

The Trust submitted records during 2010/11 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 91.4% for admitted patient care
- 93.6% for outpatient care
- 76.5% for Accident and Emergency (A&E) care

The percentage of records which included the patient's valid General Medical Practice Code was:

- 99.1% for admitted patient care

- 79.1% for outpatient care\*
- 97.4% for Accident and Emergency (A&E) care

\* **Note:** when data is submitted to SUS, various fields are anonymised for sexual health outpatient attendances, and one of those fields is the GP Practice Code. When data is anonymised it is sent as a null (or blank) value. Sexual health data accounts for around 20% of our outpatient activity and therefore our reported compliance appears low. Our internal data prior to anonymisation is 99.1%.

### **Information Governance Toolkit attainment levels**

Our Information Governance assessment report score for 2010/11 was 94.52% and was graded green (which means that we achieved at least level 2 on all 45 requirements).

### **Clinical coding error rate**

The Trust performed well in the 2009/10 audit, demonstrating an accuracy of coding which exceeded the national average, and was not subject to a clinical coding audit in 2010/11.

## **Review of quality performance**

### **How the Trust identifies local improvement priorities**

The Trust is committed to understanding and responding to the patient experience and there are a number of ways in which we engage with our patients, staff and the public in determining priorities for quality.

As a Foundation Trust we have the benefit of a well-established and active Council of Governors which represents patients, public and staff to ensure that the views and experiences of people who use our services are heard.

Governors hold frequent 'Meet a Governor' sessions so that patients and the public can express their views about their hospital experience. Governors also visit ward areas with senior nurses to gain patient feedback about their inpatient stay and Governors have also been involved in shadowing staff.

Any problems identified or suggestions made for improvements are either resolved immediately or addressed by the appropriate manager.

We seek clinicians' views through business planning sessions and Trust Executive Quality Committee meetings. We also have a number of mechanisms for more focused discussions. These include a maternity services steering group with patient and Governor representatives, which identified and then monitored the areas requiring improvement.

There are also numerous patient forums in the Trust that represent specific areas including the Patient Environment Action Team, Maternity Services Liaison Committee, HIV Patient Forum, Paediatric Forum and the Learning Disabilities

Forum. These forums influence how we design and deliver our services with an emphasis on quality.

An example of good practice is the Intensive Care Unit (ICU) which invites ex-ICU patients to a forum to discuss their experiences.

Much has been learned from the forum discussions and when patients told staff they found it difficult to understand their traumatic experiences, the ICU team developed a way of helping patients understand their individual journey by writing 'patient diaries' so patients have an understanding of what happened to them as a patient in ICU, which in turn helps the healing process.

ICU also developed a pre-admission booklet which is targeted at high dependency patients who are going for surgery to give insight into the ICU environment, as it was reported by patients that it can be helpful to know that they will wake up in ICU after their operation.

To ensure we focus on equality and diversity we continue to monitor progress against our Single Equality Scheme, which was developed in consultation with staff, patients and community groups. It identifies ways in which equality and diversity must be considered in the delivery of quality services.

Our action plan includes improving the service that patients receive from the Appointments Office by, for example, printing letters in different languages or formats and using telephone translation services to communicate with patients who do not speak English.

The Trust has an Equality Impact Assessment toolkit, which is built into the Trust's business planning process, to ensure

that equality and diversity issues are considered when making service changes.

There are two sub-committees of the Council of Governors that help to identify quality issues and prioritise and, in some cases, improve services. The Membership Sub-Committee focuses on not only increasing our membership but also engaging with and gaining feedback from our members.

The Council of Governors Quality Sub-Committee has a specific remit to help identify priorities for quality and advise us on the content and focus of the Quality Report and quality improvement plan.

Governors regularly feed back on experiences they have heard of as part of their role, and indeed, their own experiences where relevant. This committee identified concerns with medicines and as a result a meeting was held with governors, a representative from the Kensington and Chelsea Local Involvement Network (K&C LINK) and pharmacy staff to discuss medicines management issues.

Priority areas for improvement were agreed to be to reduce the wait for discharge medicines and to improve the way in which information about medicines and their side effects is provided. This group will continue to meet.

Other sources of patient feedback include the annual national inpatient survey, the Patient Experience Tracker

(PET) which enables patients to give instant feedback, complaints and incidents.

Our patient experience strategy was developed based on these various sources of feedback and this is reflected in our patient experience priority. There is consistency in issues raised. For example, the issues identified in the national inpatient survey 2010 mirrored the key areas highlighted by feedback such as the need for improvement in communication, maintaining privacy and dignity, information about medicines and discharge.

We have considered the various sources of feedback and have continually tested our proposals for the priorities, local indicators and other content of the quality report, with our staff and stakeholders to get agreement.

We have ensured that the key issues have been addressed in our Quality Report and in our plans for 2011/12.

## Performance indicators

### Performance against local quality performance indicators 2010/11

The following table outlines performance against indicators for 2010/11 and includes new indicators selected by our stakeholders for monitoring in 2011/12.

Subject	2008/09	2009/10	Target 2010/11	Performance 2010/11	Target 2011/12	Comment
<b>Patient Safety</b>						
MRSA bacteraemia cases	5	10	6	6	6	The figures have been updated to reflect the Monitor target. Last year's report target was incorrectly stated at 3.
<i>Clostridium difficile</i> cases	41	32	100	73	31	The Trust has introduced a best practice testing regime which is far more sensitive than the previous testing regime. The impact of this testing was felt in 2010/11 with <i>Clostridium difficile</i> numbers reported at 73 compared to 32 in 2009/10. The Trust's infection control policies did not change so we are confident it is the test and not our practice which caused the increase.
Hand hygiene audit completion rates	57.7%	71%	90%	89%	100%	Although we did not meet the target we have improved steadily throughout the year and are confident we will meet our new target for 2011/12.
Hand hygiene compliance rates	77%	80%	90%	85%	90%	Although we did not meet the target we have improved steadily throughout the year and are confident we will meet our new target for 2011/12.
Patient falls resulting in moderate or major harm	14	12	9	7	7	We will continue to seek to reduce falls resulting in moderate or severe harm but will focus this year on all falls and will measure falls per 1,000 occupied bed days. Our initial work will be to confirm the accuracy of the data for 2010/11. We will then set ourselves a target to improve our incident reporting rate and reduce our percentage of falls causing harm. Local data collection.
Incident reporting rate	6.6%	7.1%	8%	7.09%	8%	April to September data for 2010 from the National Reporting and Learning System. We plan to introduce a campaign to increase incident reporting to achieve our target.
Never Events	0	0	0	0	0	Data from local incident reporting system.
% of observation charts completed accurately	56.3	68 (Nov 2009)	80%	81%	85%	Local data collection.
Resuscitation calls due to failure to escalate						New target—baseline being established. Replaces number of cardiac arrests as is more specific. Local data collection based on 'Safety First' definitions.
% patients with International Normalised Ratio (INR) less than 5	No data	97.7% (Aug-Dec 2010)	At least 96%	97.48%	96%	Locally collected data. INR is a measure of the ability of the blood to clot. (The target of 86% for 2010/11 in 2009/10 report was an error)

Subject	2008/09	2009/10	Target 2010/11	Performance 2010/11	Target 2011/12	Comment
<b>Clinical Effectiveness</b>						
Mortality (HSMR)	86.2	80.8	76.8	75.8% (taken from Dr Foster Apr 2010–Jan 2011)		A new target will be set using the new indicator—the Summary Hospital-Level Mortality Indicator (SHMI)
% of patients with a catheter	28	17	12.5	13.8%	12.5	Average based on monthly point prevalence studies from November 2010–March 2011. Locally collected data. The number of urinary catheter days has been removed as an indicator as the resource required for the data collection was felt to be out of proportion to the benefits and this was not a nationally recognised indicator which made benchmarking difficult.
% urgent surgery cases operated on within 24 hours of booking		93.5% (avg of Dec 2009 and Mar 2009 data)	100%	99% (average of Nov 2010–Mar 2011 data)	100%	Quality priority. Locally collected data.
% expedited surgery cases operated on within 4 days of booking		93.5% (avg of Dec 2009 and Mar 2009 data)	100%	95% (Average of Nov 2010–Mar 2011 data)	100%	Quality priority. Locally collected data.
Central line continuing care—compliance with Care bundles					90%	See glossary for more information. Setting a trajectory target of 90% means that we will accept a minimum of 90% of the elements being performed every time for every patient. This is a new indicator. Local data collection.
Peripheral line continuing care—compliance with Care bundles					90%	See above.
Urinary catheters continuing care—compliance with Care bundles					90%	See above.
Ulcer prevalence (% of patients with pressure ulcers)	5.68	5.32	4	5.05% (Mar 2011)	NA	Historically, we have focused on reducing the prevalence of pressure ulcers in inpatients—however, this includes both hospital acquired and community acquired pressure ulcers. We do not have control over the numbers of patients admitted with a pressure ulcer therefore for 2011/12 we will focus on reducing hospital acquired pressure ulcers as described below.
Numbers of pressure ulcers—grade 2				120	50% reduction	Performance 2010/11 is the number of incidents for Q2, Q3 and Q4 extrapolated to one year. Locally collected data.
Numbers of pressure ulcers—grades 3 and 4				58	25% reduction	Performance 2010/11 is the number of incidents for Q2, Q3 and Q4 extrapolated to one year. Locally collected data.
<b>Patient Experience</b>						
Patient Experience Tracker completion rate	n/a	75%	80%	53.46%	TBC	The current mechanism for real time feedback will be changed, partly to deal with the problem of poor completion rates; we will look at a range of methods for gaining feedback. We will be setting separate targets for inpatients and outpatients. Local data collection.
Patient Experience Tracker overall satisfaction scores for inpatients	n/a	85%	90%	91%	TBC	The current mechanism for real time feedback will be changed, partly to deal with the problem of poor completion rates; we will look at a range of methods for gaining feedback. We will be setting separate targets for inpatients and outpatients. Local data collection.
% of patients 'fit' for discharge waiting only for medicines					≤10%	New indicator so historical data is not available. Locally collected data.
Complaints and concerns for admissions and appointments	578	320	214	307		Our target was to reduce complaints and concerns by 30%. The data has been reviewed in detail to more accurately reflect the objective eg ensuring complaints are categorised correctly and from the correct area. As a result a new baseline has been set and this will continue to be reviewed in 2011/12. See below.
PEAT Scores	Excellent for food and environment. Good for privacy & dignity	Excellent for food, environment and privacy & dignity	Excellent for food, environment and privacy & dignity	Excellent for food, environment and privacy & dignity (formal confirmation awaited)	Excellent for food, environment and privacy & dignity	
Complaints responded to within target time (formal complaints responded to in 25 working days)	92%	83%	90%	82.54%	90%	Locally collected data.
Percentage of complaints re-opened		10	n/a	9	8	New indicator. Locally collected data.

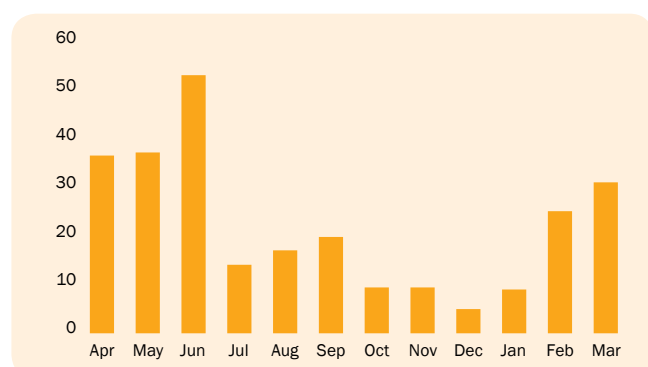
The data above is collected according to national definitions unless indicated otherwise.

## Complaints and concerns for admissions and appointments and focus on outpatients

There has been a steady month-on-month decrease in complaints and concerns received for appointments and admissions since April 2010 with the 30% target being met between Q1 and Q3.

The target was also met in Q4, with the exception of February and March 2011 when there was an unexpected rise in acute admissions resulting in the cancellation of several theatre lists and some surgical outpatient clinics.

### Number of complaints and concerns for appointments and admissions 2010/11



We have tackled specific issues raised in the complaints, for example one of the main sources of complaints was the amount of time patients have to wait for phone queries to be answered in the Appointments Office.

The average call response time has reduced from over 6 minutes to 1 minute and 50 seconds. This has been achieved by implementing new rotas which dedicate all staff in the office to the phones during the busiest periods.

## Outpatients

A restructure of nursing and administrative staff in outpatients has taken place in order to improve the quality of the service provided. New 'case manager' roles have been created in order to streamline the patient pathway and ensure that the patient has a point of contact throughout their care.

A new outpatients facility has been developed which has been designed with patient experience in mind. For example, the new department includes two treatment rooms which will support the development of more 'one-stop' services, reducing the number of visits that patients have to make to the hospital.

In order to reduce queuing and improve patient confidentiality we have implemented self check-in kiosks in our Lower Ground Floor Outpatients department, and plan to roll these out across the Trust. There is also now a coffee shop in the waiting area so patients can access refreshments while they wait.

## Performance against key national priorities 2010/11

The Trust met all the national priority targets tracked by Monitor, the independent regulator of Foundation Trusts.

Indicator Name	Target	2010/11 Performance
Incidence of <i>Clostridium difficile</i>	100	Achieved
Incidence of MRSA Bacteraemia	6	Achieved
18 Week Maximum Wait for Admitted Patients from Point of Referral to Treatment	90%	Achieved
18 Week Maximum Wait for Non Admitted Patients from Point of Referral to Treatment	95%	Achieved
Max time in A&E of 4 hours from arrival to admission, transfer or discharge	98%	Achieved
People suffering heart attack to receive Thrombolysis within 60 mins of call	n/a	n/a
All Cancer Two Week Wait	93%	Achieved
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	n/a	n/a
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Achieved
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Achieved
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Achieved
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	n/a	n/a
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Achieved
62-Day Consultant Upgrade Wait For First Treatment: All Cancers	85%	Achieved
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	n/a	n/a
Access to genito-urinary medicine clinics (48 hours)	98%	Achieved
Outpatients waiting longer than the 13 week standard	0.03%	Achieved
Inpatients waiting longer than the 26 week standard	0.03%	Achieved
Revascularisation waiting times (13 weeks)	n/a	n/a
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	≤0.8%	Achieved
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days	≤5%	Achieved
Delayed transfers of care	3.5%	Achieved

## Embedding Quality—Workforce factors

The NHS Constitution is integral to the Trust's workforce strategy. The Trust recognises that the four staff pledges identified in the NHS Constitution will help create and maintain a highly skilled and motivated workforce capable of meeting the Trust's corporate objective of improving the patient experience.

### **Pledge 1: Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.**

All staff should have an annual appraisal and personal development plan based on their objectives (which fit within directorate and departmental objectives)—the 2010 staff survey showed that 75% of staff had an appraisal in the past 12 months.

### **Pledge 2: Provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.**

The Trust runs more than 100 different learning courses and has a well-established first line management leadership course which includes a theme of managing quality. All new staff attend the Trust's corporate induction and our Chief Executive leads a session explaining the Trust's objectives, our approach to quality and what role staff can play in this. Evaluations of all nursing and 'professions allied to medicine' student placements are carried out by our educational partners and results are fed back to the Trust via the programme and academic boards of the various universities at the end of each academic year. This feedback is then reviewed, necessary actions taken, and ideas for further development agreed. Evaluations of non-medical placements are consistently good.

### **Pledge 3: Provide support and opportunities for staff to maintain their health, well-being and safety.**

Staff wellbeing is a priority for the Trust. We run regular health and wellbeing events for staff which include Mini Health MOTs, weekly subsidised yoga classes, and we have also improved facilities for staff who cycle to work.

Access to fast-track musculoskeletal physiotherapy services and specialist counselling and advisory services are provided for staff.

Stress management courses have been trialled in areas where levels of stress reported in the national staff survey are highest.

Sickness absence levels remain low (under 3.5%) and our staff engagement, as reported in the national staff survey, is in the top 20% of all acute Trusts. The Trust won the 'Most Effective Benefits Strategy' category of the HR Excellence Awards 2010 and was named as the best NHS employer in the Top Employers for Working Families Awards 2010.

### **Pledge 4: Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.**

The Trust has developed a culture centred on quality. We have well-established methods of staff engagement including joint consultative frameworks and rigorous methods of communication, and the 2010 staff survey confirms that we have the best communication between senior management and staff of any Association of UK University Hospitals Trust.

## Leadership

Our organisational restructure, which increased clinical leadership, accountability, and shared responsibility with managers for delivery of services, is now well embedded.

## Empowering staff

In recognition of the financial situation facing the Trust and the country, we have taken a strategic approach to the need to make savings, maintain and improve quality and communicate and engage with staff.

We have used a range of internal communications tools and tactics to:

- Provide opportunities for face-to-face communication with the Executive team eg the Executive team are allocated specific areas of the Trust each month to visit as 'designated directors'. The Chief Executive holds a monthly face-to-face Team Briefing for all staff and also held staff open forums about key strategic challenges facing the Trust.
- Consult staff on key decisions that have a major impact on services for patients eg the closure of a medical ward, and a review of how outpatient services are staffed and provided. With outpatients, listening to and responding to the concerns of staff led to many changes from the original proposal.
- Encourage senior clinicians and managers to take responsibility for internal communications and promote a culture of open, honest and transparent communication through a wide range of communication methods eg a monthly Team Briefing, monthly Trust News staff magazine, Daily Noticeboard email bulletin, weekly e-newsletters for specific initiatives such as *Fit for the Future*, and our Intranet.
- Create opportunities to celebrate the achievements of staff eg the quarterly Quality Awards recognise the contributions that individuals or teams of staff make to improving the quality of patient care.

The Trust has been shortlisted in the Internal Communications category of the HR Excellence Awards 2011. In addition in the 2010 NHS Staff Survey, published by the Care Quality Commission in March 2011, staff engagement at Chelsea and Westminster was rated as the best of any Association of UK University Hospitals Trust.

## Our environment

Chelsea and Westminster is a modern, well-designed hospital which provides a high quality environment for patients and staff.

The Trust has a multi-million pound investment programme to maintain and improve the hospital environment:

- Our new Outpatients department on the Lower Ground Floor opened to patients in January 2011 with a new escalator from the Ground Floor to improve access
- In early 2012 the Netherton Grove extension is due to open to patients to provide services to children and patients living with HIV and cancer services

Although the more extensive refurbishment schemes give us an opportunity to achieve big steps forward, we also recognise that smaller changes can have a major impact, for example we have started to replace sections of worn flooring throughout the hospital.

Similarly, all bathrooms within our maternity wards will be refurbished, the Ground Floor public toilets and baby-change room will be updated by summer 2011 and a programme to update facilities in other wards will continue throughout 2011/12.

In order to maintain consistently high performance, the Trust runs internal PEAT visits on a regular basis involving clinical and non-clinical staff as well as patient representatives. These visits monitor cleanliness, patient dignity and food quality against the national PEAT standards and the results are reported quarterly to the Trust's PEAT Steering Group which is chaired by the Chief Nurse.

Additionally, all areas within the hospital are audited jointly on a monthly basis, with representatives from the Trust and the Trust's Facilities contractor reviewing and scoring

the quality of the patient environment in clinical areas. Our internal target is that 90% of all clinical areas are jointly audited and performance is reported to the monthly PEAT Committee and the quarterly Facilities Committee.

## Quality and the business strategy

A commitment to quality and patient-centred services is at the heart of what we do as an organisation. To ensure that our commitment to quality was embedded throughout the organisation in 2010/11 the Board explicitly set corporate objectives that reflected the quality imperative.

For the 2011/12 financial year, the Trust Board has underlined its commitment to quality by maintaining the four corporate objectives from 2010/11.

These corporate objectives are the basis for Divisional and departmental objectives which relate these core themes to specific plans and targets to ensure that there is alignment of objectives throughout the organisation so that quality is embedded in everything we do.

We are committed to meeting the challenge of delivering quality while delivering efficiency cost savings of around 10% a year and have taken a strategic approach. This includes investing in our infrastructure to ensure carbon efficiency, the development of electronic document management to improve the patient experience, clinical effectiveness and safety, and reduce administrative costs, and looking at shared 'back room' services with our neighbouring trusts. This is underpinned by a strong focus on maintaining the commitment and motivation of our staff.

## Feedback on our Quality Report

Readers of our report are welcome to provide feedback on this report and make suggestions for future reports. Please contact Catherine Mooney (Director of Governance and Corporate Affairs) at [cathy.mooney@chelwest.nhs.uk](mailto:cathy.mooney@chelwest.nhs.uk).

# Annex 1: Glossary

Abbreviation	Meaning/definition
CABG	Coronary Artery Bypass Graft
Care Bundle—central line continuing care, peripheral line continuing care and urinary catheters.	A care bundle is the end result of an extensive review of the literature which identifies the key elements/aspects/ intervention of care which, in these care bundles, prevent infections. If all elements are performed, the risk of infection is minimised. If not all elements are performed the risk of infection increases.
Care bundle—ventilator associated pneumonia	As described above, a care bundle is a way of ensuring that recommended evidence based clinical care for patients is actually delivered. The ventilator care bundle is made up of 4 elements, to nurse the patient at 30° head up to prevent gastro-oesophageal reflux, to give preventative treatment for stomach ulcers, to give preventative treatment for clots and to stop sedatives for a period of time daily which reduces the length of stay in the Intensive Care Unit.
CEM	College of Emergency Medicine
CEMACE	Centre for Maternal & Child Enquiries
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
Clinical Coding	Clinical Coding is the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format.
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DVT	Deep Vein Thrombosis

Abbreviation	Meaning/definition
Enhanced recovery programme	The enhanced recovery programme is about improving patient outcomes and speeding up a patient's recovery after surgery. One of the outcomes is reduced length of stay. There are four elements to the enhanced recovery programme which include pre-operative assessment, planning and preparation before admission, reducing the physical stress of the operation, a structured approach to management of the patient including pain relief, during and after the operation and early mobilisation (getting up and about).
ENT	Ear, Nose and Throat
HIEC	Health Innovation and Education Cluster
HSMR	Hospital Standardised Mortality Ratio
ICNARC CMP	Intensive Care National Audit & Research Centre—Case Mix Programme
ICU	Intensive Care Unit
IHI Global Trigger Tool	An international tool developed by the Institute for Health Improvement which uses triggers or clues to identify adverse events/incidents and is effective for measuring the overall level of harm in a healthcare organisation
INR	International Normalised Ratio
LINK	Kensington and Chelsea Local Involvement Network
LUCADA	National Lung Cancer Audit
MINAP	Myocardial Ischaemia National Audit Project
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiries into Patient Outcome and Death
Never Events	Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
NHFD	National Hip Fracture Database
NIHR	National Institute of Health Research
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NOF	Neck and Femur
PbR	Payment by Results
PE	Pulmonary Embolism
PEAT	Patient Environment Action Team
PICANET	Paediatric Intensive Care Network
Picis	Electronic theatre booking system
PET	Patient Experience Tracker
PROMS	Patient Reported Outcomes Measures
Proton Pump Inhibitors	Drugs that reduce the secretion of gastric (stomach) acid
Q1 or Quarter 1	The period April to June 2010
Q2 or Quarter 2	The period July to September 2010
Q3 or Quarter 3	The period October to December 2010
Q4 or Quarter 4	The period January to March 2011
RCOG	Royal College of Obstetricians and Gynaecologists
RCP	Royal College of Physicians
Referral to Treatment time	18 week referral to treatment (RTT) time—the part of a patient's care following initial referral, usually an outpatient referral, which initiates a clock start, leading up to the start of first definitive treatment or other stop point. The target is to meet this within 18 weeks for the majority of patients.
Revascularisation waiting times	The length of time a patient waits before having a surgical procedure for the provision of a new, additional, or augmented blood supply to a body part or organ
Service Line Management	Service Line Management (SLM) identifies specialist clinical areas and manages them as distinct operational units. It enables NHS foundation trusts to understand their performance and organise their services in a way which benefits patients and delivers efficiencies for the trust. SLM also provides a structure within which clinicians can take the lead on service development, resulting in better patient care.
SHMI	Summary Hospital-Level Mortality Indicator—a new indicator for mortality which is due to be made available in 2011
SINAP	Stroke Improvement National Audit Programme
SUS	Secondary Uses Service—provides anonymous patient-based information for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development
TARN	Trauma Audit & Research Network
TFI	Training for Innovation
VTE	Venous thromboembolism—the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE)

## Annex 2: Statements from key stakeholders

### Statement from Inner North West London PCTs re. Chelsea and Westminster Quality Accounts 2010/11

Inner North West London (INWL) Primary Care Trusts (PCTs) have reviewed Chelsea and Westminster Hospital NHS Foundation Trust's ("the Trust") Quality Account (QA) report for 2010/11. The Trust presented its QA proposal and improvement areas for 2011/12 to representatives of INWL sub-cluster PCTs in May 2011. The Trust's QA was reviewed by the INWL Executive Management Team, which included GP Consortia representation.

INWL PCTs can confirm that, in their view, the QA complies with the guidelines and demonstrates progress against some key measures of performance and previous areas of concern, such as hand hygiene compliance rates and patient falls.

The PCTs monitor the performance and the quality of services routinely each month with the Trust. The PCTs can confirm that, to the best of our knowledge, the Trust's QA 2010/11 contains accurate information in relation to the services provided.

The Trust has set their priorities in line with national priorities, taking account of local feedback and intelligence to ensure that the priorities are meaningful to the patients using their services. This approach to setting priorities is commended by the INWL PCTs and we are happy to endorse the targets that have been set.

The monitoring of each of the priorities is deemed to be set at appropriately timed intervals for each specific priority, allowing a timely response to address issues that may cause the target to be missed. It is also welcome that there are consistent committees to oversee the progress of all of the priorities.

Venous thromboembolism (VTE) remains a priority for the Trust and it is good to see a development from the previous year's initiatives to now include an audit of hospital acquired VTE followed by root cause analysis for patients that did not receive preventative treatment. This continuous review and learning from cases will help to lead to no hospital acquired preventable VTE.

The continued inclusion of patient experience as a priority, as well as the involvement of patients and stakeholders in the development of this priority, is encouraging. INWL PCTs look forward to being involved in the target setting for the 'campaigns for action' for communication, discharge and care of the older person.

The development of the emergency surgery priority by reviewing feedback from staff and patients has focused this priority to not only improve effectiveness but also improve patient experience. This multi-layered approach to this priority should improve patients' overall experience of the Trust's emergency surgery service and is commended.

It is encouraging seeing the inclusion of the new priority for staff engagement and staff appraisals as well as linking this as an important factor towards improving the quality of patient care provided. The wide-ranging action plan to improve performance against this priority coupled with strong leadership should see improvement.

The actions to improve data quality are focused and targeted towards problem areas. The development and leadership of the Trust's Data Quality Group will be critical to the success of improvement of quality throughout the Trust's services. The actions to improve data quality should ensure that it is seen as an integral part of improving clinical effectiveness.

The Trust has made good progress towards ambitious targets for patient safety, clinical effectiveness and patient experience and in some cases exceeded those targets. However, the Trust has notably not met their Patient Experience Tracker completion rate target. This target has significantly lower attainment compared to last year. Completion rates for the Patient Experience Tracker need to significantly increase to ensure validity of responses received and in order to monitor priority two effectively. Action plans for unattained targets within the QA report have provided assurance for future success.

The PCTs has noted the apparent deterioration of performance on *C.difficile* set in the context of the Trust introducing a new test for *C.difficile* which was far more sensitive and so picked up more cases. Otherwise, the Trust's general continued improving clinical outcomes shows real commitment and is demonstrated by achieving or exceeding all national targets as tracked by Monitor.

Overall, the Trust has improved quality in many ways during 2010/11 and has plans for further improvement during 2011/12. Developed focus on priority areas of patient safety, clinical effectiveness and patient experience will continue to benefit patients accessing the Trust's services.

### Kensington and Chelsea Local Involvement Network (K&C LINK) response to the Chelsea and Westminster Hospital Quality Account 2010/11

Kensington and Chelsea Local Involvement Network (K&C LINK) welcomes the opportunity to comment on the Chelsea and Westminster Hospital NHS Foundation Trust Quality Account (QA) 2010/11.

K&C LINK is pleased to have developed a strong working relationship with the Trust over 2010/11 and would like to commend the hospital on their integrated approach to engagement on QAs locally. We are also delighted to note that previous concerns in relation to nutrition and pharmacy services are being addressed and we look forward to being informed of how these priorities develop over the course of 2011/12.

The LINK has raised points for clarification separately and we welcome the helpful feedback provided on:

1. The outpatient experience
2. The Appointments Office
3. Complaints and the quality process

We would welcome further information on:

- Trust compliance with same sex accommodation standards for patients

- The LINK was disappointed to note the PET satisfaction rate is 53% and that there appears to be a considerable variance between Picker and in-house scores. We would welcome updates from the Trust on the cause(s) for this discrepancy.

The K&C LINK is pleased to note the emergency surgery improvements and that reception and healthcare assistant teams will be merged to provide an improved service to patients.

Considering performance in 2010/11, the emphasis on dignity in care and discharge in 2011/12 is positive and mirrors our own LINK priorities. Our Dignity Champions look forward to visiting the hospital wards again this year and working in partnership with the Foundation Trust on a comparative study of discharge practices at local hospitals in the coming months.

Overall, our members have found Council of Governors meetings and the sub-committees most welcoming and informative. We look forward to further involvement on quality and patient experience in 2011/12.

## Royal Borough of Kensington and Chelsea Health, Environmental Health and Adult Social Care Scrutiny Committee (HEHASC SC) consultation on the Trust's Quality Account 2010/11

### Introduction

As Chairman of this Council's Health, Environmental Health and Adult Social Care Scrutiny Committee, I welcome the opportunity to comment on Chelsea and Westminster Hospital NHS Foundation Trust's Quality Account 2010/2011.

The Scrutiny Committee (HEHASC SC) and the Council both have good working relationships with Chelsea and Westminster Hospital NHS Foundation Trust.

### Comments

The financial outlook for NHS provider trusts in North West London is considered to be a matter of concern. The NHS in North West London needs to close a projected £1,014m funding gap between available resources and "doing nothing" by 2014/15.<sup>1</sup> "£0.7bn of the funding gap should be realised from real terms cuts in prices paid to providers (eg national tariff), leaving £0.3bn to be found through Commissioners managing demand and commissioning different care pathways."<sup>2</sup> The cash pressure could lead to cuts to patient care. The Trust is to be supported in its efforts to make efficiency savings without loss of service.

Chelsea and Westminster Hospital NHS Foundation Trust is a high performing organisation. For example, the hospital was rated "excellent" for Environment, Food and Privacy & Dignity in the Patient Environment Action Team Assessment

2010. In the Dr Foster Hospital Guide 2010, the Trust had lower than expected mortality rates after surgery among patients who had secondary diagnosis such as internal bleeding, pneumonia or a blood clot.

Whatever the future may bring for the rationalisation of services in North West London, there should be a strong place for Chelsea and Westminster Hospital NHS Foundation Trust. Chelsea and Westminster Hospital already provides specialist services in paediatric surgery; burns; maternity; and HIV and sexual health.

The Scrutiny Committee have previously expressed concern as to how the Chelsea and Westminster Hospital NHS Foundation Trust fits with the long-term plans of Imperial College Healthcare NHS Trust. The situation regarding how this is developing remains unclear.

When considering changes to paediatric services at Royal Brompton & Harefield, the knock-on effects at Chelsea and Westminster Hospital NHS Foundation Trust need to be borne in mind. The Scrutiny Committee will be responding to the relevant public consultation accordingly.

We would encourage Chelsea and Westminster Hospital NHS Foundation Trust to be fully involved in the health-promoting strategies in the Royal Borough of Kensington and Chelsea. For example, the public health strategy "Choosing Good Health—Together" and the Community Strategy. More could be said in the Quality Account on how the proposed actions of the Trust align with major public health campaigns.

It is disappointing that patient scores have not improved in the Inpatient Survey for 2010, as stated on page 19 of the Quality Account.

It is pleasing that the NHS staff survey 2010<sup>3</sup> figure shows that Chelsea and Westminster Hospital NHS Foundation Trust compares well with other acute trusts on an overall indicator of staff engagement. The Trust scored 3.74 which was in the highest (best) 20% when compared with trusts of a similar type.

It is noted that on one page, the target for MRSA bacteraemia cases in 10/11 is 3, while on another it is 6.

On page 32 and 34, the target for *Clostridium Difficile* cases in 10/11 is 100 cases—this seems a high target given the previous year's performance. It is noted that the number of cases of *Clostridium Difficile* at Chelsea and Westminster was 41 in 08/09, 32 in 09/10 and has risen to 73 in 10/11. The *Clostridium Difficile* rate per 10,000 occupied bed days was 4.8 for Chelsea and Westminster this year. This does not compare well to similar London trusts (eg Barts & the London—4.8; Imperial College Healthcare—3.9; King's College—3.8; Guy's & St Thomas—3.1; Royal Free—2.8; UCL—2.7; St George's—2.3; Overall—3.2).

There needs to be consistency in the use of the % sign within the tables on p34.

<sup>1</sup> This scenario, that uses assumptions reflecting local circumstances, is on page 37 of "North West London Strategic Commissioning and QIPP Plan 2014/15 (15 December 2010)" [http://hillingdonlink.org.uk/wp-content/uploads/2010/12/NWL-Approved-Strategic-Commissioning-and-QIPP-Plan-2011\\_14-Main-Documents-20101215-FINAL.pdf](http://hillingdonlink.org.uk/wp-content/uploads/2010/12/NWL-Approved-Strategic-Commissioning-and-QIPP-Plan-2011_14-Main-Documents-20101215-FINAL.pdf)

<sup>2</sup> NHS Kensington and Chelsea's Draft QIPP plan 2011/12 <http://www.kensingtonandchelsea.nhs.uk/media/78327/2.1-qipp-plan2011-12.pdf>

<sup>3</sup> NHS staff survey 2010: <http://www.info4local.gov.uk/filter/?item=1865835>

In the interests of transparency and accountability, the Trust is encouraged to hold its Board of Directors meetings in public and make all papers available, where the issue of confidentiality does not necessitate otherwise.

It is pleasing that Chelsea and Westminster Hospital NHS Foundation Trust did not breach its 3.5% private income cap this year, as reported in the HSJ (27 April)<sup>4</sup>.

It has been somewhat of a challenge to make a meaningful response to the draft Quality Account. The Trust needs to pay due attention to how readable and accessible its Quality Account is. For example, it is difficult to analyse these Quality Accounts, as much information is not included (eg data comparisons over a long timeframe to show the ups and downs of performance).

Input from local involvement networks (LINKs) and Health overview and scrutiny committees should be sought as early as possible. Further engagement with the Trust on its Quality Account over the course of the year would be welcomed, so that the process does not become only an annual consultation response but an ongoing dialogue.

Overall, the progress the Trust has made over the last year is to be welcomed, and the HEHASC SC will look forward to being informed of how the priorities outlined in the Quality Account are implemented over the course of 2011/12.

Councillor Mary Weale  
Chairman of the Health, Environmental Health and Adult Social Care Scrutiny Committee  
Royal Borough of Kensington and Chelsea

## Trust Response

The Trust is grateful for the support from the Royal Borough of Kensington and Chelsea Council's Health, Environmental Health and Adult Social Care Scrutiny Committee.

Please note that page numbers in the statement above have been amended to reflect the final report.

The Trust welcomes the opportunity to clarify the MRSA bacteraemia target which is 6 (see page 32). The Clostridium Difficile target is set by the Department of Health. We introduced a best practice testing regime which is far more sensitive than the previous testing regime. The impact of this testing was felt in 2010/11 with *C.difficile* numbers reported at 73 compared to 32 in 2009/10. The Trust's infection control policies did not change so we are confident it is the test and not our practice which caused the increase. Our performance compared with our peers can be affected by the test that is used.

The performance indicator table has been amended and has been completed with the historical data that is available. It is planned that this will increase with time.

The focus of Imperial College Healthcare NHS Trust is on becoming a Foundation Trust and as a well established Foundation Trust, we are committed to helping them with their solution. As Imperial College London is now separate from Imperial College Healthcare we have been able to make good progress on academic issues.

We note the other comments and will consider this year and in preparation for the next Quality Report.

<sup>4</sup> HSJ: Chelsea and Westminster risked breaching private income cap <http://www.hsj.co.uk/hsj-local/acute-trusts/chelsea-and-westminster-hospital-nhs-foundation-trust/chelsea-and-westminster-risked-breaching-private-income-cap/5029187.article>



Chelsea and Westminster Hospital



Prime Minister David Cameron walks through the new Lower Ground Floor Outpatients Department with Charmaine Robinson (Senior Staff Nurse) and Heather Lawrence (Chief Executive) during a visit to the hospital for a 'listening exercise' with staff in May 2011



Deputy Prime Minister Nick Clegg chats to a patient on the Stroke Unit during a visit to the hospital for a 'listening exercise' with patients in April 2011

# Performance Report



Parents James and Emma Pearce with baby Oscar on the Maternity Unit

## Key facts

There was increased demand for Trust services in 2010/11:

### Number of patients treated

	2010/11	2009/10	2008/09	2007/08
Inpatients	46,863	38,751	37,644	36,729
Outpatients <sup>1</sup>	176,303	160,327	148,941	140,506
Day cases	21,974	17,790	16,821	15,962
A&E + UCC <sup>2</sup>	108,010	100,905	97,640	97,685
<b>Total</b>	<b>353,150</b>	<b>317,773</b>	<b>301,046</b>	<b>290,882</b>

<sup>1</sup> Number of individual patients treated as outpatients not number of attendances in Outpatients (eg if an individual patient attended Outpatients on eight separate occasions, this is counted as one patient and not eight attendances)

<sup>2</sup> Combined A&E and UCC figure applies to 2010/11 only as the Urgent Care Centre (UCC) opened to adult patients in October 2010—it is a 'walk-in' service, developed with GPs, for patients who come to A&E with minor illnesses and injuries that require attention but are not critical or life-threatening

In particular, there was increased demand for our specialist services:

- 5,738 deliveries in Maternity in 2010/11, compared with 5,497 in 2009/10, 5,311 in 2008/09 and 5,177 in 2007/08—these figures include both NHS and Private Maternity Unit deliveries

- 74,876 children treated in 2010/11 as inpatients, outpatients, in Paediatric A&E or as day case patients, compared with 70,357 in 2009/10, 65,668 in 2008/09 and 63,690 in 2007/08

- 6,623 people living with HIV on our caseload in 2010/11, compared with 6,005 in 2009/10, 5,481 in 2008/09 and 5,444 in 2007/08

There were also high levels of satisfaction with Trust services:

- 89% of patients rated their care at Chelsea and Westminster as 'Excellent', 'Very good' or 'Good' in the annual NHS inpatient survey 2010
- 95% of women said their care at Chelsea and Westminster was 'Excellent', 'Very good' or 'Good' in the Care Quality Commission's national survey of women's experiences of maternity services
- 95% of children and young people aged 8–17 and 94% of parents of children aged 0–7 rated their care at Chelsea and Westminster as 'Excellent', 'Very good' or 'Good' in the Care Quality Commission's national survey of paediatric inpatients
- Chelsea and Westminster was named as one of only two NHS trusts nationally with a significantly lower than expected mortality rate after surgery in the Dr Foster Hospital Guide 2010
- For the second year running, standards of hospital hygiene (environment), privacy and dignity, and food were all rated 'Excellent' in the National Patient Safety Agency's Patient Environment Action Team (PEAT) assessment 2011

# Principal activities of the Trust

The Trust is a Central London teaching hospital providing specialist services in a range of specialties including Paediatrics, HIV & Sexual Health and Burns, general hospital services to the local population, and an increasing number of services in community settings closer to where patients live.

Chelsea and Westminster is a campus of Imperial College London School of Medicine.

Most services are provided at Chelsea and Westminster Hospital but HIV and sexual health services are provided at the St Stephen's Centre next to the main hospital building, 56 Dean Street in Soho, and the West London Centre for Sexual Health at Charing Cross Hospital.

Community-based services include gynaecology and dermatology clinics in Westminster, Kensington and Chelsea, and Richmond. A mobile community health clinic ('The Bus') provides services across a range of specialties in such diverse settings as Westfield shopping centre, the Gay Pride festival and Shepherd's Bush Market.

Clinical services are divided into three Divisions, each led by a Divisional Clinical Director and a Divisional Director of Operations.

Facilities services are contracted out to ISS Mediclean and Norland Managed Services.

## Review of financial performance

The Trust has taken a strategic approach to delivering significant cost savings which has helped to ensure financial stability. The Trust delivered 10% cost savings in 2010/11.

A key component of this success has been the Trust's recognition at Executive level of the importance of communication with staff about the challenges facing the Trust.

Two ongoing internal communications campaigns have been used to ensure that staff are well informed—*Fit for the Future* about the need for 10% cost savings in 2010/11 and 9%

cost savings in 2011/12 and *Putting Patients First* about investment in a major redevelopment of the hospital to improve services.

In 2010/11 the Trust's financial performance was given a financial risk rating of 5 out of 5 by Monitor, where 5 is 'low risk', and delivered a surplus of £13.8 million which was ahead of the planned surplus of £12.4 million.

The Trust's annual income and expenditure performance is set out in the following table.

### Summary 2010/11 Income and Expenditure Outturn vs Plan (£m)

	Plan 2010/11	Actual 2010/11	Variance 2010/11
<b>income</b>			
Clinical income	279.4	287.7	8.3
Non-clinical income	41.5	44.1	2.6
<b>Total income</b>	<b>320.9</b>	<b>331.8</b>	<b>10.9</b>
<b>Expenses</b>			
Pay costs	(165.0)	(165.0)	0
Non-pay costs	(125.0)	(135.2)	(10.2)
<b>Total expenses</b>	<b>(290.0)</b>	<b>(300.2)</b>	<b>(10.2)</b>
<b>EBITDA</b>	<b>30.9</b>	<b>31.6</b>	<b>0.7</b>
Depreciation	(9.2)	(8.5)	0.7
Dividend on PDC	(8.6)	(8.9)	(0.3)
Interest	(0.7)	(0.3)	0.4
Loss on disposal of asset	–	(0.1)	(0.1)
<b>Net surplus</b>	<b>12.4</b>	<b>13.8</b>	<b>1.4</b>
<b>Cost Improvement Programme (CIP)</b>	<b>22.6</b>	<b>22.6</b>	<b>0</b>

# Key variances from plan in 2010/11

1. Clinical income was £8.3 million above plan due to increased levels of clinical activity across most specialties and the lower than expected impact of our commissioners' demand management schemes.
2. Non-clinical income was £2.6 million above plan due to increased income relating to education and training activities.
3. Pay costs were in line with plan. This was as a result of pay controls implemented in 2009/10 which allowed the Trust to actively manage levels of temporary staffing in line with service/activity requirements.
4. Non-pay costs were £10.2 million higher than plan due to increased costs of drugs and other clinical supplies as a result of income generating clinical activity and increased provisions for potential bad debts.
5. Depreciation was £0.7 million lower than plan due to slippage in the delivery of the Trust's capital investment programme.
6. Dividend on PDC was £0.3 million higher than plan due to a revaluation of Trust buildings in line with independent valuations.
7. Net interest received was £0.4 million lower than plan due to the Trust delaying drawdown of planned finance for its capital expenditure programme.

## Review of non-financial performance

The Trust performed well in all areas of non-financial performance measured as part of Monitor's 2010/11 compliance framework.

The Care Quality Commission ceased to publish NHS performance ratings for 'Quality of Services' in 2011/12—the Trust was rated 'Excellent' in 2009/10—but instead published Quality and Risk Profiles (QRPs) for each NHS organisation in order to track compliance with essential standards of care.

The QRP included risk ratings of Green (better than expected), Neutral (similar to expected), Amber (tending towards worse than expected) and Red (worse than expected) against each of a maximum of 21 outcomes.

Green represented the lowest risk of non-compliance and Red represented the highest risk of non-compliance.

The Trust was rated either Green or Neutral for all the published outcome risk ratings which were grouped into the following five sections:

Section Summary of Underlying Outcomes	Risk Rating
Involvement and Information	Green
Personalised Care, Treatment and Support	Green
Safeguarding and Safety	Neutral
Suitability of Staffing	Neutral
Quality and Management	Green

The popularity of the Trust's services was confirmed by the results of the annual NHS inpatient survey 2010 which was published in April 2011—89% of patients rated our services as 'Excellent', 'Very good' or 'Good'.

## Developments since the end of 2010/11 financial year

### Integrated Care Pilot (ICP)

The Trust has committed itself to joining a pilot in North West London to deliver integrated care across the sector in the specialties of Diabetes and Care of the Elderly specialties.

The ICP involves primary care, community provision and acute providers working in a collaborative and integrated approach to improve patient care within the two specialties and realise efficiencies across the health system.

Significant joint work is underway to implement this large scale pilot in summer 2011 with extensive gains in new ways of working, more preventative care and reduced admissions to secondary care expected.

A comprehensive evaluation of the ICP will take place in May 2012 to formally assess its outcomes and benefits.

### Putting Patients First—redevelopment of Chelsea and Westminster Hospital

A £40 million redevelopment of the hospital aims to improve services for patients and secure our future as a specialist hospital. As part of the redevelopment, a number of outpatient services have moved to a new, modern Outpatients department on the Lower Ground Floor of the hospital.

This transfer of services was completed after the end of the 2010/11 financial year on 4 April 2011 when the specialties of General Surgery, Urology, Pain Management and Endocrinology moved into the new area to join the Diabetes service which moved in January 2011.

Prime Minister David Cameron and Deputy Prime Minister Nick Clegg both visited the new Outpatients department in April and May 2011 during official visits to the hospital

which included listening events on NHS modernisation for staff and patients respectively.

Also as part of the redevelopment of the hospital, an Urgent Care Centre (UCC) has been developed in partnership with local GPs to provide faster assessment in A&E and ensure that patients receive the right care in the right place.

The UCC, which is a 'walk-in' service for patients who come to A&E with minor illnesses and injuries that require attention but are not critical or life-threatening, opened to adult patients in October 2010 and was extended to care for children from April 2011.

## ***Fit for the Future***

In March 2010, the Trust launched a structured internal communications campaign called *Fit for the Future* with staff about why the Trust must maintain and improve the quality of patient care while delivering 10% cost savings (£22.6 million) in 2010/11.

The Trust achieved a 10% Cost Improvement Programme in 2010/11 and a key development since the end of the 2010/11 financial year has been the announcement of a cost savings target of £19.7 million (c. 9%) in 2011/12.

2011/12 will be another challenging year financially for the Trust as the NHS in North West London must save £1 billion over the next three years and we are committed to investing in developments to the hospital and community-based services.

Another major development since the end of the 2010/11 financial year as part of the *Fit for the Future* programme is that a restructure of the Trust's senior nursing, midwifery and management team has been proposed.

A formal consultation with staff directly affected by the proposals was held in March and April 2011, concluding on 6 May 2011.

## **CHKS patient safety award**

Since the end of the 2010/11 financial year, the Trust was shortlisted for the CHKS patient safety award 2011. CHKS is an independent provider of healthcare intelligence and quality improvement services to the NHS and the private healthcare sector.

This is a national award for providing a safe hospital environment for patients which is based on criteria including infection and mortality rates and, unlike other awards, is not judged by a panel. Although the Trust did not win the award, being shortlisted was a major accolade.

## **Open Day**

More than 1,000 people attended the hospital's popular annual Open Day on 7 May 2011—attractions for visitors included a careers event for young people interested in a career in healthcare, mini health MOTs and a Teddy Bear Hospital for children.

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# **Future developments**

## **Integrated Care Pilot (ICP)—next steps**

The Trust is due to join the second wave of the ICP on 1 July 2011 and so this will be a major landmark in our involvement in the project. Subject to the results of the formal evaluation of the ICP in Diabetes and Care of the Elderly, due to be carried out in May 2012, it may be rolled out more widely to other specialties.

## **Putting Patients First—redevelopment of Chelsea and Westminster Hospital—next steps**

The redevelopment of the hospital will continue in 2011/12.

A two-storey extension to the 1st and 2nd Floors of the hospital will help us to achieve the Trust's vision of providing world class children's services while also developing further our HIV services.

This extension is due to be completed and ready to open to patients in early 2012.

## ***Fit for the Future*—next steps**

The Trust's cost savings target for 2011/12 is £19.7 million.

It is intended to achieve as many savings as possible through the use of shared services models for non-clinical 'back-

office' functions—working closely with colleagues at the two other hospitals on the Fulham Road, the Royal Brompton and the Royal Marsden—as well as the use of new integrated clinical pathways in the community.

The proposed restructure of the Trust's senior nursing, midwifery and management team will be implemented in 2011/12 following the end of a formal consultation with staff directly affected by the proposals in May 2011.

## **Other developments**

- We continue to explore opportunities to provide other community services in order to expand the Trust's portfolio of 'out of hospital' care, following the success of a number of recent bids to provide these services including community gynaecology in Westminster and community dermatology in Kensington and Chelsea
- The Trust will also consider possible future opportunities to bid to take over the running of a PCT's provider function or to explore the possibility of acquiring another provider organisation (hospital)
- We anticipate a number of reviews of specialist services both in North West London and across London and the South East which may lead to competitive tendering exercises for designation—likely specialties include Specialist Paediatrics, HIV Inpatient Care and Burns

# Principal risks and uncertainties facing the Trust

The Trust has effective mechanisms in place to manage risk, in accordance with its risk management policy and strategy, supported by two committees with Board accountability—the Audit Committee and the Assurance Committee.

There are currently two main areas of uncertainty and risk for the Trust—financial pressures and the potential impact of proposed NHS reforms.

The Trust achieved a very challenging cost improvement programme target of £22.6 million (10%) in 2010/11. For 2011/12, the Trust has set another challenging target of £19.7 million (c. 9%).

The main reasons for this are:

- Expected losses in income due to tariff changes and an anticipated reduction in teaching levies
- Impact of demand management schemes as commissioners move routine outpatient work into the community and the NHS in North West London addresses the need to save £1 billion in the next three years
- Impact of a 4% efficiency requirement embedded in tariffs for 2011/12
- Funding for the Trust's capital development programme of c. £100 million over three years

A risk is that, if £19.7 million of savings are not identified, the Trust will have to underspend in other areas to compensate.

A further risk is the drive by commissioners to relocate routine outpatient activity to community settings. However, it is anticipated that this will be partially mitigated by the Trust successfully bidding to provide these community-based services and reducing infrastructure resources in line with the relocation of these services from the hospital to the community.

There are also uncertainties with regard to the potential impact of the Government's planned NHS reforms, as set out in the Health and Social Care Bill. Proposed changes that may affect the Trust include the reorganisation of commissioning, the future of the private patient income cap, more choice for patients, and increased competition.

The overall Trust strategy has taken these issues into account and plans are in place to mitigate and/or benefit from these proposals.

Finally, some uncertainty remains about the reconfiguration of specialised services within North West London including paediatrics, cancer and burns.

The Trust is working closely with NHS London and the North West London Commissioning Partnership to mitigate risks to the Trust's activity.



Patient Rafiq Anouer has his height measured in Children's Outpatients



The Trust's mobile community health clinic on location at Westfield Shopping Centre

## Trends and factors likely to affect the Trust's future performance

### National factors

The Government announced a 'pause' in the passage of the Health and Social Care Bill through Parliament in May 2011 to allow for a 'listening exercise' with patients, the public and staff.

It is therefore not possible to be certain of the final NHS modernisation changes to be introduced through the Bill but the general direction of travel is clear:

- Increased patient choice—there is a drive for patients to be more informed about services so that they can choose where to be treated
- Increased competition—although the definition of what 'any willing provider' means in practice is under review, there is a definite move towards increasing competition and private healthcare organisations may choose to bid for services currently provided by the Trust
- GP commissioning—devolved accountability and decision making to GP consortia will have an impact on how our services are commissioned in future and who our key relationships are with
- Private patient cap—the possible lifting of the current private patient cap for Foundation Trusts would provide us with an opportunity to increase our income from private patient services

### Regional and local factors

The NHS in North West London must save £1 billion over the next three years and so in the contracting round for 2011/12 there were some challenging proposals and negotiations to manage the reduced available funding in the system.

Two major areas of impact are proposed schemes to relocate activity currently carried out in hospitals into community

settings and restrictions placed on activity including readmissions to hospital.

The Trust has set itself a target of £19.7 million cost savings in 2011/12 following a target of £22.6 million cost savings in 2010/11 which was achieved.

The potential centralisation of specialist services is another significant factor that is likely to have an impact on the Trust in 2011/12, specifically an anticipated tender for the provision of specialist medical and surgical paediatric services in North West London, a designation process to reduce the number of centres providing HIV inpatient care, and reviews of other specialties including cancer and burns services.

The Trust will continue to engage in dialogue with North West London Commissioning Partnership and surrounding acute trusts in North West London to explore the implications and opportunities of a potential reconfiguration of acute trusts in the sector.

The drive to move all NHS trusts to Foundation Trust status offers opportunities for mergers and acquisitions as we are one of the few Foundation Trusts in North West London.

The Board of Directors is clear that any potential acquisition would need to be explored carefully to ensure that it benefits patient care and the NHS trusts involved.

Any potential acquisition would receive due diligence from the outset.

The £40 million redevelopment of the hospital will be a key local focus this year.

A two-storey extension to the 1st and 2nd Floors of the hospital, which will help us to provide world class children's services while also developing further our HIV services, is due to open to patients in early 2012.

# Research and Development

Delivering excellence in teaching and research was a corporate objective in 2010/11 (as it is in 2011/12).

The Trust's Research Strategy, *Improving Patients' Lives through Research and Innovation*, was approved by the Trust Board in 2010/11 and is now being implemented by the Research Strategy Board which is chaired by the Trust Chairman, Professor Sir Christopher Edwards.

In 2010/11, the Trust hosted 217 research projects and recruited more than 4,000 patients into clinical studies.

Building on a successful relationship founded by Professor Brian Gazzard and colleagues 20 years ago between the Trust's HIV and Sexual Health service and the St Stephen's AIDS Trust (SSAT), 2010/11 saw a growth in the number and diversity of HIV and sexual health related research studies.

The research unit passed an inspection by the Medicines and Healthcare products Regulatory Authority (MHRA) as an approved sponsor of trials in HIV infections.

A wide range of public and private sponsors generously provided funding for new investigations during this time with studies including novel interventions to reduce the acquisition and transmission of HIV and Herpes.

Doctors from the HIV and Sexual Health service have also contributed to the latest edition of the British HIV Association guidelines for the care and treatment of people living with HIV.

More than 40 peer-review articles and papers were published in 2010 regarding all aspects of HIV care and an SSAT-sponsored teaching programme now covers 16 countries, providing specialist doctors, advice and medical education for people involved in HIV care, reflecting the ongoing concern for HIV patients not just in the UK but also worldwide.

The Trust has continued to host three organisations that drive research and innovation:

- The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London
- North West London Health Innovation and Education Cluster (HIEC)
- Training for Innovation (TFI)

The CLAHRC aims to embed research findings into clinical practice as quickly as possible, with a clear focus on funding projects to improve quality. In 2010/11 the CLAHRC led a successful bid for a three-year Improvement Science Fellowship from The Health Foundation and also won a quality improvement clinical fellowship from the Royal College of Physicians.

The HIEC is a collaboration of 20 NHS organisations, universities, charitable bodies and industry partners to promote innovation and education. It supports the quick uptake of innovative technologies and services, currently focusing on cancer and cardiovascular care pathways, education and innovation.

TFI helps create and disseminate innovative training tools to further accelerate adoption of new healthcare technologies in the NHS and beyond.

In addition, Medicines for Neonates, is a £1.6 million, five-year research programme funded by the National Institute for Health Research (NIHR) and led by Chelsea and Westminster Hospital NHS Foundation Trust.

This has involved the setting up of a national database to collect data from 159 neonatal units across England. To date we have collected data of over 100,000 babies which will help to improve outcomes, as well as the health and safety of babies admitted to neonatal units.



A baby being cared for in the Neonatal Intensive Care Unit (NICU)

# Our staff

The Trust employs more than 2,700 staff. The Trust's corporate objective for 2010/11 of improving the patient experience included an aim to increase patient satisfaction by achieving upper quartile scores for staff having appraisals and Personal Development Plans in the national staff survey and making year-on-year improvements in sickness absence rates, vacancy rates and uptake of mandatory training.

The Trust is committed to celebrating the achievements of staff.

We have an annual Christmas Cheer Awards, monthly Team/Employee of the Month Award and quarterly Quality Awards.

See the Staff Survey section for full details of the survey results and other information about our staff.

## Patient care

### Foundation Trust status

A key benefit of Foundation Trust status is that the Trust can retain its financial surplus—£13.8 million in 2010/11—to reinvest in services.

For example, part of the Trust's surplus in 2007/08 was used to develop 56 Dean Street, our state-of-the-art HIV and sexual health centre which opened in Soho in March 2009.

56 Dean Street offers Saturday and evening opening hours in an excellent environment and location, and as a result patient numbers have increased so that it is the busiest sexual health centre in London. Staff at the centre have also won national awards for their innovative approach including a campaign to raise awareness of rapid HIV testing.

Another key benefit of Foundation Trust status is financial flexibility. For example, funding of £40 million for the redevelopment of the hospital was made possible by the Foundation Trust Finance Facility.

Engagement with patients, members of the public and staff who are Foundation Trust members is another key benefit—as demonstrated by the Trust's well attended Annual Members' Meeting and Open Day.

The Trust also invested part of its surplus in two new CT scanners which enable the Trust to provide a flexible service for both emergency patients who require instant diagnostic scans and patients with more routine imaging needs.

### Performance against key patient targets

The Trust met all key national targets in 2010/11 and improved patient care by, for example, treating a record number of patients.

We met a challenging national target of treating 95% of outpatients and 90% of inpatients within 18 weeks of GP referral, not only Trustwide but also at specialty level.

This achievement was made possible by the hard work and expertise of staff, despite increasing patient numbers—353,150 in 2010/11 compared with 317,773 in 2009/10—and unprecedented demand for services in December 2010 and January 2011 during one of the coldest winters on record.

We also achieved a national target of treating 98% of A&E patients within four hours, again following the busiest year on record—108,010 patients were treated in A&E and our new Urgent Care Centre in 2010/11, including 32,702 children in our dedicated 24-hour Paediatric A&E which continues to be increasingly popular with parents.

The Trust met targets set by the Foundation Trust regulator Monitor for both MRSA bacteraemia and *Clostridium difficile*.

The Trust had six cases of MRSA bacteraemia in 2010/11—against a target maximum of six cases—and 73 cases of *Clostridium difficile*—against a target maximum of 100 cases.

### Targets agreed with local commissioners

A proportion of our income is conditional on performance in relation to goals relating to quality agreed through the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2010/11, income equal to 1.5% of the value of our main acute contract (which covers most of our NHS services) was related to CQUIN goals agreed with our host commissioner, North West London Commissioning Partnership.

We also agreed CQUIN payments linked to our work in HIV and Neonatal Intensive Care, which is commissioned by the London Specialised Commissioning Group, as well as CQUINs for our community services in Paediatrics, Dermatology and Gynaecology.

2010/11 CQUIN payments were valued at £4 million.

The 2010/11 CQUIN goals included improving how patients rate their experience of adult inpatient care, ensuring patients are screened for VTE on admission to hospital, improving the effectiveness of discharge from hospital, reducing readmissions for long-term conditions, improving the quality of medication information in electronic discharge summaries, and improving services for patients with dementia.

Project plans were delivered for each CQUIN scheme and monitoring mechanisms were set up to track month by month improvement against each goal.

For example, the five key questions relating to the adult inpatient experience CQUIN were monitored through

our Patient Experience Tracker (PET) instant feedback mechanism. Between August 2010 and the end of March 2011 almost 3,000 patients discharged from adult inpatient wards gave the following feedback on their care:

Question	Average Score
Have you felt as involved as you wanted to be in decisions about your care?	89%
Have you had the opportunity to talk to someone about your worries or fears?	90%
Have you been given enough privacy when discussing your condition or treatment?	90%
Have you been told about medication side effects after you leave hospital?	86%
Have you been told who to contact if you are worried about your condition after you leave hospital?	88%

In 2011/12, CQUIN payments will be linked to areas including:

- Improving how patients rate their experience of adult inpatient care
- Screening all patients admitted to the hospital for VTE
- Improving falls reporting and reducing falls that result in harm
- Improving end of life care
- Implementing the enhanced recovery model in Orthopaedics, Colorectal and Gynaecology
- Implementing the COPD discharge bundle
- Improving women's experiences of maternity care
- Improving acute oncology services

## Monitoring quality improvements

Progress towards meeting national and local targets is reported to the Board of Directors and any action required to meet targets is approved as appropriate.

For example, action plans were developed for approval by the Trust Board in response to the Trust's performance in the national inpatient and staff surveys.

## New or significantly revised services

A number of new or enhanced services were launched in 2010/11 as part of the £40 million redevelopment of the hospital:

- The Preoperative Assessment Centre moved from the 1st Floor to new, improved facilities on the Lower Ground Floor in May 2010
- The new Lower Ground Floor Outpatients department opened in January 2011 when the Diabetes service moved into the modern facilities and other specialties moved into the area in April 2011
- The Urgent Care Centre (UCC), a 'walk-in' service for patients who come to A&E with minor illnesses and injuries that require attention but are not critical or life-threatening, was developed in partnership with local GPs—it opened to adult patients in October 2010 and to children in April 2011

- The Hospital School moved to new, purpose-built facilities on the 1st Floor and was officially opened in September 2010

In addition, following a successful tender process, the Trust was awarded the contract to provide community dermatology services in Kensington and Chelsea for the next three years. The new service went live in October 2010.

The Trust also won the tender process to provide community gynaecology services in Richmond and Twickenham, based in Teddington.

## Responding to complaints

The Trust takes complaints very seriously. All new serious complaints and incidents are reviewed by the Executive team at their weekly meeting and lessons learned from complaints are shared across clinical divisions.

All complaints are logged and reported to directorates through quarterly clinical governance reports. Trustwide quarterly reports and an annual report are prepared for the Risk Management Committee. The reports provide a summary and analysis of complaints raised through the Complaints team and an overview of changes made in response.

The Trust's Membership and Patient Advice & Liaison Service (M-PALS) is available to provide patients with information, support, advice and help in resolving concerns.

In line with national guidance, the Trust places its emphasis on local resolution of concerns raised. Staff are encouraged to do this by acknowledging the problem and where possible resolving the issue or providing an explanation. It is important that the complainant understands what the outcome will be and that this will meet their expectations. The completion of action plans is monitored and reported in the quarterly reports.

The new NHS complaints process no longer stipulates a timescale for responding to complaints but the Trust has set three levels of response depending on the nature, seriousness and complexity of the complaint.

Type 1 (less serious) complaints should be resolved within 10 working days, Type 2 complaints should be resolved within 25 working days, while Type 3 (more serious and often complex) complaints may require a longer timescale which should be discussed and agreed with the complainant.

In 2010/11, 986 Type 1 complaints were received and of these 74% were responded to within the Trust target of 10 working days while 379 Type 2 complaints were received and of these 83% were responded to within the Trust target of 25 working days.

Seven Type 3 complaints were received—two of the investigations were completed within 50 working days, three of the investigations took longer than 50 working days to complete and two of the investigations were ongoing at the time when this annual report was completed. Therefore 40% of Type 3 complaints were completed within 50 working days.

## Service improvements following patients' complaints

Responding to complaints in a considerate and timely way is a priority but another important aspect of handling complaints is to listen to patients' views, observe what and where things went wrong, and make changes to improve services. Lessons learned from complaints should be shared across the Trust to enhance the quality of services for the future.

The following are examples of improvements that have been made to services in response to complaints received in 2010/11:

- **Medicine**

A template discharge summary has been implemented for patients potentially at risk of DVT, to ensure that this important information is included in the discharge letter to their GP

- **Surgery**

A co-ordinator has been recruited to the Bariatrics (weight loss surgery) service to ensure that the appropriate appointments are made in a timely manner which is convenient for patients

- **Children's Services**

A simple guideline has been developed to assist clinical staff in planning care for children and young people with learning and social communication difficulties

- **Maternity**

The Maternity Unit is piloting extended visiting hours on the Antenatal Ward for partners, particularly for those women who are in labour and cannot, for whatever reason, be moved to the Labour Ward

- **Pharmacy**

A drop-off box has been established outside the outpatient pharmacy for patients who live locally to drop off non-urgent prescriptions and return for collection of their prescriptions at a later date

## Improvements in patient/carer information

Chelsea and Westminster has become the first hospital in the UK to make a new information service called StartHere available to patients and carers.

StartHere, which can be accessed by using touch screen information kiosks on the Ground Floor of the hospital, signposts people to organisations that can help them. It includes information on subject areas including coping and caring, housing, and work and education.

New sponsored electronic patient information screens, which were installed in three locations in the hospital in March 2010, provide useful health information and they have also benefited the Trust financially because we receive a percentage of the sponsorship revenue.

A 'Patient Passport' was produced for stroke patients and their carers, following the successful introduction in 2009/10 of a similar publication for people with learning disabilities.

The Trust website, which is used by almost 500,000 people a year, was enhanced in 2010/11 to improve the quality of information available online to patients and carers. Improvements included a series of videos about the Trust and its services.

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## Stakeholder relations

The Trust has maintained and strengthened its relationships with a wide range of stakeholders.

Key stakeholders have nominated representatives on the Council of Governors which also includes elected representatives of patients, members of the public living in our four local boroughs, and Trust staff.

The Trust has also strengthened its relationship with Kensington and Chelsea Local Involvement Network (LINK)—LINK representatives are invited to attend sub-committees of the Council of Governors and they were also invited to the 'listening event' with Deputy Prime Minister Nick Clegg in April 2011.

Local organisations working in health, social care and other sectors are invited to take part in the annual hospital Open Day and our local MPs, Greg Hands and Sir Malcolm Rifkind, have both attended recent Open Days.

We have worked closely with our host commissioner, NHS Kensington and Chelsea, and increasingly we are forging strong links with the North West London Commissioning Partnership and the PCT 'clusters' that have been formed.

In light of the Health and Social Care Bill's proposals to devolve accountability for commissioning to GP consortia, we are developing ever closer links with key local GPs—our GP Relationship Manager facilitates this work.

The Trust also works closely with the Royal Borough of Kensington and Chelsea, in particular the Health, Environmental Health and Adult Social Care Scrutiny Committee.

We are working in partnership with neighbouring NHS organisations on the Fulham Road—Royal Brompton & Harefield NHS Foundation Trust and The Royal Marsden NHS Foundation Trust—to explore opportunities for providing 'back office' functions more efficiently.

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for North West London and the North West London Health Innovation and Education Cluster (HIEC) are both hosted at Chelsea and Westminster and involve partnership working with key stakeholders in the NHS, education, industry and other sectors.



Members of the Hand Therapy team show off their interactive display at the hospital Open Day in May 2011



Medical students from Imperial College London ran the Teddy Bear Hospital which was a big hit with our younger visitors at Open Day 2011

# Governance Report

# NHS Foundation Trust Code of Governance

Chelsea and Westminster Hospital NHS Foundation Trust is committed to effective, representative and comprehensive governance which secures organisational capacity and the ability to deliver mandatory goods and services.

The Trust's governance arrangements are reviewed yearly against the provisions of Monitor's Code of Governance to ensure the application of the main and supporting principles of the Code as a criterion of good practice.

It is the responsibility of the Board of Directors to confirm that the Trust complies with the provisions of the Code or, where it does not, to provide an explanation which justifies departure from the Code in the particular circumstances.

For the year ending 31 March 2011 Chelsea and Westminster Hospital NHS Foundation Trust complied with all the provisions of the Code of Governance published by Monitor in March 2010.

## Board of Directors

### Composition of the Board

The Board currently has eight Non-Executive Directors (including the Chairman) and five Executive Directors (including the Chief Executive)—the Director of Governance & Corporate Affairs attends Board meetings as Company Secretary.

The appointment of three Non-Executive Director Designates was approved by the Council of Governors in December 2010. They will become full Non-Executive Directors in October 2011.

The appointment of the Chairman and appointment/reappointment of Non-Executive Directors is approved by the Council of Governors. The appointment of the Chief Executive is by the Non-Executive Directors, subject to approval by the Council of Governors.

See 'Board of Directors-Who's Who' for details of the Board including each Director's name, role or job title, responsibilities, a brief description of their background and length of appointment (Non-Executive Directors only).

### Balance of Board membership & independence

The Board of Directors is satisfied that its balance of knowledge, skills and experience is appropriate to the Board and its sub-committees.

The Board has evaluated the circumstances and relationships of individual Non-Executive Directors which are relevant to the determination of the presumption of independence.

The Board determines all of its Non-Executive Directors to be independent in character and judgement. A Non-Executive Director is appointed as a representative of Imperial College London, the Trust's partner in medical education. However, the Board remains confident that, in spite of this relationship, this Director's judgement is not likely to be affected.

### Performance evaluation

The annual appraisal of the Chairman involves collaboration between the Senior Independent Director and the Deputy Chairman of the Council of Governors to seek the views of both Executive Directors and Governors. Executive Directors have an annual appraisal with the Chief Executive. The performance of Non-Executive Directors is evaluated annually by the Chairman.

### Access to register of Directors' interests

Members of the public can gain access to the register of Directors' interests by making a request to the Foundation Trust Secretary, Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, SW10 9NH, via email [ftsecretary@chelwest.nhs.uk](mailto:ftsecretary@chelwest.nhs.uk) or on 020 3315 6716.

### Board meetings

The Board meets regularly, on average once a month. Special meetings are convened as and when required. There were 10 ordinary meetings in 2010/11.

### Directors' attendance at Board meetings 2010/11

Non-Executive Directors	Attendance
Prof Sir Christopher Edwards	10/10
Colin Glass <sup>1</sup>	4/6
Andrew Havery	10/10
Prof Richard Kitney	8/10
Karin Norman	10/10
Charles Wilson	9/10
Non-Executive Director Designates	
Sir John Baker <sup>2</sup>	3/3
Jeremy Loyd <sup>2</sup>	3/3
Sir Geoffrey Mulcahy <sup>2</sup>	3/3
Executive Directors	
Heather Lawrence	10/10
Amanda Pritchard <sup>3</sup>	5/5
Dr Mike Anderson	10/10
Lorraine Bewes	9/10
Therese Davis <sup>4</sup>	6/8
Mark Gammage <sup>5</sup>	7/7
Andrew MacCallum <sup>6</sup>	2/2
Catherine Mooney <sup>7</sup>	9/10

<sup>1</sup> Term ended 31 October 2010

<sup>2</sup> Non-Executive Director Designates from January 2011

<sup>3</sup> On maternity leave until October 2010

<sup>4</sup> Interim Director of Nursing from June 2010, appointed to substantive post of Chief Nurse and Director of Patient Flow & Patient Experience in February 2011

<sup>5</sup> Interim Deputy Chief Executive until October 2010

<sup>6</sup> Director of Nursing until 27 May 2010

<sup>7</sup> Attends Board meetings as Company Secretary

## Significant commitments of the Trust Chairman

The Chairman is a Senior Research Fellow at Imperial College London and Chairman of the Council of the British Heart Foundation. He is also Chairman of EasiGeothermal and on the Board of Cluff Geothermal. In December 2008 he was appointed as the first Chairman of NHS Medical Education England which provides independent advice to the Government on education, training and workforce planning for medicine, dentistry, pharmacy and healthcare sciences.

## Board of Directors—Who's Who

### Non-Executive Directors

**Professor Sir Christopher Edwards, Chairman:** Professor Edwards was appointed in November 2007. He was the first Principal of Imperial College School of Medicine from 1995 to 2000 before becoming Vice-Chancellor of the University of Newcastle upon Tyne where he led a major restructuring to make it one of the top universities in the UK. During a distinguished medical and academic career, Professor Edwards has held numerous senior positions including President of the Association of Physicians of Great Britain and Ireland and Chairman of the Council of Heads of Medical Schools. He was knighted in June 2008 and appointed as the first Chairman of NHS Medical Education England in December 2008. He is also Chairman of the Council of the British Heart Foundation. He chairs the Finance & Investment Committee.

**Charles Wilson, Vice Chair:** Charles was reappointed for a term of one year ending on 31 October 2011. He is the Senior Independent Director and Chair of the Assurance Committee. Charles spent 50 years in the newspaper industry, serving as editor of a number of papers including *The Times*. He retired as Managing Director of the Mirror Group plc. Charles is on the board of a number of charities and is Vice-Chairman of Addaction, the leading drugs treatment charity.

**Colin Glass:** Colin's term ended on 31 October 2010. He has nearly 30 years' experience of consumer business, having joined Boots as a graduate trainee and subsequently worked for some of the biggest retailers in the country. During his career Colin has been Managing Director of both Dixons Stores Group and PC World, Chief Executive of the food group Watson and Philip plc, and Chairman of online company PhotoBox Ltd. He founded and is actively involved in a social enterprise business which provides work-related training for underprivileged groups in south east Asia.

**Andrew Havery:** Andrew was reappointed for a term of one year ending on 31 October 2011. He has been a councillor in Westminster since 2002. Andrew is a chartered accountant and worked for KPMG for eight years before becoming a compliance officer to investment banks.

**Professor Richard Kitney OBE:** Professor Kitney was reappointed for a term of two years ending on 31 October 2012. He is Professor of Biomedical Systems Engineering and Dean of the Faculty of Engineering at Imperial College. A leading authority on the use of IT in healthcare, Professor Kitney is Chairman and Director of Visbion Ltd.

**Karin Norman:** Karin was reappointed for a term of three years ending on 31 October 2012. She worked in investment banking in London and New York as a fixed income specialist, advising on investments, risk and capital management, and structured finance. She was a Non-Executive Director of the NHS Pensions Agency and is currently a member of the Audit Committee and the Investment Committee for Parkinson's UK, a Trustee of the Nursing and Midwifery Council, and My Generation, a community and youth charity that she co-founded.

### Non-Executive Director Designates

**Sir John Baker CBE:** Sir John's appointment as a Non-Executive Director Designate was approved by the Council of Governors in December 2010. He will become a full Non-Executive Director in October 2011. Sir John has had a career in both public and private sectors. He is currently Chairman of Renewable Energy Holdings Plc. He spent 10 years dealing with transport policy as a senior civil servant, followed by 10 years leading an urban regeneration and social housing agency, before becoming Managing Director of the Central Electricity Generating Board in 1979 and leading the management of the UK electricity privatisation and restructuring programme. He was Chief Executive and then Chairman of National Power PLC from 1989 to 1997 and he was Chairman of the World Energy Council from 1995 to 1998. Outside the business arena Sir John is Chairman of the Governing Body of Holland Park School and a Director of Kingston Theatre Trust (Rose Theatre).

**Jeremy Loyd:** Jeremy's appointment as a Non-Executive Director Designate was approved by the Council of Governors in December 2010. He will become a full Non-Executive Director in October 2011. Jeremy is currently a Non-Executive Director of UCL Cancer Institute Research Trust and the Marine Management Organisation. He was formerly Director and General Manager of Carlton Television, Managing Director of Capital Radio and a Non-Executive Director of several other companies in both the UK and USA. Jeremy was also Deputy Chairman of Blackwells, the academic information distributor and retailer.

**Sir Geoffrey Mulcahy:** Sir Geoffrey's appointment as a Non-Executive Director Designate was approved by the Council of Governors in December 2010. He will become a full Non-Executive Director in October 2011. Sir Geoffrey is Chairman of Javelin Group (a retail consultancy), a trustee of CCCS (a debt counselling charity) and an operating partner of GLP (an investment adviser). Until 2002 he was Chief Executive of Kingfisher plc, a retail business operating in 14 countries worldwide with brands in the UK including B&Q, Comet, Superdrug, and Woolworths. He retired after demerging Kingfisher into three separately quoted businesses. Previously he worked for British Sugar, Norton Company (a US engineering company), and Esso. He has been a Non-Executive Director of a number of companies including BT and Intercontinental Hotels (previously Bass plc).

### Executive Directors

**Heather Lawrence OBE, Chief Executive:** Heather has almost 20 years' experience at NHS Trust Board level, having served as Chief Executive of Hounslow and Spelthorne Community and Mental Health Trust and North Hertfordshire NHS Trust before being appointed Chief Executive at Chelsea and Westminster in May 2000. Her management experience spans all sectors of



Alex Prior (Outpatient Service Improvement Lead), Therese Davis (Chief Nurse and Director of Patient Flow & Patient Experience), Jo Pierre (Sister), Heather Lawrence (Chief Executive), Andrew Lansley (Secretary of State for Health) and Professor Sir Christopher Edwards (Chairman) at the official opening of the Lower Ground Floor Outpatients department

healthcare and includes major service change including the development of innovative services, service re-design, developing an academic department, and closure of services. Heather chairs the North West London Critical Care Network and the Operational Board of the North West London Health Innovation and Education Cluster (HIEC). She was NHS Employers' lead negotiator for the three-year pay deal for staff on Agenda for Change. She was a member of the Government's Nursing and Midwifery Commission through which she and 15 other members advised the Government on the future roles of nurses and midwives. Heather is a Fellow of the Chartered Institute of Personnel and Development. She was awarded the OBE in the New Year's Honours 2009 list for services to healthcare.

**Amanda Pritchard, Deputy Chief Executive (Director of Integrated Service Delivery & Modernisation):** Prior to her appointment in September 2006, Amanda worked in the Prime Minister's Delivery Unit. She was previously Acting Director of Strategy & Service Development and General Manager for the Surgery and Anaesthetics & Imaging Directorates at Chelsea and Westminster, and Assistant Director of Critical Care & Ambulatory Services at West Middlesex Hospital. Amanda was an inaugural Health Foundation Leadership Fellow. Both Amanda's children were born at Chelsea and Westminster Hospital, in January 2008 and December 2009.

**Dr Mike Anderson, Medical Director:** Dr Anderson was appointed in Summer 2003. Previously, he was a Consultant Physician and Gastroenterologist at West Middlesex Hospital where he also held the post of Medical Director. He is an Honorary Clinical Senior Lecturer of Imperial College and continues in active clinical practice as a Consultant Gastroenterologist.

**Lorraine Bewes, Director of Finance:** Prior to her appointment in May 2003, Lorraine was Director of Performance at University College London Hospitals NHS Foundation Trust and Deputy Director of Finance at Hammersmith Hospitals NHS Trust. She joined the NHS in 1991 following a successful commercial accountancy career, during which she worked at ITN and WH Smith Television Services. Lorraine has led the early implementation of service line reporting in the NHS and is the Senior Information Responsible Officer on the Board with the lead on information governance. She is a graduate of Oxford University and is a chartered accountant.

**Therese Davis, Chief Nurse and Director of Patient Flow & Patient Experience:**

Therese rejoined the Trust as Interim Director of Nursing in June 2010, having been Director of Nursing at the Trust a number of years previously. She was appointed to the substantive post of Chief Nurse and Director of Patient Flow & Patient Experience in February 2011. Therese has been a nurse in London for the past 25 years, originally specialising in medical and oncology nursing, and a Director of Nursing for the past 13 years including at the Royal Free Hospital in Hampstead. Her successes include implementing systems and initiatives to improve the experience patients receive whilst in hospital. She has also led many initiatives to enhance patient safety and effectiveness, setting goals and targets to achieve positive change. Therese has a degree in nursing from Manchester University and an MBA from Henley College, for which she received an NHS bursary.

**Mark Gammage, Interim Deputy Chief Executive:**

Mark joined the Trust as Interim Director of Human Resources in 2008 and he was also Interim Deputy Chief Executive during Amanda Pritchard's maternity leave from December 2009 to October 2010. Since 2002 Mark has been Managing Director of Dearden Consulting, a well-established healthcare consultancy firm, and his consultancy work has included working as a Director of HR in a number of different NHS organisations. Prior to this, Mark was a Director of HR for a large merged NHS trust, having started his career as an NHS graduate management trainee. Mark has also coached a wide range of individuals and worked as an accredited coach with the NHS National Institute for Innovation and Improvement, the Department of Health and others. Mark is a Fellow of the Chartered Institute of Personnel and Development.

**Andrew MacCallum, Director of Nursing:**

Andrew was Director of Nursing until 27 May 2010. He was appointed in August 2003, having previously been Director of Nursing at Queen Mary's Sidcup NHS Trust and Deputy Director of Nursing at Guy's and St Thomas' NHS Trust. He is now Pro-Vice Chancellor and Dean of Nursing and Human Sciences at the University of West London (formerly Thames Valley University).

**Catherine Mooney, Director of Governance & Corporate Affairs:**

Before being appointed in March 2006, Catherine was Chief Pharmacist at St Mary's NHS Trust for 15 years until March 2004 when she joined Hammersmith Hospitals NHS Trust as Clinical Governance Manager. She attends Board meetings as Company Secretary.

# Audit Committee

## Membership and attendance

The Audit Committee is chaired by Andrew Havery, a Non-Executive Director, and includes three other Non-Executive Directors—Karin Norman, Charles Wilson and Sir John Baker who was appointed to the Committee in March 2011.

It met six times in 2010/11—Andrew Havery attended all meetings, Karin Norman attended five meetings, Charles Wilson attended four meetings and Sir John Baker attended the one meeting held following his appointment.

## How the Committee discharges its responsibilities

The Audit Committee assures the Board of Directors that probity and professional judgement are exercised in all financial matters.

It advises the Board on the adequacy and effectiveness of the Trust's systems of internal control and its arrangements for risk management, control and governance processes, and securing economy, efficiency and effectiveness (value for money). It prepares an annual report for the Board.

## Policy for safeguarding the external auditors' independence

In so far as the Trust has purchased work from its external auditors outside the audit code in 2010/11, the external auditors' objectivity and independence have been safeguarded.

## Responsibility for preparing the annual accounts

The Chief Executive is the Trust's designated Accounting Officer with the duty to prepare the accounts in accordance with the National Health Service Act 2006.

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# Nominations Committees

Both the Board of Directors and the Council of Governors have a Nominations Committee.

## Nominations Committee of the Council of Governors for the appointment of Non-Executive Directors

The Nominations Committee of the Council of Governors comprises the Chairman of the Foundation Trust (Professor Sir Christopher Edwards), two elected Governors (Professor Brian Gazzard and Sandra Smith-Gordon) and one appointed Governor (Cllr Cyril Nemeth).

Due to a Non-Executive Director's term of office ending on 31 October 2010, a process was put in place to appoint a replacement. A person specification was agreed by the Board and an extensive search was carried out by an external search consultancy, Saxton Bampfylde Hever. An advert was also placed in *The Sunday Times*.

The Nominations Committee of the Council of Governors met on 16 July 2010 to consider the applications of 28 candidates, of whom 13 appeared to match the person specification. The meeting was attended by Professor Sir Christopher Edwards, Sandra Smith-Gordon and Cllr Cyril Nemeth.

From the list of 13 candidates, the Nominations Committee chose 11 candidates who matched most closely the person specification, based on CVs provided to Saxton Bampfylde Hever by each candidate.

These 11 long listed candidates were interviewed by Saxton Bampfylde Hever in August 2010 and the results of the interviews were presented to the Nominations Committee at a meeting on 9 September 2010. The meeting was attended by Professor Sir Christopher Edwards, Professor Brian Gazzard and Sandra Smith-Gordon.

The Committee shortlisted seven candidates for the Nominations Committee interview panel in September 2010. This panel consisted of Professor Sir Christopher Edwards, Professor Brian Gazzard, Sandra Smith-Gordon, Cllr Cyril Nemeth and Jenny Hill, an independent assessor and Non-Executive Director of the Royal Brompton & Harefield NHS Foundation Trust.

The appointment of three Non-Executive Director Designates—Sir John Baker, Jeremy Loyd and Sir Geoffrey Mulcahy—was approved by the Council of Governors in December 2010. They will become full Non-Executive Directors in October 2011.

## Nominations Committee of the Board of Directors for the appointment of Executive Directors

The Nominations Committee of the Board of Directors comprises the Chairman of the Foundation Trust (Professor Sir Christopher Edwards), the Chief Executive (Heather Lawrence) and temporary members drawn from the Board of Directors.

The Committee agreed the job description, person specification and process for the appointment of the Chief Nurse and Director of Patient Flow & Patient Experience. A recommendation was made to the appointments panel in January 2011.

The appointments panel consisted of Professor Sir Christopher Edwards (Chairman), Charles Wilson (Vice Chair and Senior Independent Director), Professor Richard Kitney and Karin Norman (Non-Executive Directors), Sir Geoffrey Mulcahy (Non-Executive Director Designate) and Heather Lawrence (Chief Executive). Mark Gammage (Director of Human Resources) was in attendance. The panel agreed the appointment of Therese Davis as the substantive Chief Nurse and Director of Patient Flow & Patient Experience from 1 February 2011.

# Council of Governors

## How the Board of Directors and the Council of Governors operate

The Council of Governors represents the interests of the local community—patients, public and staff who are Foundation Trust members—and shares information about key decisions with Foundation Trust members.

The Council of Governors is not responsible for the day-to-day management of the organisation which is the responsibility of the Board of Directors.

Key roles of the Council of Governors are to:

- Appoint or remove the Chairman and other Non-Executive Directors and approve the appointment (by Non-Executive Directors) of the Chief Executive
- Decide the remuneration, allowances and other terms and conditions of office of Non-Executive Directors
- Appoint or remove the Foundation Trust's Financial Auditors

## Composition of the Council of Governors

There are 35 Governors including:

- Chairman (appointed)—also Chairman of the Board of Directors
- 6 Staff (elected)—1 each from 6 staff constituencies
- 8 Public (elected)—2 each from 4 local boroughs
- 10 Patients (elected)—patients treated at the hospital in the last 3 years or their carers
- 10 Nominated Representatives (appointed)—nominated from 10 partnership organisations

The Council of Governors meets bi-monthly. There were five meetings in 2010/2011.

Executive and Non-Executive Directors are invited to attend. Details of their attendance are in the table 'Directors' attendance at Council of Governors meetings 2010/11'. Details of Governors' attendance at meetings are in the table 'Foundation Trust Governors—Who's Who'.

Governors' initial terms of office commenced on the day that the Foundation Trust was licensed, 1 October 2006. Both elected and appointed Governors normally hold office for a period of three years and are eligible for re-election or reappointment at the end of that period. Governors may not hold office for more than nine consecutive years.

## Elections held during 2010/11

An election was held in June 2010 in the Patient, Public and Staff constituencies and the following were elected:

- **Public: Hammersmith and Fulham 1**  
Samantha Culhane

- **Public: Kensington & Chelsea Area 1**  
Eddie Adams

- **Public: Wandsworth Area 2**  
Del Hosain

- **Patients**  
Paul Baverstock  
Chris Birch

- **Staff: Support, Administrative & Clerical**  
Charlotte Mackenzie Crooks

An election was also held in November 2010 in the Patient, Public and Staff constituencies and the following were elected:

- **Public: Wandsworth Area 1**  
Harry Morgan

- **Public: Westminster Area 1**  
Martin Lewis

- **Public: Westminster Area 2**  
Melvyn Jeremiah

- **Patients**  
Dr Anthony Cadman  
William Marrash

- **Staff: Nursing and Midwifery**  
Kathryn Mangold

## Access to register of Governors' interests

Members of the public can gain access to the register of Governors' interests by making a request to the Foundation Trust Secretary, Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, SW10 9NH, via email [ftsecretary@chelwest.nhs.uk](mailto:ftsecretary@chelwest.nhs.uk) or on 020 3315 6716.

## How the Board has acted to understand the views of Governors and Foundation Trust members

Executive and Non-Executive Directors have attended Council of Governors meetings to gain an understanding of the views of Governors and the membership constituencies they represent.

Governors attended the hospital Open Day in May 2010 to meet Foundation Trust members and discuss the work of the Council. Foundation Trust members were also encouraged to share their views on the Trust at the Annual Members' Meeting in September 2010.

Governors were invited to attend a series of Trustwide workshops and presentations focusing on business planning and quality to gain their engagement and feedback.

The Director of Strategy attended a number of Council meetings during the year to update Governors on the strategic direction and position of the Trust. Governors were also invited to attend a strategy seminar led by the Trust Chief Executive and Chairman in September 2010.

Following these initiatives, Governors' views were taken into account and the Chief Executive gave a final strategy and business planning presentation to Governors at the Council of Governors meeting in February 2011.

## Directors' attendance at Council of Governors meetings 2010/11

Non-Executive Directors	Attendance
Prof Sir Christopher Edwards	5/5
Colin Glass <sup>1</sup>	1/3
Andrew Havery	4/5
Prof Richard Kitney	5/5
Karin Norman	2/5
Charles Wilson	4/5
Non-Executive Director Designates	
Sir John Baker <sup>2</sup>	1/1
Jeremy Loyd <sup>2</sup>	0/1
Sir Geoffrey Mulcahy <sup>2</sup>	0/1

Executive Directors	Attendance
Heather Lawrence	4/5
Amanda Pritchard <sup>3</sup>	2/2
Dr Mike Anderson	3/5
Lorraine Bewes	4/5
Therese Davis <sup>4</sup>	4/4
Mark Gammage <sup>5</sup>	2/2
Andrew MacCallum <sup>6</sup>	1/1
Catherine Mooney <sup>7</sup>	5/5

<sup>1</sup> Term ended 31 October 2010

<sup>2</sup> Non-Executive Director Designates from January 2011

<sup>3</sup> On maternity leave until October 2010

<sup>4</sup> Interim Director of Nursing from June 2010, appointed to substantive post of Chief Nurse and Director of Patient Flow & Patient Experience in February 2011

<sup>5</sup> Interim Deputy Chief Executive until October 2010

<sup>6</sup> Director of Nursing until 27 May 2010

<sup>7</sup> Attends Board meetings as Company Secretary

## Directors' attendance at Council of Governors meetings 2010/11

Name (Constituency/Organisation)	Date elected or appointed	Attendance at Council Meetings 2010/11 <sup>1</sup>
Prof Sir Christopher Edwards (Chairman)	Nov 2007	5/5
Adams, Eddie (Public—Kensington & Chelsea 1)	Jun 2010	3/4
Ball, Lucy (Staff—Allied Health Professionals, Scientific & Technical)	Nov 2009	4/5
Balmford, Walter (Patient) <sup>2</sup>	Dec 2007	4/4
Baverstock, Paul (Patient)	Jun 2010	0/4
Birch, Chris (Patient)	May 2007	4/5
Blewett, Christine (Public—Hammersmith & Fulham 2)	Nov 2009	4/5
Browne, Nicky (The Royal Marsden NHS Foundation Trust)	Dec 2006	3/5
Cadman, Dr Anthony (Patient)	Nov 2010	1/2
Cass-Horne, Cass J (Patient)	Nov 2009	5/5
Cleary, Alan (Patient)	Nov 2009	5/5
Coolen, Edward (Patient)	Nov 2009	4/5
Dale, Carol (Staff—Management)	Nov 2009	3/5
Finch, Dr David (NHS Wandsworth)	May 2009	2/5
Gazzard, Prof Brian (Staff—Medical & Dental and Deputy Chairman)—Lead Governor	Nov 2009	5/5
Glazebrook, Rosie (NHS Hammersmith and Fulham)	Nov 2009	2/5
Higham, Prof Jenny (Imperial College London)	Feb 2011	0/1
Hosain, Del (Public—Wandsworth 2) <sup>3</sup>	June 2010	2/3
Jesus, Jacinto (Staff—Contracted)	Nov 2009	5/5
Lewis, Martin (Public—Westminster 2)	Dec 2007	5/5
Longworth, Catherine (NHS Westminster)	Oct 2006	3/5
Macrae, Dr Duncan (Royal Brompton & Harefield NHS Foundation Trust)	Oct 2006	4/5
Mackenzie Crooks, Charlotte (Staff—Support, Admin and Clerical)	June 2010	4/4
Mangold, Kathryn (Staff—Nursing & Midwifery)	Nov 2010	2/2
Marrash, William (Patient)	Nov 2010	1/1
Maxwell, Susan (Patient)	Nov 2009	4/5
McWatters, Wendie (Patient)	Nov 2009	4/5
Morgan, Henry (Public—Wandsworth 1)	Nov 2010	1/1
Moyo, Edgar (NHS Kensington and Chelsea)	Jun 2009	4/5
Nemeth, Cllr Cyril (Westminster City Council)	Nov 2009	2/5
Smith, Jim (Patient) <sup>4</sup>	Nov 2009	0/1
Smith, Sue (Staff—Nursing & Midwifery)	Dec 2007	1/4
Smith-Gordon, Sandra (Public—Kensington & Chelsea 2)	Oct 2008	4/5
Symons, Mary (Public—Wandsworth 1) <sup>5</sup>	Dec 2007	1/1
Taylor, Cllr Frances (Royal Borough of Kensington and Chelsea)	Oct 2006	5/5
While, Alison (King's College London)	Oct 2009	5/5
Youngstein, Taryn (Patient)	Nov 2009	2/5

<sup>1</sup> If individuals joined or left the Council of Governors during the financial year, the number of meetings has been adjusted accordingly

<sup>2</sup> Not re-elected in Council of Governors elections Nov 2010

<sup>3</sup> Resigned Dec 2010 due to ill health

<sup>4</sup> Died May 2010

<sup>5</sup> Resigned June 2010

# Foundation Trust membership

## Who can be a member?

- **Patient constituency:** Any patient treated at the hospital in the last three years or the carer of a patient treated at the hospital in the last three years
- **Public constituency:** Anyone living in the local boroughs of Kensington and Chelsea, Hammersmith and Fulham, City of Westminster, and Wandsworth—each borough is divided into two areas for Council of Governors elections
- **Staff constituency:** Any member of staff—this constituency is divided into six staff groups which are Allied Health Professionals, Scientific & Technical; Contracted; Management; Medical & Dental; Nursing & Midwifery; Support, Administrative & Clerical

## How many people are members?

Number of members	31 Mar 2010
Patients	5,591
Public	5,737
Staff	3,173
<b>Total</b>	<b>14,501</b>

## How are we developing a representative membership?

The Membership Sub-Committee of the Council of Governors develops and reviews the Membership Development and Communications Strategy and the Membership Development Work Plan.

The Membership and Patient Advice & Liaison Service (M-PALS) is actively involved in supporting promoting membership recruitment in various ways, for example by giving membership application forms to visitors to the M-PALS office in the hospital and by sending out membership application leaflets with letters responding to comments received by the M-PALS office.

There was a focus on increasing engagement between Governors and members in 2010/11 including:

- ‘Meet a Governor’ sessions held by Governors in the hospital’s Information Zone which give members, patients and the public an opportunity to discuss issues of concern with an elected Governor
- Senior Nurse/Governor Rounds which provide Governors with an opportunity to shadow a senior nurse in a clinical area and speak with patients about their hospital experience—patients have the opportunity to discuss any issues with the Governor and senior nurse

An initiative to develop a representative and diverse membership is the Trust’s community mobile health clinic which visits local communities and provides health screening for local, diverse populations, combined with a focus on community engagement and inviting users of the clinic’s services to become members.

The clinic has visited locations including:

- Shepherd’s Bush Market—focusing on BME groups
- T4 and the Stars of 2010 event, Earl’s Court—health screening for a younger age group
- Westfield Shopping Centre—health screening for all combined with a membership roadshow including membership recruitment
- Gay Pride

Analysis of the membership database by age, gender and ethnicity to ensure that it is representative of the communities we serve shows that membership remains particularly low in the following areas:

- Public: Wandsworth Area 1 constituency
- Under-40s age group
- Black and Minority Ethnic (BME) groups

In 2011/12 the Trust will aim to maintain the current level of both public and patient members, and to focus on quality of engagement with members. The 2011/12 Membership Development Work Plan will also concentrate on how we can better represent the BME groups in the communities that we serve.

Members are welcome to attend the quarterly Council of Governors meeting. Members and Governors are invited to the Annual Members’ Meeting which is held in September each year.

## Get in touch

Members who wish to communicate with their representatives on the Council of Governors or Executive Directors should contact the Foundation Trust Secretary, Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, SW10 9NH, via email [ftsecretary@chelwest.nhs.uk](mailto:ftsecretary@chelwest.nhs.uk) or on 020 3315 6716.

Members can also contact the Membership and Engagement Manager, Sian Nelson on 020 3315 8548 or via email [sian.nelson@chelwest.nhs.uk](mailto:sian.nelson@chelwest.nhs.uk).

# Statutory Information

# Directors

The Trust has a Board of Directors including the Chairman, seven other Non-Executive Directors, and five Executive Directors (including the Chief Executive).

## Non-Executive Directors

The Chairman is Professor Sir Christopher Edwards.

The seven other Non-Executive Directors are Andrew Havery, Professor Richard Kitney OBE, Karin Norman, Charles Wilson (who is also the Senior Independent Director and Vice Chair), and three Non-Executive Director Designates who were appointed following approval by the Council of Governors

in December 2010—Sir John Baker CBE, Jeremy Loyd and Sir Geoffrey Mulcahy. They will become full Non-Executive Directors in October 2011.

## Executive Directors

Executive Directors are Heather Lawrence OBE (Chief Executive), Amanda Pritchard (Deputy Chief Executive/Director of Integrated Service Delivery & Modernisation), Dr Mike Anderson (Medical Director), Lorraine Bewes (Director of Finance) and Therese Davis (Chief Nurse and Director of Patient Flow & Patient Experience).

# Brief history of the Trust

Chelsea and Westminster Hospital opened in May 1993 on the former site of St Stephen's Hospital. It replaced five hospitals—St Stephen's, St Mary Abbots, Westminster Children's, Westminster and West London.

Chelsea and Westminster Hospital NHS Foundation Trust was founded on 1 Oct 2006 under the Health and Social Care (Community Health and Standards) Act 2003.

# Environmental matters

The Trust pledged to reduce its carbon footprint by joining the Carbon Trust's NHS Carbon Management programme in May 2007. All staff are encouraged to help cut carbon

emissions and reduce energy bills by taking simple steps to be more energy efficient. See the Sustainability/climate change section for more detailed information.

# Financial information

## Disclosure of audit information

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware.

The Directors have taken all steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

## Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later, unless other payment terms have been agreed with the supplier.

The Trust's compliance with the Code is set out in the Notes to the Accounts.



The hospital boilerhouse

# Remuneration Report

## Remuneration Committee

The Remuneration Committee is a Committee of the Board of Directors which is appointed in accordance with the constitution of the Trust to determine the remuneration, allowances, pensions and gratuities or terms of service of the Executive Directors and rates for the reimbursement of travelling and other costs and expenses incurred by Directors.

The Board of Directors has delegated responsibility for agreeing remuneration, allowances, pensions and gratuities or terms of service for the Secretary and other Senior Managers. The Remuneration Committee does not determine the terms and conditions of office of the Chairman and Non-Executive Directors. These are decided by the Council of Governors at a General Meeting.

The membership of the Remuneration Committee includes the Trust Chairman, Professor Sir Christopher Edwards, and five Non-Executive Directors—Colin Glass, Andrew Havery, Professor Richard Kitney, Karin Norman and Charles Wilson.

The Remuneration Committee met in April, September and October 2010. Professor Sir Christopher Edwards, Karin Norman and Andrew Havery attended the meeting in April 2010. Professor Sir Christopher Edwards, Colin Glass, Andrew Havery, Professor Richard Kitney, Karin Norman and Charles Wilson were in attendance in September, and Professor Sir Christopher Edwards, Charles Wilson, Karin Norman and Professor Richard Kitney were present in October 2010.

The meetings were attended by the Chief Executive, Heather Lawrence OBE, and the Director of Human Resources, Mark Gammage, for the purpose of providing advice or services

to the Committee that materially assist the Committee in the consideration of the matters before them, other than the consideration of their own remuneration, allowances, pensions and gratuities or terms of service.

The Committee agreed to changes in Executive Director pay to reflect national and local comparative pay rates.

The Committee also agreed that in light of the current economic position Executive Directors would receive no pay inflation increase.

In order to assess whether performance conditions were met for those officers under the remit of the Committee, appraisals are conducted regularly and progress is assessed against personal and corporate objectives, long and short term.

Remuneration consists mainly of salaries and pension benefits in the form of contributions to the NHS Pension Fund which are not subject to performance conditions. Where performance bonuses are considered in exceptional circumstances, these are limited to 20% of the total salary. No bonuses were awarded in the year under review.

For a breakdown of salary and pension entitlements of senior managers, please see Note 4.6 of the signed accounts.

*Heather Lawrence*

Heather Lawrence OBE  
Chief Executive (on behalf of the Board)  
26 May 2011



The main waiting area of the new Lower Ground Floor Outpatients department

# Sustainability/climate change

## Commentary

The NHS has a carbon footprint of 18 million tonnes of CO<sub>2</sub> per year and is committed to reducing this by 20% by 2020.

Chelsea and Westminster Hospital NHS Foundation Trust is committed to playing its part in achieving this overall reduction by implementing a number of carbon reduction measures.

The Trust has committed significant capital expenditure to the installation of a Combined Heat and Power (CHP) scheme which will generate electricity on site and allow the waste heat from the generation process to be utilised to provide heating and hot water.

The CHP scheme will reduce the Trust's annual carbon footprint by 4,200 tonnes of CO<sub>2</sub>. It is due to be completed by December 2011.

The Trust is registered as a participant in the Carbon Reduction Energy Efficiency scheme (known as CRC) and will be submitting its data to the Environment Agency in June 2011.

## Summary performance

The Trust reduced its overall energy consumption by 1% in 2010/11 compared to 2009/10. This was achieved by the installation of energy efficient lighting during the year for which the Trust will see the full year effect in 2011/12. The total expenditure on all utilities fell by 7.2% compared with 2009/10 as a result of falls in gas and electricity tariffs.

The Trust significantly reduced the percentage of waste sent to landfill this year from 71% to 36%. Much of this has been achieved by changes made to the treatment of clinical waste which is now burnt as a fuel and the waste products used for road construction. We have also seen increases in general recycling rates.

Type	Non-financial data			Financial data (£000)		
	2010/11	2009/10	2008/09	2010/11	2009/10	2008/09
<b>Scope 1—Gas (kWh)</b>	<b>26,386,570</b>	26,434,984	28,452,462	<b>681</b>	632	883
<b>Scope 2—Electricity (kWh)</b>	<b>22,054,785</b>	22,651,900	24,048,300	<b>1,582</b>	1,846	2,514
<b>Water (tonnes)</b>	<b>196,384</b>	192,953	184,213	<b>299</b>	282	254
<b>Waste</b>						
Waste sent to landfill (tonnes)	<b>609</b>					
Waste recycled (tonnes)	<b>380</b>					
Clinical waste burnt as fuel (tonnes)	<b>538</b>					
Waste incinerated (tonnes)	<b>158</b>					
<b>Total waste (tonnes)</b>	<b>1,685</b>	<b>1,390</b>	<b>1,360</b>	<b>500</b>	<b>496</b>	<b>407</b>

## Equality report

### Introduction

The Trust's Deputy Chief Executive is the Executive lead for equality and diversity and Chair of the Equality and Diversity Steering Group which leads the Trust's work on addressing equality and diversity issues in the workforce and service provision to patients. The Trust employs a full-time Equality & Diversity Manager.

In 2009 the Trust developed a Single Equality Scheme (SES) approach to monitoring equality issues in anticipation of the multi-equality strand approach that was anticipated to be introduced through the Equality Act.

The Trust produces an annual report which is submitted to the Trust Board. It includes analysis of workforce monitoring as well as the progress of the Single Equality Scheme (which will be replaced by equality objectives from April 2012). Progress of the Single Equality Scheme is also monitored by the Equality and Diversity Steering Group.

### Workforce profile

Key facts about the profile of the Trust's workforce include:

- When comparing the Trust's staff population with the overall ethnic profile of people living in London, we employ a more ethnically diverse range of staff
- Approximately 75% of Trust staff are female
- 1% of staff have declared that they have a disability
- The age profile of the Trust workforce has remained the same as last year with 37% of staff in the 25–34 age bracket
- Of staff who have declared their religion, Christianity is the most widely practised faith

However, it should be noted that in many categories including religion, sexual orientation and disability, too few staff disclose information to make it statistically meaningful.

## Equality Act 2010

The Equality Act was formally introduced in October 2010 with the main aim of simplifying the law by bringing together several strands of anti-discrimination legislation.

The general equality duty of the Act requires public authorities to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a characteristic and those who do not
- Foster good relations between people who share a characteristic and those who do not

This is very similar to the previous 'general duties' for race, disability and gender equality. The term 'protected characteristic' is now used to describe equality strands such as disability or religion.

The specific duties of the Equality Act require us to publish sufficient information by the end of July 2011 to demonstrate we have complied with the general duty.

The Equality & Diversity Manager has been working with colleagues to identify suitable sources of information in relation to workforce and services to be published by the end of July 2011.

## Single Equality Scheme progress

This section summarises the Trust's progress against key objectives in the Single Equality Scheme (SES) action plan in 2010/11.

### Leadership, corporate commitment and governance

The Equality Delivery System (EDS) is a framework tool that has been designed by the NHS Equality and Diversity Council which is chaired by the NHS Chief Executive, Sir David Nicholson.

This tool will be used to improve the equality performance of the Trust, making it part of mainstream business for the Board and all staff.

It will also be used to help us meet the evidential requirements of the Equality Act 2010 and the statutory duty to consult and involve patients, communities and other local interests (NHS Act 2006 and Equality Act 2010).

The Trust's Equality & Diversity Manager has been working closely with the NHS London Equalities Lead to ensure that the EDS tool can be used by the Trust from 1 April 2012 with the support of the Trust's Executive lead for equality and diversity.

The EDS should form part of the Trust's strategic and annual business cycle and help guide future planning and resource allocation with regards to equality and diversity.

The EDS does not replace legislative requirements for equality, rather it is designed as a performance and quality assurance mechanism for the Board.

### Equality impact assessments

Under the Equality Act 2010, the term equality impact assessment (EIA) has been replaced by equality analysis. The expectation to 'equality check' our policies, functions and processes still remains.

In 2010/11 a different approach to completing EIAs was taken in the Trust. Managers were asked to confirm for which policies or processes they would complete EIAs and how many assessments they would complete.

A total of 31 EIAs were completed in 2010/11. A number of change management proposals also had assessments completed to measure their impact on employees.

### Partnership working, consultation and involvement

The Trust's community mobile health clinic provides health screening and advice, Foundation Trust membership development and engagement in the community. It targets 'hard to reach' groups in the community by, for example, providing a monthly service at Shepherd's Bush Market.

It is recognised that Foundation Trust membership recruitment should focus on increasing membership numbers among under-represented groups including Black and Minority Ethnic (BME) groups.

The Membership and Engagement Manager has been working with the Equality & Diversity Manager to develop an action plan to address this issue.

Over the last year, the Equality & Diversity Manager has developed a working relationship with the BME Health Forum, a collection of voluntary groups in Westminster.

### Accessibility and communications

The Trust's Interpreting and Translation Policy was refreshed and managers have been encouraged to consider telephone interpreting instead of face to face interpreting as a more cost effective intervention, whilst not jeopardising the impact of delivering clinical information to patients.

All patient information leaflets produced in the Trust now include a section to indicate that they can be translated into our top 10 most requested languages. In addition, the Trust has installed Google Translate on its website so that users can read it in their chosen language and we have enabled a product called BrowseAloud on our website so that people who have literacy problems, learning difficulties, dyslexia, mild visual impairments or who speak English as a second language can read aloud all website content.

A 'Patient Passport' has been produced to support people with learning disabilities who use our services. 'Easy Read' versions of a range of patient information leaflets have also been produced to improve the quality of information for people with learning disabilities.

The new Outpatients department on the Lower Ground Floor has kiosks in place for patients to self-check in for their outpatient appointment and the information on the kiosk screens is available in a number of other languages.

## Workforce and training

The Trust monitors equality and diversity training attendance through the Equality and Diversity Steering Group.

Our internally set target was for all departments to send 33% of their staff on mandatory equality and diversity training in 2010/11—34.1% of staff received the training either at corporate induction or at the Making a Difference training course. In 2011/12, the internally set target is for 25% of staff to receive mandatory equality and diversity training.

Training materials and HR policies have been refreshed to take account of the wider legislative requirements of the Equality Act 2010.

For example, the Trust's appraisal documentation has been reviewed to simplify the process and include a specific prompt around equality and diversity.

## Bullying and harassment

The Harassment Advisory Service continues to provide a confidential support service to staff and this is publicised to new staff at corporate induction.

A new cohort of staff volunteers to help provide the service have been recruited and trained by the Equality and Diversity Manager.

The Trust's policy against harassment and bullying in the workplace clearly highlights acceptable standards of behaviour that all staff should expect and adopt. The policy also empowers staff to resolve their issues.

The Trust will continue to actively pursue new and innovative ways of addressing bullying and harassment.

## Next steps

Key objectives for the HR department in 2011/12 have been agreed which address issues raised in this report including the following:

- Introduce the Equality Delivery System tool to improve the equality performance of the Trust and provide a mechanism to give us greater assurance
- Develop Trustwide agreed equality objectives to replace the existing Single Equality Scheme from April 2012
- Continue to engage and build relationships with external partners to hear the views of patients from under-represented groups such as the BME Forum
- Continue to consult with staff networks to understand this report's findings around bullying and harassment and appraisals
- Continue to consult with staff, particularly BME staff, to establish why fewer of them believe that the Trust provides equal opportunities for career progression or promotion, and to take specific medium term action as a result of this consultation

## Conclusions

The Trust meets its statutory obligations to monitor and report on equality and diversity issues and provides assurance that action is being taken and planned to address issues of note.

As a result of workforce analysis, the Trust can be satisfied that there are no significant areas of concern which are unique to this organisation, although there are a number of issues which continue to be raised which require further understanding and investigation and/or specific action to address with external partners.

# Staff survey

## Commentary

The Trust is committed to keeping staff fully informed about everything that has an impact on their working lives at Chelsea and Westminster by providing them with information, consulting with them on key decisions, and listening to their concerns.

A range of initiatives are in place to provide staff with information on matters of concern to them, consult staff or their representatives so that their views are taken into account in making decisions that are likely to affect their interests, encourage the involvement of staff in the Trust's performance, and raise staff awareness of financial and economic factors affecting the Trust's performance:

- Executive Directors meet Staffside representatives at monthly meetings of the Joint Management and Trade Union Consultative Committee (JMTUC) and the Director of Human Resources meets with the Staffside Chair on a fortnightly basis
- The Council of Governors, which includes elected staff representatives, meets bi-monthly

- Communication with staff includes a monthly staff magazine, a monthly face-to-face Team Briefing with Executive Directors which is disseminated through the line management structure to all staff, and a Daily Noticeboard email bulletin
- The Chief Executive holds staff forums to engage with staff on important strategic issues including the potential impact on the Trust of the new Government's Health White Paper
- Executive Directors are allocated specific areas of the Trust on a monthly basis and are expected to visit these areas, engage with staff and feedback any issues to the Executive team
- The Trust has established staff networks (eg Creating Excellence Together—the Black and Minority Ethnic staff network and the Lesbian, Gay, Bisexual and Transgender staff network)

The Trust was ranked among the top 20% of acute trusts in the 2010 NHS staff survey for staff engagement, for the second consecutive year, and good communication between senior management and staff was also rated among the top 20% of acute trusts.

## Summary of performance—results from the staff survey 2010

64% of staff completed the NHS staff survey 2010 (compared with a national average response rate for acute trusts of 51%). This response rate was the second highest among acute trusts in London and in the top 10 of acute trusts nationally.

The survey was structured around the four national pledges to staff given in the NHS Constitution and two additional themes around staff satisfaction and equality and diversity.

These pledges and themes are reported under 38 key findings (KFs). Of the 38 Key Findings, 31 were directly comparable with the 2009 survey while seven were amended.

Again this year the Care Quality Commission calculated a 'Staff Engagement Score', which includes staff's perceived ability to contribute to improvements at work, their willingness to recommend the Trust as a place to work or receive treatment, and the extent to which staff feel motivated and engaged with their work.

The Trust's engagement score was 3.74 (compared to 3.73 in 2009) which places us in the top 20% of acute trusts in the country for the second year running.

The Trust improved or maintained its performance for 28 of the 31 existing key findings. Both KFs in Staff Pledge 4, which asks about communication between management and staff and staff's ability to contribute to delivery of better services, improved on last year's results and were in the top 20% of acute trusts nationally.

The Trust also maintained its improvement from the previous year on Staff Pledge 2 which asks about appraisals, personal development, access to training and line management support.

Overall five of the six KFs were higher than the national average for acute trusts and two of the five KFs were in the top 20% of acute trusts nationally.

The % of staff feeling there are good opportunities to develop their potential at work and the % of staff reporting good communication between senior managers and staff were both the highest of any Association of UK University Hospitals (AUKUH) Trust.

A further four KFs—Trust commitment to work-life balance, staff having a well structured appraisal in the previous 12 months, fairness of reporting procedures, and staff able to contribute towards improvements at work—were in the highest 20% of acute trusts nationally.

Areas of concern for the Trust focused on four KFs because our responses were lower than the national average:

- % of staff using flexible working options
- % of staff receiving health and safety training in the previous 12 months
- % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the previous 12 months
- % of staff experiencing discrimination at work in the previous 12 months

The results of the survey have been published and action plans to address these areas of concern and improve on other KFs will be produced by departments across the Trust.

## NHS Staff Survey response rate 2010 and Job Satisfaction KF

Staff Survey	2010/11		2009/10		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
Response rate	64%	54%	65%	55%	-1%
KF32: Staff job satisfaction*	3.48	3.48	3.51	3.47	-0.3

\* Scored from 1–5, with 1 representing very unsatisfied and 5 representing very satisfied staff

## Top and bottom ranking scores

These KF scores show where the Trust compares most favourably with other acute trusts in England (top) and least favourably with other acute trusts in England (bottom).

Top ranking scores	2010/11		2009/10		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
KF10: % of staff feeling there are good opportunities to develop their potential at work	51%	41%	51%	42%	0%
KF30: % of staff reporting good communication between senior management and staff	37%	26%	36%	26%	1%
KF31: % of staff able to contribute towards improvements at work	68%	62%	67%	61%	1%
KF34: % of staff who would recommend the Trust as a place to work or receive treatment	3.77	3.80	3.80	3.50	-0.3



Bottom ranking scores	2010/11		2009/10		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
KF16: % of staff receiving health and safety training in last 12 months	59%	80%	61%	78%	-2%
KF9: % of staff using flexible working options	56%	63%	n/a	n/a	Comparisons with 2009 score not possible due to changes in format
KF33: Staff intention to leave jobs*	2.76	2.53	2.73	2.51	-0.3
KF25: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months*	19%	15%	n/a	n/a	Comparisons with 2009 score not possible due to changes in format

\* Lower is better

## Future priorities and targets

The Trust plans to engage with staff in accordance with the NHS Constitution. The Trust staff survey action plan will focus on addressing areas of concern from this year's

staff survey and building on areas of strength. Each ward and department will develop its own action plan to address local issues.

Progress will be reported through the Trust's established internal communications systems.

## Regulatory ratings

### Commentary

#### Explanation of ratings

##### Financial risk rating

When assessing financial risk, the Foundation Trust regulator Monitor assigns a risk rating using a scorecard which compares key financial metrics on a consistent basis across all NHS foundation trusts.

The risk rating is intended to reflect the likelihood of a financial breach of the terms of authorisation.

The financial indicators used to derive the financial risk rating incorporate five individual ratings which are each rated from 1 (high risk) to 5 (low risk).

##### Governance risk rating

Monitor's assessment of governance risk is based predominantly on NHS foundation trusts' plans for ensuring compliance with the terms of their authorisation but will also reflect historic performance where this may be indicative of future risk.

Monitor considers eight elements when assessing the governance risk rating—legality of constitution, growing a representative membership, appropriate Board roles and structures, service performance, clinical quality and patient safety, effective risk and performance management, co-operation with NHS bodies and local authorities, and provision of mandatory services.

Monitor rates governance risk using a graduated system of green, amber/green, amber/red and red, where green indicates low risk and red indicates high risk.

## Summary of performance

In 2010/11 the Trust was rated green for governance. The plan for 2010/11 was for a green rating although the Trust did vary from this plan during the second and third quarters due to the levels of detected cases of MRSA bacteraemia during these periods.

By the end of 2010/11 the Trust had successfully met its targets for hospital acquired infections leading to a green rating for governance.

The financial risk rating was planned at 4 but the Trust actually achieved a rating of 5 during each quarter of the year. This represents an improved performance for financial risk compared to 2009/10.

## Financial risk rating performance

The Trust planned to achieve an overall financial risk rating of 4 for each quarter of 2010/11, on the cumulative position. The Trust's actual performance was a 5 for each quarter cumulatively.

The overall financial risk rating reflects the weighted average of five individual ratings—one of these five ratings was higher than plan during each quarter, Liquidity.

The Liquidity rating assesses the level of cash available to the Trust and the number of days it could continue to pay its creditors without receiving income. During each quarter the Trust had an average of 33 days of cash, which provides a rating of 4 compared to a planned rating of 3.

2010/11	Annual Plan	Q1	Q2	Q3	Q4
Financial risk rating	4	5	5	5	5
Governance risk rating	GREEN	GREEN	AMBER/ GREEN	AMBER/ GREEN	GREEN

2009/10	Annual Plan	Q1	Q2	Q3	Q4
Financial risk rating	4	4	3	4	4
Governance risk rating	GREEN	GREEN	GREEN	GREEN	GREEN

# Public interest disclosures

## Action to inform, involve & consult with staff

See the 'Staff Survey' section for details.

## Policies in relation to equal opportunities

We have an Equality & Diversity Policy to help explain the current equalities legislation and to ensure that staff are aware of their responsibilities as employees of the Trust and as frontline healthcare workers providing services to patients.

In addition, the Trust has a zero tolerance approach to bullying and harassment which is set out in our Harassment & Bullying Policy.

The Trust also considers requests for flexible working or reasonable adjustments through the respective policies for flexible working and the recruitment and retention of staff with disabilities.

## Policies in relation to disabled staff

### Policies for giving full and fair consideration to applications for employment by disabled people

The Trust has an Equality & Diversity Policy and a Recruitment and Selection Policy and Procedure which supports applications from disabled candidates to receive full and fair consideration. Specific support for Trust staff

is provided through mandatory recruitment training for recruiting managers, as well as a policy for the recruitment and retention of staff with disabilities.

The Trust is a recognised '2 Ticks' employer. This status is awarded by Jobcentre Plus to employers that have made commitments to employ and develop the abilities of disabled staff.

### Policies for continuing the employment of, and arranging appropriate training for, staff who have become disabled

Disabled staff, managers, Human Resources and Occupational Health staff advise on adjustments to support disabled staff including adjustments to job roles, working hours and environment, and provide additional training in line with the policy for the recruitment and retention of staff with disabilities.

### Policies for training, career development and promotion of disabled staff

Staff should have regular appraisals and any training needs or personal development opportunities should be identified during the employee's appraisal in accordance with the Trust's Appraisal Policy and Study Leave Policy.

## Health & Safety performance

The number of incidents reported to the Health & Safety Executive decreased from 36 in 2009/10 to 22 in 2010/11.

## Occupational Health performance

The principal aim of the Occupational Health department is to help the Trust meet its responsibilities towards staff and others affected by its activities.

Occupational Health is vital in aiding the organisation to promote and maintain the health and wellbeing of its workforce.

Over the last year the service has continued to grow—in 2010/11, 3,501 activities were undertaken by Occupational Health staff providing services to the Trust and a number of other small organisations.

All prospective staff are required to complete a pre-employment health screening questionnaire to establish their fitness to undertake the job they have been offered based on the information provided.

In 2010/11 a total of 585 pre-employment health and medical interviews were undertaken by the Occupational Health department to obtain further information about the fitness of staff for work.

In addition, 840 management referrals/reviews were undertaken in 2010/11. Line managers continue to be the

main source of referrals, requesting Occupational Health assistance with the management of sickness absence, rehabilitation and performance issues.

On 1 December 2010, The Royal Marsden NHS Foundation Trust took over the provision of the Occupational Health service at Chelsea and Westminster.

In 2011/12 new processes will be introduced to streamline procedures and an event will be held in the Trust to provide information about the Occupational Health service to all staff.

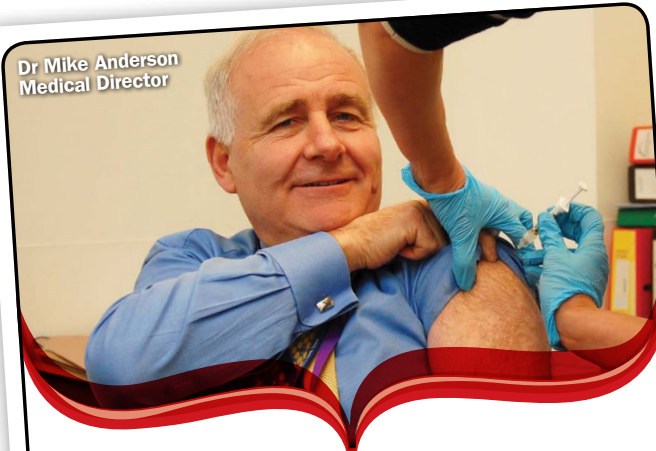
## Counter-fraud policies & procedures

The Trust has a Counter-fraud Policy for dealing with suspected fraud and corruption, and other illegal acts involving dishonesty or damage to property.

Nominated staff who Trust staff can contact confidentially if they suspect a fraudulent act are the Director of Finance and the Local Counter-fraud Specialist (LCFS).

## Sickness absence data

The annual sickness absence level in the Trust in 2010/11 was 3.44%.



Dr Mike Anderson  
Medical Director

**I've had mine.**

**Have you had yours?**

Swine flu vaccination is the best way to protect yourself, your family and patients—  
all staff are encouraged to get vaccinated

See regular All Staff emails for details of times and locations

Choose Chelsea and Westminster  
Chelsea and Westminster Hospital NHS Foundation Trust



Roz Wallis  
Consultant Nurse  
Infection Control

**I've had mine.**

**Have you had yours?**

Swine flu vaccination is the best way to protect yourself, your family and patients—  
all staff are encouraged to get vaccinated

See regular All Staff emails for details of times and locations

Choose Chelsea and Westminster  
Chelsea and Westminster Hospital NHS Foundation Trust

Senior clinicians advocated staff flu vaccinations as part of a vaccination programme run by the Occupational Health department

# Finance

# Statement of Accounting Officer's Responsibilities

## Statement of the Chief Executive's responsibilities as the Accounting Officer of Chelsea and Westminster Hospital NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Chelsea and Westminster Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Chelsea and Westminster Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure

requirements, and apply suitable accounting policies on a consistent basis

- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements
- Prepare the financial statements on a going concern basis

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

*Heather Lawrence*

Heather Lawrence OBE  
Chief Executive and Accounting Officer  
26 May 2011

## Annual Governance Statement

### Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks

to the achievement of the policies, aims and objectives of Chelsea and Westminster Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Chelsea and Westminster Hospital NHS Foundation Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

The Trust has a risk management strategy and operational policies approved by the Trust Board.

All Directors working in the Trust take responsibility for risk identification, management and mitigation within their areas of work and practice, in line with the management and accountability arrangements in the Trust. The Divisions are responsible for their areas and this is supported by quarterly Divisional quality reports which contain a wide range of information including information on risks, incidents, complaints, infection control, and training.

Risk management is overseen at corporate level through the Trust's Risk Management Committee and in addition other

committees as appropriate eg the Health and Safety and Fire Committee, the Capital Programme Board and the Facilities Committee. The Risk Management Committee reports to the Trust Executive Quality Committee and also provides reports to the Assurance Committee, which reports to the Board.

The dissemination of good practice and lessons learned from incidents or near misses is achieved through a variety of mechanisms including Divisional reports, discussion of incidents and risk assessments at relevant committees eg the Risk Management Committee and Trust Executive Quality Committee, and newsletters such as 'Risk News'.

Risk management training is given to staff on induction and regular training opportunities are provided within the hospital to staff at all levels, based on their responsibilities and the Training Needs Analysis. Compliance with training requirements is monitored quarterly at divisional and executive level and reported to the Assurance Committee.

The Trust maintained Level 2 of the Clinical Negligence Scheme for Trusts (CNST) maternity standards following the assessment in February 2010. The Trust achieved Level 2 in the general NHS Litigation Authority Risk Management Standards in December 2008.

## The risk and control framework

The key elements of the quality governance arrangements are as described in Monitor's Quality Governance Framework; strategy, capabilities and culture, processes and structure and measurement. The Trust is committed to continuous improvement and learning; from incidents and complaints, outcomes from audits and experiences of others. The quality of performance information is assessed through data quality reports to Divisions and regular audit. Compliance with CQC registration is assured by the Assurance Committee through review of the CQC standards compliance and by the monitoring of action plans and feedback from patients and staff.

The Trust manages its risks to data security through a number of different approaches. The Trust has a Board level Senior Information Risk Owner (SIRO). The SIRO chairs an Information Governance Committee (IGC) which is responsible for setting the framework for information governance standards in the Trust and ensuring delivery of action plans to improve compliance. A key part of the IGC's work is to review compliance against the Information Governance Toolkit and to ensure the evidence is externally assured through audit. The key strands of the Trust's management of risk to data security are:

- The development of appropriate information governance policies and staff procedures eg the Trust has an approved Information Risk policy which provides the framework for managing information risk in conjunction with an Information Governance Strategy and Policy, Information Security Policy and overall Risk Management Policy and Strategy.
- The development of a range of information governance training packages and literature, suitable to the needs of different staff groups and mandating this annually. The Trust has focused on areas of particular sensitivity eg HIV and sexual health services.

- Ensuring that the Trust's IT systems are physically secure and have sufficient password protection and firewalls to prevent harm from malware or external hacking—this also includes provision of encrypted portable devices and provision of e-mail encryption facilities.

The Trust has been externally assessed as green (scoring at least level 2 on all 45 requirements) on its Information Governance Toolkit for 2010/11 and the following are the key areas of focus:

- The risk that not all staff complete their training and lack of assurance on staff competency in information governance awareness. This particularly relates to potential for lack of awareness of some staff and patients of the procedures to safeguard patient confidentiality and assure data protection.
- The risk that not all flows of person identifiable information have been mapped.
- The risk that the structure for managing information assets has not been fully embedded within the organisation to enable proactive risk assessment within each department.

The Trust's plans for mitigating the above risks are:

- To conduct awareness surveys amongst staff and patients about the use of personal information.
- To complete a comprehensive information flow mapping to analyse the type of information accessed by staff and their level of authorisation. The Trust's strategy is to implement an Electronic Document Management System which will help to address this risk.
- To identify Information Asset Owners and Information Asset Administrators for each system and train them in their responsibilities for proactive information risk assessment.

The Information Governance Toolkit assessment for 2010/11 which was independently verified by Internal Audit, assessed all key requirement areas at Level 3.

The Audit Committee receives a regular update on information governance and assures the Board through the reports to the Board.

The major organisational risks relate to uncertainty about the Health and Social Care Bill and long term sustainability and the Trust will work with staff and partners in agreeing a plan for mitigation, which will build on the current plans.

The risk management strategy identifies the key elements to managing risk. This includes reactive risk management through analysis of incidents, identification of trends, investigations of serious incidents and subsequently identification of action plans to reduce risk. These actions are monitored through the divisions and the Risk Management Committee. The Trust's risk objectives include a target to increase incident reporting and this will be a particular focus for 2010/11.

Risk is identified in the Trust proactively in a number of different ways. Directorates and departments undertake an annual comprehensive risk review using a risk assessment tool. Gaps in meeting key risks are identified and action plans developed. Risks are also identified on an ad hoc basis and evaluated using the Trust risk assessment form. This

captures risk information for clinical and non-clinical risks and supports risk evaluation and action planning. Risks may also be identified from incidents, complaints and claims. A colour coded risk matrix is used to rate risks. Risks graded red are considered serious risks and risks graded orange are considered high risk.

Risk assessments are peer reviewed to include an assessment of the risk rating to ensure validity. All risks are entered into the centrally held risk register, which is managed by the corporate risk team. Risks that are red or orange are reviewed at the Risk Management Committee and if appropriate by other committees eg those with capital implications are reviewed at the Capital Programme Board. Risks identified through completion of the Assurance Framework are monitored by the Board. Risk assessments and the directorate risk register are part of the quarterly Quality Reports which are reviewed by the directorates. Risks that are red are notified to the Trust Board and these are monitored quarterly.

Risk management is further embedded in the activity of the organisation in a number of other ways. Local risk management processes reflect the overall strategy of the Trust. Directorates and departments are required to identify risks associated with the delivery of objectives. Risk identification is part of the business planning template; and risk identification is included in application forms for capital expenditure. The capital plan is regularly compared with the risk register to ensure significant risks requiring funding are prioritised.

Risks which may prevent the Trust from achieving its corporate objectives are identified during the development of the Trust's Assurance Framework.

Equality impact assessments are undertaken for major service changes, as well as for policies and procedures.

The lead PCT is involved in risks which affect them through negotiation on the contract. In addition there is liaison and partnership work with relevant bodies on risks which affect them or which they can mitigate eg ISS Mediclean for facilities management, Olympic South Limited for transport, Norland for estates, the local safeguarding children's board for children's issues and various organisations for safeguarding vulnerable adults. The Trust also works with local agencies on emergency and business continuity planning.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance

with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## Review of economy, efficiency and effectiveness of the use of resources

The development and reporting of patient level costing and service level reporting continues to ensure that the Board is aware of relative profitability and efficiency. This information is used proactively to identify opportunities for improving efficiency and profitability for each service. Service line reports have been developed to improve access to drill down reports to investigate cost variation and are reported to the service on a monthly basis.

Monthly finance and performance reports are provided to the Board. The Trust has exceeded the target for generation of net surplus and has delivered its target Cost Improvement Programme. A new divisional structure to strengthen clinical accountability for resource use was in place during the year.

It is within Internal Audit's remit to make recommendations on the effective use of resources and they have undertaken a review of cost improvement and procurement processes.

## Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the Quality Report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Assurance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board ensures the effectiveness of the system of internal control through clear accountability and reporting arrangements.

The Audit Committee is a formal sub-committee of the Board and is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control and risk management. The committee meets at least five times per year. The Audit Committee approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control arising from audits are actioned by executive management.

The Board monitors the Assurance Framework and objectives quarterly, ensuring actions to address gaps in control and gaps in assurance are progressed.

The Finance and Investment Committee conducts an objective review of financial and investment policy issues and reports to the Board.

The Assurance Committee is a formal sub-committee of the Board. This committee is accountable for seeking assurance that systems, processes and outcomes contribute to the Trust's aims and values and objectives relating to patient safety and quality, a safe and clean hospital environment and staff satisfaction and to ensure that there is evidence of robust governance and assurance processes in these areas.

The Trust Executive Quality Committee, the Risk Management Committee and the Facilities Committee report into the Assurance Committee.

Until December 2010 internal audit services were outsourced to RSM Tenon and from January 2011 to KPMG. Both have provided an objective and independent opinion to the Chief Executive, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives.

Each assignment is discussed with the appropriate line manager or director and a report including management responses and a proposed action plan is presented to the Audit Committee. Internal Audit routinely follows up action with management to establish the level of compliance and the results are reported to the Audit Committee.

Executive Directors are accountable to the Board, the Audit Committee and the Assurance Committee for ensuring management arrangements are in place to develop relevant strategies, policies, systems and procedures to maintain internal control and to take action to address any gaps identified from the review of these systems.

Executive Directors are responsible for setting team objectives to ensure the delivery of corporate objectives and the management of risk. There is a quarterly report to the Board on progress on objectives, including a review of the risks.

There is a clinical audit strategy, a policy and a yearly plan which takes into account national and local clinical audit requirements. There is a continued focus on clinical audit to drive service improvement and patient safety.

## Conclusion

No significant internal control issues have been identified.



Heather Lawrence OBE  
Chief Executive  
26 May 2011

# Independent Auditor's Report

## Independent Auditor's Report to the Board of Governors and Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust

We have audited the financial statements of Chelsea and Westminster Hospital NHS Foundation Trust for the year ended 31 March 2011 which comprise of the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Cash Flow Statement, and the related notes 1 to 37.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor—Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Chelsea and Westminster Hospital NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006.

Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

## Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code of NHS Foundation Trusts and International Standards on Auditing (UK and Ireland).

Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

## Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

This includes an assessment of: whether the accounting policies are appropriate to the trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements.

If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

## Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the trust's affairs as at 31 March 2011 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor—Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

## Opinion on other matter prescribed by the National Health Service Act 2006

In our opinion:

- the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the National Health Service Act 2006 requires us to report to you if, in our opinion:

- proper practices have not been observed in the compilation of the financial statements; or
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

## Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.



Heather Bygrave FCA BA (Hons)  
(Senior Statutory Auditor)  
For and on behalf of Deloitte LLP  
Chartered Accountants and Statutory Auditor  
St Albans, United Kingdom

27 May 2011

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# Foreword to the accounts

These accounts for the year ended 31 March 2011 have been prepared by Chelsea and Westminster Hospital NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.



Heather Lawrence OBE  
Chief Executive  
26 May 2011

## Statement of comprehensive income for the year ended 31 March 2011

	Note	2010/11 £000	2009/10 £000
<b>Operating income</b>			
Operating income from operations	2	331,807	308,519
Operating expenses from operations	3	(308,701)	(292,483)
<b>Operating surplus</b>		<b>23,106</b>	16,036
<b>Finance costs</b>			
Finance income	7.1	112	95
Finance expense—financial liabilities	7.2	(462)	(613)
Public dividend capital dividends payable		(8,951)	(8,557)
<b>Net finance costs</b>		<b>(9,301)</b>	(9,075)
<b>Surplus for the year</b>		<b>13,805</b>	6,961
<b>Other comprehensive income</b>			
Revaluation gain/(loss) property, plant and equipment		40,278	(38,246)
Receipt of donated assets		50	155
Other reserve movements		(186)	(240)
<b>Total comprehensive income/(expense) for the year</b>		<b>53,947</b>	(31,370)

## Statement of financial position as at 31 March 2011

	Note	31 Mar 2011 £000	31 Mar 2010 £000
<b>Non-current assets</b>			
Intangible assets	8	4,870	0
Property, plant and equipment	9	318,342	265,939
<b>Total non-current assets</b>		<b>323,212</b>	265,939
<b>Current assets</b>			
Inventories	11	6,081	6,045
Trade and other receivables	12	15,554	18,617
Cash and cash equivalents	20	38,773	19,861
<b>Total current assets</b>		<b>60,408</b>	44,523
<b>Current liabilities</b>			
Trade and other payables	14	(40,320)	(27,843)
Borrowings	16.1	(169)	(919)
Provisions	19.1	(2,386)	(1,896)
Other liabilities	15.1	(6,745)	(4,863)
<b>Total current liabilities</b>		<b>(49,620)</b>	(35,521)
<b>Total assets less current liabilities</b>		<b>334,000</b>	274,941
<b>Non-current liabilities</b>			
Borrowings	16.2	(14,819)	(6,624)
Provisions	19.2	(456)	(459)
Other liabilities	15.2	(370)	(3,450)
<b>Total non-current liabilities</b>		<b>(15,645)</b>	(10,533)
<b>Total assets employed</b>		<b>318,355</b>	264,408
<b>Financed by (taxpayers' equity)</b>			
Public dividend capital		162,549	162,549
Revaluation reserve	22	94,791	55,696
Donated asset reserve		5,909	4,986
Income and expenditure reserve		55,106	41,177
<b>Total taxpayers' equity</b>		<b>318,355</b>	264,408

*Heather Lawrence*

Heather Lawrence OBE, Chief Executive  
26 May 2011

## Statement of changes in taxpayers' equity for the year ended 31 March 2011

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Donated Assets Reserve £000	Income & Expenditure Reserve £000
<b>Taxpayers' equity at 1 Apr 2010 as previously stated</b>	<b>264,408</b>	162,549	55,696	4,986	41,177
Surplus for the year	<b>13,805</b>	0	0	0	13,805
Revaluation gain on property, plant and equipment	<b>40,278</b>	0	39,219	1,059	0
Receipt of donated assets	<b>50</b>	0	0	50	0
Asset disposals	<b>0</b>	0	(124)	0	124
Other reserve movements	<b>(186)</b>	0	0	(186)	0
<b>Taxpayers' equity at 31 Mar 2011</b>	<b>318,355</b>	162,549	94,791	5,909	55,106
<b>Taxpayers' Equity at 1 Apr 2009 as previously stated</b>	<b>295,778</b>	162,549	91,320	7,693	34,216
Surplus for the year	<b>6,961</b>	0	0	0	6,961
Impairments on property, plant and equipment	<b>(38,246)</b>	0	(35,624)	(2,622)	0
Receipt of donated assets	<b>155</b>	0	0	155	0
Asset disposals	<b>0</b>	0	0	0	0
Other reserve movements	<b>(240)</b>	0	0	(240)	0
<b>Taxpayers' equity at 31 Mar 2010</b>	<b>264,408</b>	162,549	55,696	4,986	41,177

## Statement of cash flows for the year ended 31 March 2011

Note	2010/11 £000	2009/10 £000
<b>Cash flows from operating activities</b>		
Operating surplus from continuing operations	<b>23,106</b>	16,036
<b>Non-cash income and expense</b>		
Depreciation and Amortisation 3	<b>8,478</b>	7,459
Transfer from the Donated Asset Reserve 2.2	<b>(186)</b>	(240)
Amortisation of Government Grants	<b>(5)</b>	0
Decrease/(Increase) in Trade and Other Receivables	<b>3,063</b>	(7,199)
(Increase)/Decrease in Inventories	<b>(36)</b>	543
Increase in Trade and Other Payables	<b>7,746</b>	1,529
(Decrease) in Other Liabilities	<b>(1,192)</b>	0
Increase in Provisions	<b>387</b>	82
Other movements in Operating Cash flows	<b>148</b>	238
<b>Net cash generated from operations</b>	<b>41,509</b>	18,448
<b>Cash flows from investing activities</b>		
Purchase of intangible assets	<b>(615)</b>	0
Purchase of property, plant and equipment	<b>(20,565)</b>	(15,519)
Sale of property, plant and equipment	<b>0</b>	104
<b>Net cash used in investing activities</b>	<b>(21,180)</b>	(15,415)
<b>Cash flows from financing activities</b>		
Interest received	<b>110</b>	103
Loans received	<b>12,525</b>	0
Loans repaid	<b>(4,917)</b>	(6,113)
Capital element of finance lease rental payments	<b>(158)</b>	(177)
Interest paid	<b>(234)</b>	(482)
Interest element of finance leases	<b>(127)</b>	(108)
PDC dividends paid	<b>(8,616)</b>	(8,448)
<b>Net cash used in financing activities</b>	<b>(1,417)</b>	(15,225)
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>18,912</b>	(12,192)
<b>Cash and cash equivalents at 1 Apr 2010</b>	<b>19,861</b>	32,053
<b>Cash and cash equivalents at 31 Mar 2011</b>	<b>38,773</b>	19,861

# Notes to the accounts

## 1. Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the accounts and accompanying notes will be prepared in accordance with the 2010/11 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1 New and revised standards and interpretations

The following standards, amendments and interpretations have been issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretations Committee (IFRIC) but are not yet required to be adopted or are not yet effective.

- IAS 24 related party disclosures (revised 2009)
- IFRS 9 Financial Instruments: Financial Assets & Liabilities
- IFRS 7 Financial Instruments: Disclosures—Transfers of Financial Assets
- IAS 12 Income Taxes Amendment
- IFRIC 14 amendment
- IFRIC 19 "Extinguishing financial liabilities with Equity Instruments"

The directors anticipate that the adoption of these standards and interpretations in future periods will have no material impact on the financial statements. All other revised and new standards have not been listed here as they are not considered to have an impact on the Trust. Monitor does not permit the early adoption of accounting standards, amendments and interpretations that are in issue at the reporting date but effective at a subsequent reporting period.

### 1.2 Accounting convention

These accounts have been prepared under the historical cost convention, modified by the revaluation of properties, and, where material, current asset investments and inventories to fair value as determined by the relevant accounting standard.

### 1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

In accordance with IAS 18, income relating to those spells which are partially completed at the financial year end is apportioned across the financial years on a pro rata basis.

## 1.4 Expenditure on employee benefits

### 1.4.1 Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### 1.5 Pension costs

**NHS Pension Scheme**—Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers' pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

### 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## 1.7 Property, plant and equipment

### 1.7.1 Recognition

Property, plant and equipment are capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably;
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives eg plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

## 1.8 Measurement

### 1.8.1 Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Properties in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value.

All assets are measured subsequently at fair value as follows:

- (a) Land and non-specialised buildings—market value
- (b) Specialised buildings—depreciated replacement cost
- (c) Non-property assets—depreciated historic cost

The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be fully recoverable.

All land and buildings are restated to fair value in accordance with IAS 16 and Monitor guidance, using professional valuations every five years and an interim valuation after three years to ensure that fair values are not materially different from the carrying amounts. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual based on modern equivalent assets.

A valuation of specialised buildings was carried out by Montagu Evans (Independent Chartered Surveyors, Registration number OC312072). Buildings were valued at depreciated replacement cost on a modern equivalent asset basis as at 31 March 2011. In order to derive relevant build costs, Montagu Evans gave regard to the RICS Build Cost Indices in consultation with their own building surveyor. In accordance with the RICS and Treasury's Financial Reporting manual valuation guidelines, an 'instant build' approach was assumed in that the modern equivalent assets would be constructed at the date of valuation without phasing or lead in periods. It also assumes the site is cleared and ready to take the new buildings and therefore there is no allowance for the demolition of any existing buildings or site preparation.

### 1.8.2 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised.

### 1.8.3 Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service

delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'Held for Sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Property, plant and equipment are depreciated over the following useful lives:

- Buildings are depreciated on a straight line basis, after accounting for residual value, over the remaining useful economic life of 37 years;
- Dwellings and leasehold improvements are depreciated over the shorter of the useful economic life or lease term;
- Plant and machinery, furniture and fittings and information technology are depreciated on a straight line basis over the useful economic life of the asset, deemed as 5 years for short life assets, 10 years for medium life assets and 15 years for long life assets.

### 1.8.4 Revaluation and impairment

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

In accordance with the Foundation Trust Annual Reporting Manual, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

## 1.9 De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  - (a) management are committed to a plan to sell the asset;
  - (b) an active programme has begun to find a buyer and complete the sale;
  - (c) the asset is being actively marketed at a reasonable price;
  - (d) the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - (e) the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## 1.10 Donated assets

Donated fixed assets are capitalised at their current value on receipt and this value is credited to the donated asset reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to the income and expenditure account. Similarly, any impairment on donated assets charged to the income and expenditure account is matched by a transfer from the donated asset reserve. On sale of donated assets, the net book value of the donated asset is transferred from the donated asset reserve to the Income and Expenditure Reserve.

## 1.11 Private finance initiative (PFI) transactions

The Trust is not party to any PFI transactions.

## 1.12 Intangible assets

### 1.12.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

### 1.12.2 Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- (a) the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- (b) the Trust intends to complete the asset and sell or use it;
- (c) the Trust has the ability to sell or use the asset;
- (d) how the intangible asset will generate probable future economic or service delivery benefits eg the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- (e) adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- (f) the Trust can measure reliably the expenses attributable to the asset during development.

Expenditure which does not meet the criteria for capitalisation is treated as an operating expense in the year in which it is incurred. Where possible, the Trust discloses the total amount of research and development expenditure charged in the Statement of Comprehensive Income separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

## 1.13 Software

Software which is integral to the operation of hardware eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware eg application software, is capitalised as an intangible asset.

## 1.14 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

## 1.15 Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Software is amortised over 5–10 years.

## 1.16 Government grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Grants from the Department of Health are accounted for as Government grants. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure the grant is held as deferred income and released to operating income over the life of the asset in a manner consistent with the depreciation charge for that asset.

### 1.17 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

### 1.18 Cash and cash equivalents

Cash and cash equivalents comprise of cash on hand and demand deposits and other short term highly liquid investments. These balances are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. Monies held in the Trust's bank account belonging to patients are excluded from cash and cash equivalents (see "third party assets" below).

Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within payables. Interest earned on bank accounts and interest charged on overdrafts is recorded respectively as "finance income" and "finance cost" in the periods to which they relate. Bank charges are recorded as operating expense in the periods to which they relate.

### 1.19 Financial instruments and financial liabilities

Financial instruments are defined as contracts that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. The Trust will commonly have the following financial assets and liabilities: trade receivables (but not prepayments), cash and cash equivalents, trade payables (but not deferred income), finance lease obligations, borrowings, provisions.

### 1.20 Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent that, performance occurs ie when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above. Regular way purchases or sales are recognised and de-recognised, as applicable, using the trade date. All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

### 1.21 De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risk and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### 1.22 Classification and measurement

Financial assets are classified into the following specified categories:

- Financial assets 'at fair value through Income and Expenditure'; or
- 'Loans and receivables'; or
- 'Available-for-sale' financial assets

Financial liabilities are classified as either:

- Financial liabilities 'at fair value through Income and Expenditure'; or
- 'Other financial liabilities'

The Trust has no financial assets classified as 'at fair value through Income and Expenditure' or 'Available for sale'. There are also no financial liabilities classified as 'at fair value through income and expenditure'.

### 1.23 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income, except for short-term receivables when the recognition of interest would be immaterial.

### 1.24 Other financial liabilities

All 'other' financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the date of the Statement of Financial Position, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

### 1.25 Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset. Evidence is gathered via formal communication between the Trust and the counterparties.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original

effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of bad debt provision. The bad debt provision is charged to operating expenses.

## 1.26 Leases

### 1.26.1 Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

### 1.26.2 Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

### 1.26.3 Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

## 1.27 Provisions

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms.

## 1.28 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 19.3 to the accounts.

## 1.29 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

## 1.30 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets but are disclosed in the notes to the accounts where an inflow of economic benefits is probable. Contingent liabilities are not recognised but are disclosed in the notes to the accounts, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- (a) possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- (b) present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

## 1.31 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) net cash balances held with the Government Banking Service (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

## 1.32 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.33 Corporation tax

Corporation tax is not applicable to the Trust.

## 1.34 Foreign exchange

The functional and presentational currencies of the Trust are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;

- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

### 1.35 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

## 2. Operating income from operations

### 2.1 Operating income (by classification)

Income from activities	Note	2010/11 £000	2009/10 £000
Elective income		43,869	42,007
Non elective income		80,761	75,876
Outpatient income		62,209	54,414
Accident & Emergency income		10,631	10,380
Other NHS clinical income		80,616	72,792
Private patient income	2.3	10,788	8,184
Other non-protected clinical income		2,274	1,604
<b>Total income from activities</b>	2.4	<b>291,148</b>	<b>265,257</b>

Income categorised within Other NHS clinical income has been reviewed and it was found more appropriate to reclassify certain elements of 2009/10 income into specific categories as follows: £36.7m moved from Other NHS clinical income to Elective Income (£23.2m) and Non-Elective income (£13.5m) and £11.8m moved to Other NHS Clinical Income from Non-Elective income (£1.6m) and Outpatient income (£10.2m).

### 2.2 Other operating income

	2010/11 £000	2009/10 £000
Research and development	4,153	4,329
Education and training	25,286	24,514
Charitable and other contributions to expenditure	22	92
Transfers from donated asset reserve in respect of depreciation on donated asset	186	240
Non-patient care services to other bodies	914	649
Profit on disposal of equipment	0	4
Other income	10,098	13,434
<b>Total other operating income</b>	<b>40,659</b>	<b>43,262</b>
<b>Total operating income from operations</b>	<b>331,807</b>	<b>308,519</b>

Other income includes the following significant amounts: Staff recharges £3.5m (2009/10—£3.6m), Estates recharges £1.5m (2009/10—£3.6m) and Clinical Excellence Awards £1.0m (2009/10—£1.1m).

## 2.3 Private patient income (PPI)

	Base year restated £000	2010/11 £000	2009/10 £000
Private patient income	5,824	10,788	8,184
Total patient related income	157,015	291,148	265,257
Proportion (as percentage)	3.7%	3.7%	3.1%

In following the guidance of PPI Cap Revised Rules (Monitor February 2010) the Trust has carried out a review of all income stream categories to determine what private income/charges to include in the PPI Cap. The identified change comprises the inclusion of Overseas Non Reciprocal income and exclusion of top up charges to NHS patients for private facilities used. This resulted in a restatement of the base year PPI cap.

### 2.4 Operating income (by type)

Income from activities	2010/11 £000	2009/10 £000
NHS Foundation Trusts	1,129	4
NHS Trusts	10	0
Primary Care Trusts	278,085	255,289
Local Authorities	27	0
Department of Health—other	0	176
Non NHS: Private patients	9,843	8,184
Non NHS: Overseas patients (non-reciprocal)	945	1,086
NHS injury scheme	887	414
Non NHS: Other	222	104
<b>Total</b>	<b>291,148</b>	<b>265,257</b>

## 3. Operating expenses from operations

Operating expenses	2010/11 £000	2009/10 £000
Staff costs	163,832	159,796
Executive directors costs	830	743
Non executive directors costs	137	118
Termination benefit	96	0
Early retirements	28	0
Drug costs	50,634	47,681
Supplies and services—clinical (excl drug costs)	34,950	34,944
Supplies and services—general	4,897	4,907
Transport	1,440	1,465
Research and Development	943	1,314
Establishment	4,947	4,872
Premises	19,299	18,627
Services from NHS Trusts	513	213
Purchase of healthcare from non-NHS bodies	1,273	708
Legal fees	611	170
Consultancy costs	1,354	1,905
Training, courses and conferences	773	708
Patient travel	112	110
Car parking & Security	4	30
Hospitality	77	107
Insurance	191	183
Audit fees:		
Audit services—statutory audit	138	109
Audit services—regulatory reporting	0	0
Other auditors remuneration—further assurance services	12	12
Other auditors remuneration—other services	0	10
Clinical negligence	5,124	4,789
Increase in bad debt provision	6,559	216
Depreciation on property, plant and equipment	8,453	7,459
Amortisation on intangible assets	25	0
Loss on disposal of other property, plant and equipment	50	168
Other	1,399	1,119
<b>Total operating expenses from operations</b>	<b>308,701</b>	<b>292,483</b>

### 3.1 Operating leases

#### 3.1.1 Arrangements containing an operating lease

	2010/11 £000	2009/10 £000
Minimum lease payments	1,817	1,988
Less sublease payments received	0	(28)
<b>Total</b>	<b>1,817</b>	<b>1,960</b>

### 3.1.2 Arrangements containing an operating lease

	31 Mar 11 £000	31 Mar 10 £000
<b>Future minimum lease payments due:</b>		
• not later than 1 year	1,769	1,579
• later than 1 year and not later than 5 years	5,209	6,729
• later than 5 years	3,334	3,040
<b>Total</b>	<b>10,312</b>	<b>11,348</b>
Total of future minimum sublease lease payments to be received at the Statement of Position date	0	0

## 4. Employee expenses and numbers

### 4.1 Employee expenses

	2010/11 £000	2009/10 £000
Salaries and wages	127,436	125,233
Social security costs	11,189	10,669
Employers' contributions to NHS Pension Scheme	13,945	12,481
Termination benefit	96	0
Agency/contract staff	12,120	13,078
<b>Total</b>	<b>164,786</b>	<b>161,461</b>

### 4.2 Average number of persons employed (WTE Basis)

	2010/11 WTE	2009/10 WTE
Medical and dental	539	538
Administration and estates	592	581
Healthcare assistants and other support staff	248	230
Nursing, midwifery and health visiting staff	1,057	1,012
Nursing, midwifery and health visiting learners	0	1
Scientific, therapeutic and technical staff	300	294
Bank and agency staff	411	523
Other	27	26
<b>Total</b>	<b>3,174</b>	<b>3,205</b>

(WTE—Whole Time Equivalent)

### 4.3 Employee benefits

	2010/11 £000	2009/10 £000
Employee benefits	100	69

### 4.4 Retirements due to ill-health

During 2010/11 there were three (2009/10—three) early retirements from the Trust agreed on the grounds of ill-health.

The estimated additional pension liabilities of ill-health retirements for the year ended 31 March 2011 were £0.2m (2009/10—£0.2m)

## 5. Better Payment Practice Code

### 5.1 Better Payment Practice Code—measure of compliance

	2010/11		2009/10	
	N°	£000	N°	£000
Total bills paid in the year	62,846	161,633	73,168	162,743
Total bills paid within the target	56,892	142,138	57,803	130,195
Percentage of bills paid within target	90.5%	87.9%	79.0%	80.0%

The Better Payment Practice Code requires the Trust to aim to pay 95% of all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

### 4.5 Exit packages

During 2010/11 there were three compulsory redundancies, each within banding £25,001–£50,001. There were no other departures for staff except for exit packages relating to senior managers disclosed in the Directors' remuneration note, whose details are within note 4.6.

### 4.6 Salary and Pension entitlements of senior managers (table on following page)

Non-Executive Directors do not receive pensionable remuneration therefore there are no entries in respect of pensions for them. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any spouse's contingent pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figure shown relates to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures include the value of any pension benefits in another scheme or arrangement in which the individual has transferred to the NHS pension scheme. They also include any additional pension benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV—This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Real increase in CETV for current year may be significantly different from prior year. This is due to a change in the factors used to calculate CETVs, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine cash equivalent transfer values (CETV) from Public Sector Pension Schemes came into force on 13 October 2008.

#### 4.6 Table of salary and pension entitlements of senior managers

	a) Remuneration				b) Pension				
	Salary for the year ended 31 Mar 2011 bands of £5,000	Salary for the year ended 31 Mar 2010 bands of £5,000	Other costs for the year ended 31 Mar 2011 bands of £5,000	Other costs for the year ended 31 Mar 2010 bands of £5,000	Accrued pension and related lump sum at age 60 as at 31 Mar 2011 bands of £2,500	Real increase/(decrease) in pension and related lump sum at age 60 as at 31 Mar 2011 bands of £2,500	CETV at 31 Mar 2010 £000	CETV at 31 Mar 2011 £000	Real increase/(decrease) in CETV for the year ended 31 Mar 2011 £000
<b>Executive Directors</b>									
Heather Lawrence OBE, Chief Executive	175–180	170–175	0	0	307.5–310.0	(15.0)–(12.5)	0	0	0
Dr Mike Anderson, Medical Director	160–165	150–155	0	0	297.5–300.0	15.0–17.5	1,675	1,752	(12)
Lorraine Bewes, Executive Director of Finance	130–135	125–130	0	0	127.5–130.0	0–2.5	564	544	(50)
Amanda Pritchard, Deputy Chief Executive (Director of Integrated Service Delivery & Modernisation)	80–85	100–105	0	0	70.0–72.5	2.5–5.0	183	160	(33)
Mark Gammage, Interim Deputy Chief Executive <sup>1</sup>	75–80	35–40	0	0	0	0	0	0	0
Andrew MacCallum, Director of Nursing	25–30	95–100	0	0	132.5–135.0	(5.0)–(2.5)	601	529	(105)
Therese Davis, Chief Nurse and Director of Patient Flow & Patient Experience <sup>2</sup>	140–145	0	0	0	0	0	0	0	0
<b>Non-Executive Directors</b>									
Professor Sir Christopher Edwards, Chairman	35–40	35–40	0	0	0	0	0	0	0
Andrew Havery, Non-Executive Director	15–20	15–20	0	0	0	0	0	0	0
Charles Wilson, Non-Executive Director	15–20	15–20	0	0	0	0	0	0	0
Karin Norman, Non-Executive Director	10–15	10–15	0	0	0	0	0	0	0
Professor Richard Kitney OBE, Non-Executive Director	10–15	10–15	0	0	0	0	0	0	0
Colin Glass, Non-Executive Director	5–10	10–15	0	0	0	0	0	0	0
Sir John Baker CBE, Non-Executive Director Designate	0–5	0	0	0	0	0	0	0	0
Jeremy Loyd, Non-Executive Director Designate	0–5	0	0	0	0	0	0	0	0
Sir Geoffrey Mulcahy, Non-Executive Director Designate	0–5	0	0	0	0	0	0	0	0
<b>Directors</b>									
Mark Gammage, Director of HR and Organisational Development <sup>1</sup>	60–65	120–125	0	0	52.5–55.0	45.0–47.5	0	192	192
Catherine Mooney, Director of Governance & Corporate Affairs	85–90	80–85	0	0	120.0–122.5	2.5–5.0	538	523	(43)
Alexander Geddes, Director of Information management & Technology <sup>3</sup>	0	55–60	25–30	0	0	0	0	0	0
Amit Khutti, Director of Strategy and Service Planning <sup>4</sup>	10–15	80–85	0	0	15.0–17.5	(2.5)–0	42	34	(11)
Lucy Hatfield, Director of Strategy and Service Planning <sup>5</sup>	75–80	0	0	0	0	0	0	0	0
Axel Heitmueller, Director of Strategy and Service Planning <sup>6</sup>	25–30	0	0	0	0–2.5	0–2.5	0	3	3
William Gordon, Director of Information Management and Technology	80–85	45–50	0	0	0	0	0	0	0
Neil Callow, Deputy Director of Finance <sup>7</sup>	0	10–15	0	0	0	0	0	0	0
Kelda Alleyne, Deputy Director of Finance <sup>8</sup>	85–90	60–65	0	0	2.5–5.0	0–2.5	11	22	10

#### Notes to senior managers' salary and pension table

<sup>1</sup> Covered maternity leave of the Deputy Chief Executive until 31 Oct 2010—paid via Dearden Consulting Ltd for this period. From 1 Nov 2011 reverted to Director of HR, paid via Dearden Consulting Ltd until joined Trust payroll in March 2011. Cost reported until 28 Feb 2011 is therefore full cost to the Trust. Mark Gammage is Managing Director of Dearden Consulting Ltd.

<sup>2</sup> Paid via Delphi Consulting Ltd for this period therefore cost reported is full cost to the Trust. Therese Davis is Managing Director of Delphi Consulting Ltd.

<sup>3</sup> Left the Trust in November 2009—other costs relate to payments made within a compromise agreement

<sup>4</sup> Left the Trust in May 2010

<sup>5</sup> Interim paid via agency between May and December 2010 therefore cost reported is full cost to the Trust

<sup>6</sup> Joined the Trust in December 2010

<sup>7</sup> Left the Trust in May 2009

<sup>8</sup> Joined the Trust in June 2009

## 5.2 The Late Payment of Commercial Debts (Interest) Act 1998

There were no amounts included within interest expense (note 7.2) arising from claims made under this legislation (2009/10—nil).

## 6. Loss on disposal of fixed assets

The loss on disposal of fixed assets was £0.05m (2009/10—£0.16m) consisting of various pieces of medical equipment decommissioned.

## 7. Finance

### 7.1 Finance income

	2010/11 £000	2009/10 £000
Interest on loans and receivables	112	95

### 7.2 Finance costs—interest expense

	2010/11 £000	2009/10 £000
Loans from Foundation Trust Financing Facility	331	482
Finance leases	122	131
Other	9	0
<b>Total</b>	<b>462</b>	<b>613</b>

## 8. Intangible assets

### 8.1 Intangible assets at the balance sheet date comprise the following elements

	Software licences £000
Cost or valuation at 1 Apr 2010	0
Additions—purchased	914
Additions—donated	0
Impairments	0
Reclassifications	5,186
Revaluation surpluses	0
Disposals	0
<b>Cost or valuation at 31 Mar 2011</b>	<b>6,100</b>
Amortisation at 1 Apr 2010	0
Provided during the year	25
Reclassifications	1,205
Revaluation surpluses	0
Disposal	0
<b>Amortisation at 31 March 11</b>	<b>1,230</b>
<b>Net book value</b>	
Owned at 31 Mar 2011	4,870
Finance lease at 31 Mar 2011	0
Donated at 31 Mar 2011	0
<b>NBV Total at 31 Mar 2011</b>	<b>4,870</b>

## 9. Property, plant and equipment

### 9.1 Property, plant and equipment at the balance sheet date comprises the following elements

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 Apr 2010	50,000	180,196	2,001	4,394	40,746	186	19,387	697	297,607
Additions—purchased	0	0	0	22,440	1,899	0	149	71	24,559
Additions—donated	0	0	0	0	50	0	0	0	50
Impairments charged to revaluation reserve	0	0	0	0	0	0	0	0	0
Reclassifications	0	7,641	0	(10,907)	693	0	(2,742)	129	(5,186)
Other revaluations	0	38,075	0	0	0	0	0	0	38,075
Disposals	0	(16)	0	0	(3,865)	(65)	(5,671)	(470)	(10,087)
<b>Cost or valuation at 31 Mar 2011</b>	<b>50,000</b>	<b>225,896</b>	<b>2,001</b>	<b>15,927</b>	<b>39,523</b>	<b>121</b>	<b>11,123</b>	<b>427</b>	<b>345,018</b>
Accumulated depreciation at 1 Apr 2010	0	0	0	0	21,967	65	9,154	482	31,668
Provided during the year	0	2,456	111	0	3,358	24	2,468	36	8,453
Impairment	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	(1,205)	0	(1,205)
Revaluation surplus	0	(2,203)	0	0	0	0	0	0	(2,203)
Disposal	0	(12)	0	0	(3,819)	(65)	(5,671)	(470)	(10,037)
<b>Accumulated depreciation at 31 Mar 2011</b>	<b>0</b>	<b>241</b>	<b>111</b>	<b>0</b>	<b>21,506</b>	<b>24</b>	<b>4,746</b>	<b>48</b>	<b>26,676</b>
<b>Net book value</b>									
Owned at 31 Mar 2011	50,000	220,450	0	15,927	17,056	1	6,377	379	310,190
Finance lease at 31 Mar 2011	0	0	1,890	0	353	0	0	0	2,243
Donated at 31 Mar 2011	0	5,205	0	0	608	96	0	0	5,909
<b>Total at 31 Mar 2011</b>	<b>50,000</b>	<b>225,655</b>	<b>1,890</b>	<b>15,927</b>	<b>18,017</b>	<b>97</b>	<b>6,377</b>	<b>379</b>	<b>318,342</b>
<b>Net book value</b>									
Protected assets at 31 Mar 2011	50,000	221,943	0	0	0	0	0	0	271,943
Unprotected assets at 31 Mar 2011	0	3,712	1,890	15,927	18,017	97	6,377	379	46,399
<b>Total at 31 Mar 2011</b>	<b>50,000</b>	<b>225,655</b>	<b>1,890</b>	<b>15,927</b>	<b>18,017</b>	<b>97</b>	<b>6,377</b>	<b>379</b>	<b>318,342</b>
<b>Net book value</b>									
Owned at 31 Mar 2010	50,000	176,005	0	4,394	17,614	1	10,233	215	258,462
Finance lease at 31 Mar 2010	0	0	2,001	0	490	0	0	0	2,491
Donated at 31 Mar 2010	0	4,191	0	0	675	120	0	0	4,986
<b>Total at 31 Mar 2010</b>	<b>50,000</b>	<b>180,196</b>	<b>2,001</b>	<b>4,394</b>	<b>18,779</b>	<b>121</b>	<b>10,233</b>	<b>215</b>	<b>265,939</b>
<b>Net book value</b>									
Protected assets at 31 Mar 2010	50,000	177,828	0	0	0	0	0	0	227,828
Unprotected assets at 31 Mar 2010	0	2,368	2,001	4,394	18,779	121	10,233	215	38,111
<b>Total at 31 Mar 2010</b>	<b>50,000</b>	<b>180,196</b>	<b>2,001</b>	<b>4,394</b>	<b>18,779</b>	<b>121</b>	<b>10,233</b>	<b>215</b>	<b>265,939</b>

## 10. Net book value of assets held under finance lease contracts at the Statement of Position date

### 10.1 Finance lease assets

	31 Mar 11 £000	31 Mar 10 £000
Dwellings	1,890	2,001
Plant and machinery	353	490

### 10.2 Total amount of depreciation charged to the Statement of Comprehensive Income in respect of assets held under finance lease

	2010/11 £000	2009/10 £000
Dwellings	111	34
Plant and machinery	137	137

Contingent rents charged to the Statement of Comprehensive Income in the period are not material.

## 11. Inventory

### 11.1 Inventories

	31 Mar 11 £000	31 Mar 10 £000
Raw materials & consumables	6,081	6,045

### 11.2 Inventories recognised in expenses

	31 Mar 11 £000	31 Mar 10 £000
Inventories recognised in expenses	45,027	42,864
Write-down of inventories as expense	0	1,100
<b>Total</b>	<b>45,027</b>	<b>43,964</b>

## 12. Trade receivables and other receivables

### 12.1 Current receivables

	31 Mar 11 £000	31 Mar 10 £000
NHS receivables	13,950	13,483
Provision for impaired receivables	(7,938)	(2,736)
Prepayments	1,422	837
Accrued income	337	901
Other receivables	7,783	6,132
<b>Total current trade and other receivables</b>	<b>15,554</b>	<b>18,617</b>

## 13. Impairment of receivables

### 13.1 Provision for impairment of receivables

	31 Mar 11 £000	31 Mar 10 £000
At 1 April	2,736	2,574
Increase in provision	9,326	1,165
Amounts utilised	(1,357)	(54)
Unused amounts reversed	(2,767)	(949)
<b>At 31 March</b>	<b>7,938</b>	<b>2,736</b>

### 13.2 Analysis of impaired receivables

	31 Mar 11 £000	31 Mar 10 £000
<b>Ageing of impaired receivables</b>		
Up to three months	3,919	133
In three to six months	139	678
Over six months	3,880	1,925
<b>Total</b>	<b>7,938</b>	<b>2,736</b>
<b>Ageing of non-impaired receivables past their due date</b>		
Up to three months	0	9,184
In three to six months	718	913
Over six months	0	4,117
<b>Total</b>	<b>718</b>	<b>14,214</b>

## 14. Trade and other payables

### 14.1 Current payables

	31 Mar 11 £000	31 Mar 10 £000
NHS payables	10,406	7,151
Trade payables—capital	4,688	395
Other trade payables	5,042	5,879
Other payables	6,393	5,386
Accruals	13,791	9,032
<b>Total current payables</b>	<b>40,320</b>	<b>27,843</b>

## 15. Other liabilities

### 15.1 Current

	31 Mar 11 £000	31 Mar 10 £000
Deferred income	6,745	4,863
Deferred Government grant	0	0
<b>Total other current liabilities</b>	<b>6,745</b>	<b>4,863</b>

### 15.2 Non-current

	31 Mar 11 £000	31 Mar 10 £000
Deferred income	6	0
Deferred Government grant	364	3,450
<b>Total other non-current liabilities</b>	<b>370</b>	<b>3,450</b>

## 16. Borrowings

### 16.1 Current borrowings

	31 Mar 11 £000	31 Mar 10 £000
Loans from Foundation Trust Financing Facility	0	756
Obligations under finance leases	169	163
<b>Total current borrowings</b>	<b>169</b>	<b>919</b>

### 16.2 Non-current borrowings

	31 Mar 11 £000	31 Mar 10 £000
Loans from Foundation Trust Financing Facility	12,525	4,161
Obligations under finance leases	2,294	2,463
<b>Total non-current borrowings</b>	<b>14,819</b>	<b>6,624</b>

## 17. Finance lease

### 17.1 Finance lease obligations

	31 Mar 11 £000	31 Mar 10 £000
<b>Gross lease liabilities</b>	<b>3,296</b>	<b>3,563</b>
of which liabilities are due:		
• not later than one year	271	267
• later than one year and not later than five years	848	971
• later than five years	2,177	2,325
	3,296	3,563
<b>Less: finance charges allocated to future periods</b>	<b>(833)</b>	<b>(937)</b>
<b>Net lease liabilities</b>	<b>2,463</b>	<b>2,626</b>
of which liabilities are due:		
• not later than one year	176	163
• later than one year and not later than five years	555	646
• later than five years	1,732	1,817

### 17.2 Finance lease commitments

	31 Mar 11 £000	31 Mar 10 £000
Minimum payments	3,277	3,563
Number of years of commitment	17	18

## 18. Prudential Borrowing Limit (PBL)

	31 Mar 2011		31 Mar 2010	
	Authorised £000	Actual £000	Authorised £000	Actual £000
Total long term borrowing	42,200	14,988	56,700	7,543
Working capital facility	20,000	0	20,000	0
<b>Total</b>	<b>62,200</b>	<b>14,988</b>	<b>76,700</b>	<b>7,543</b>

Disclosure of the actual working capital facility as at 31 March 2011 and 31 March 2010 is the amount drawn down whereas in prior years the available facility was disclosed.

Financial ratios	Prudential borrowing limits	IFRS 31 Mar 2011		IFRS 31 Mar 2010	
		Approved PBL ratio	Actual PBL ratio	Approved PBL ratio	Actual PBL ratio
Minimum dividend cover (times)	>1.0x	4.1x	3.5x	3.9x	2.7x
Minimum interest cover (times)	>3.0x	40.7x	70.0x	49.7x	38.5x
Minimum debt service cover (times)	>2.0x	20.1x	5.7x	5.7x	3.7x
Maximum debt service to revenue (%)	<3.0%	0.5%	1.7%	2.1%	2.0%

The Trust is required to comply and remain within a Prudential Borrowing Limit. This is made up of two elements:

- the maximum cumulative amount of long term borrowing. This is set by reference to the four ratio tests set out in the Prudential Borrowing Code for NHS foundation trusts. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit, and
- the amount of any working capital facility approved by Monitor.

Further information on the Prudential Borrowing Code for NHS foundation trusts and Compliance Framework can be found on Monitor's website.

## 19. Provisions for liabilities and charges

### 19.1 Current provisions

	31 Mar 11 £000	31 Mar 10 £000
Pensions relating to other staff	3	42
Other provisions including short term employee benefit	2,383	1,854
<b>Total current provisions</b>	<b>2,386</b>	<b>1,896</b>

### 19.2 Non-current provisions

	31 Mar 11 £000	31 Mar 10 £000
Pensions relating to other staff	408	411
Other provisions including short term employee benefit	48	48
<b>Total non-current provisions</b>	<b>456</b>	<b>459</b>

### 19.3 Provisions for liabilities and charges analysis

	Pensions— other staff £000	Others incl employee benefit £000	Total provision £000
At 1 April 2010	453	1,902	2,355
Arising during the year	0	500	500
Utilised during the year	(13)	0	(13)
Reversed unused	(29)	29	0
<b>At 31 Mar 2011</b>	<b>411</b>	<b>2,431</b>	<b>2,842</b>
<b>Expected timing of cash flows:</b>			
Not later than one year	3	2,383	2,386
Later than one year and not later than five years	12	0	12
Later than five years	396	48	444
<b>Total</b>	<b>411</b>	<b>2,431</b>	<b>2,842</b>

## Clinical Negligence Liabilities

Amount included in provisions of the National Health Service Litigation Authority at 31 March 2011 in respect of clinical negligence of the Trust is £46.26m (2009/10—£40.48m).

## 20. Cash and cash equivalents

	31 Mar 11 £000	31 Mar 10 £000
Balance at 1 Apr 2010	19,861	32,053
Net change in year	18,912	(12,192)
<b>Balance at 31 Mar 2011</b>	<b>38,773</b>	<b>19,861</b>
<b>Comprising:</b>		
Cash at commercial banks and in hand	46	742
Cash with the Government Banking Service	38,727	19,119
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>38,773</b>	<b>19,861</b>

## 21. Third party assets

The Trust held £0.02m cash at bank at 31 March 2011 (2009/10—£0.05m) which relates to monies held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts.

## 22. Revaluation reserve

	31 Mar 11 £000	31 Mar 10 £000
Revaluation reserve at 1 Apr	55,696	91,320
Revaluation gains/(losses) and impairment losses on property, plant and equipment	39,219	(35,624)
Asset disposals	(124)	0
<b>Revaluation reserve at 31 Mar</b>	<b>94,791</b>	<b>55,696</b>

## 23. Contractual capital commitments

Commitments under capital expenditure contracts at 31 March 2011 were £6.0m (2009/10—£0.5m).

## 24. Events after the reporting period

There have been no events after the reporting period since the Statement of Position date.

## 25. Contingencies

There were no contingent liabilities at the Statement of Position date.

## 26. Related party transactions

Chelsea and Westminster Hospital NHS Foundation Trust is a public benefit corporation established by the order of the Secretary of State for Health. Government Departments and their agencies are considered by HM Treasury as being related parties. No funds are held in trust by Chelsea and Westminster Hospital NHS Foundation Trust on behalf of the Chelsea and Westminster Health Charity, but are held by the Trustees who prepare the Charity's accounts independently of the Trust. There were related party transactions for HR consultancy services between Dearden and the Trust during the year, however the balances and transactions were not material. Mark Gammage, Director of Human Resources and Organisational Development, is Managing Director of Dearden.

## 27. Significant related parties

### 27.1 Related party transactions

	31 Mar 2011	
	Income £000	Expenditure £000
<b>Main commissioners</b>		
Kensington and Chelsea PCT	60,005	20
Croydon PCT	50,526	6
Hammersmith and Fulham PCT	38,761	15
Wandsworth PCT	29,561	217
Westminster PCT	23,591	103
NHS London	22,613	0
Ealing PCT	9,398	0
Hounslow PCT	7,352	0
London Specialised Commissioning Group	5,109	0
Richmond and Twickenham PCT	4,792	0
Lambeth PCT	4,595	0
Brent PCT	4,136	0
Department of Health	3,382	0
Imperial College Healthcare NHS Trust	3,293	16,519
<b>Other government departments and central bodies:</b>		
HM Revenue & Customs	0	41,902
NHS Business Services Authority	0	5,536
NHS Litigation Authority	0	5,143

### 27.1 Related party balances

	31 Mar 2011	
	Accounts Receivable £000	Accounts Payable £000
<b>Main Commissioners</b>		
Hammersmith and Fulham PCT	1,580	67
Kensington and Chelsea PCT	1,358	0
Hounslow PCT	1,088	0
Wandsworth PCT	973	113
Ealing PCT	663	83
Croydon PCT	586	3,126
Westminster PCT	465	74
NHS London	359	91
Imperial College Healthcare NHS Trust	322	1,906
Brent PCT	203	60
Department of Health	54	550
<b>Other government departments and central bodies:</b>		
HM Revenue & Customs	0	3,637
NHS Business Services Authority	0	539

## 28. PFI schemes

The Trust is not party to any PFI schemes.

## 29. Losses and special payments

There were 1,232 cases of losses and special payments (2009/10—68 cases) totalling £1.6m (2009/10—£0.06m) for the year ended 31 March 2011. The amounts reported as losses and special payments are reported on an accruals basis but excluding provisions for future losses.

## 30. Financial instruments

IAS 32 (Financial Instruments: Disclosure and Presentation), IAS 39 (Financial Instrument Recognition and Measurement) and IFRS 7 (Financial Instruments: Disclosures) require disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes. Because of the continuing service provider relationship the Trust has with primary care trusts and the way those primary care trusts are financed, the Trust is not exposed to the degree of financial risk faced by non NHS business entities.

The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Finance and Investment Committee manages the Trust's funding requirements and financial risks in line with the Board approved treasury policies and procedures and their delegated authorities.

The Trust's financial instruments comprise loans, finance lease obligations, provisions, cash at bank and in hand and various items, such as trade debtors and trade creditors, that arise directly from its operations. The main purpose of these financial instruments is to raise finance for the Trust's operations.

## 31. Categories of financial instruments

### 31.1 Financial assets

	31 Mar 11 £000	31 Mar 10 £000
Loans and receivables (including cash)	52,905	37,641
<b>Total</b>	<b>52,905</b>	<b>37,641</b>

### 31.2 Financial liabilities

	31 Mar 11 £000	31 Mar 10 £000
Other financial liabilities (amortised cost)	53,992	34,262
<b>Total</b>	<b>53,992</b>	<b>34,262</b>

## 32. Financial instruments book value to fair value

### 32.1 Book values of financial assets & liabilities

	Book value 31 Mar 11 £000	Book value 31 Mar 10 £000
<b>Financial assets</b>	<b>38,773</b>	<b>19,861</b>
<b>Financial liabilities</b>		
Finance leases obligation for more than one year	2,294	2,463
Loans due in more than one year	12,525	4,161
<b>Total</b>	<b>14,819</b>	<b>6,624</b>

### 32.2 Fair values of financial assets & liabilities

	Fair value 31 Mar 11 £000	Fair value 31 Mar 10 £000
<b>Financial assets</b>	<b>38,773</b>	<b>19,861</b>
<b>Financial liabilities</b>		
Finance leases obligation for more than one year	2,294	2,463
Loans due in more than one year	12,525	4,161
<b>Total</b>	<b>14,819</b>	<b>6,624</b>

As allowed by IFRS 7, short term trade debtors and payables measured at amortised cost may be excluded from the above disclosure as their book values reasonably approximate their fair values.

### 33. Liquidity and interest risk tables

#### 33.1 Financial assets

	Weighted avg interest rate (%)	Less than 1 year £000	1–2 years £000	2–5 years £000	More than 5 years £000	Total £000
Non-interest bearing		14,132	0	0	0	14,132
Fixed interest rate instrument	0.45%	38,773	0	0	0	38,773
Variable interest rate instrument		0	0	0	0	0
<b>Gross financial assets at 31 Mar 2011</b>		<b>52,905</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>52,905</b>
Non-interest bearing		17,780	0	0	0	17,780
Fixed interest rate instrument	0.45%	19,861	0	0	0	19,861
Variable interest rate instrument		0	0	0	0	0
<b>Gross financial assets at 1 Apr 2010</b>		<b>37,641</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37,641</b>

#### 33.2 Financial liabilities

	Weighted avg interest rate (%)	Less than 1 year £000	1–2 years £000	2–5 years £000	More than 5 years £000	Total £000
Non-interest bearing		36,239	0	0	0	36,239
Finance lease liability	3.84%	286	286	667	1,853	3,092
Fixed interest rate instrument	3.06%	0	783	4,697	7,045	12,525
Provisions under contract	0.33%	2,366	12	36	352	2,766
<b>Gross financial liabilities at 31 Mar 2011</b>		<b>38,891</b>	<b>1,081</b>	<b>5,400</b>	<b>9,250</b>	<b>54,622</b>
Non-interest bearing		24,441	0	0	0	24,441
Finance lease liability	3.50%	267	271	699	2,327	3,564
Fixed interest rate instrument	4.85%	756	756	756	2,649	4,917
Provisions under contract		1,867	42	42	327	2,278
<b>Gross financial liabilities at 1 Apr 2010</b>		<b>27,331</b>	<b>1,069</b>	<b>1,497</b>	<b>5,303</b>	<b>35,200</b>

#### 34. Interest rate risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Chelsea and Westminster Hospital NHS Foundation Trust was not, therefore, exposed to significant interest rate risk.

#### 35. Liquidity risk

The Trust's net operating costs are mainly incurred under legally binding contracts with primary care trusts, which are financed from resources voted annually by Parliament. This provides a reliable source of funding stream which significantly reduces the Trust's exposure to liquidity risk.

The Trust also manages liquidity risk by maintaining banking facilities and loan facilities to meet its short and long term capital requirements through continuous monitoring of forecast and actual cash flows.

In addition to internally generated resources the Trust finances its capital programme through a loan facility, while the working capital is backed by a committed facility of £20m, unutilised at 31 March 2011. Details are included in note 18.

#### 36. Credit risk

Credit risk exists where the Trust can suffer financial loss through default of contractual obligations by a customer or counterparty.

Trade debtors consist of high value transactions with primary care trusts under contractual terms that require settlement of obligation within a time frame established generally by the Department of Health. Other trade debtors include private and overseas patients, spread across diverse geographical areas. Credit evaluation is performed on the financial

condition of accounts receivable and, where appropriate, sufficient prepayment is required to mitigate the risk of financial loss.

Credit risk exposures of monetary financial assets are managed through the Trust's treasury policy which limits the value that can be placed with each approved counterparty to minimise the risk of loss. The counterparties are limited to the approved financial institutions with high credit ratings. Limits are reviewed regularly by senior management.

The maximum exposure of the Trust to credit risk is equal to the total trade and other receivables within Note 12.

#### 37. Operating Segments

The Board of Directors is of the opinion that the Trust's operating activities fall under the single heading of healthcare for the purpose of operating segments disclosure. IFRS 8 requirements were considered and the Trust has determined that the Chief Operating Decision Maker is the Trust Board of Chelsea and Westminster Hospital NHS Foundation Trust. It is the responsibility of the Trust Board to formulate financial strategy and approve budgets.

Significant operating segments that are reported internally are the ones that are required to be disclosed in the financial statements. There is no segmental reporting for revenue, assets or liabilities to the Trust Board. Expenditure is reported by segment to the Trust Board. However those segments fully satisfy the aggregation criteria to be one reportable segment as per IFRS 8. Therefore all activities of the Trust are considered to be one segment, 'Healthcare', and there are no individual reportable segments on which to make disclosures.



Choose  
**Chelsea and  
Westminster**

Chelsea and Westminster Hospital   
NHS Foundation Trust

369 Fulham Road  
London  
SW10 9NH

**Main Switchboard**  
+44 (0) 20 8746 8000

**Website**  
[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)

## Council of Governors Meeting 14th July 2011

<b>AGENDA ITEM NO.</b>	2.2/Jul/11
<b>PAPER</b>	Audited Annual Accounts 2010/11
<b>AUTHOR</b>	Lorraine Bewes, Executive Director of Finance
<b>LEAD</b>	Lorraine Bewes, Executive Director of Finance
<b>PURPOSE</b>	To present the Audited Annual Accounts for 2010/11
<b>LINK TO OBJECTIVES</b>	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future' programme
<b>RISK ISSUES</b>	None noted
<b>FINANCIAL ISSUES</b>	<p>The Trust reported a surplus of £13.8m on a turnover of £331m for the year ended 31 March 2011 which was £1.4m better than plan.</p> <p>This delivered the highest level Monitor Financial Risk Rating of 5 which is the equivalent of an excellent rating for use of resources by the Care Quality Commission.</p> <p>This delivery was underpinned by the successful achievement of the Trust's cost improvement plan of £22.6m (10% of controllable expenditure).</p> <p>The Trust met its private patient cap of 3.7% and did not exceed any of its prudential borrowing limit ratios, which is a requirement of its authorisation.</p> <p>The Trust invested £25.5m in capital schemes during 2010/11. This included the following schemes:</p> <ul style="list-style-type: none"> <li>• Netherton Grove project, 2 floor extension</li> <li>• Plant infrastructure upgrade, Combined Heat &amp; Power Cooling</li> <li>• New Adult Outpatient facility lower ground floor</li> <li>• Medical equipment</li> <li>• IT systems and infrastructure</li> </ul>

	<p>The overall value of the fixed asset estate increased by £42m to £275m largely due to the revaluation of buildings by the external valuer.</p> <p>The Trust achieved all its cash flow and targets for 2010/11.</p>		
<b>OTHER ISSUES</b>	None noted		
<b>LEGAL REVIEW REQUIRED?</b>	No		
<b>EXECUTIVE SUMMARY</b>	<p>This paper covers the audited Annual Accounts for the year ended 31<sup>st</sup> March 2011 which are set out at the Finance section p.72 followed in the Annual Report and Accounts 2010/11.</p> <p>The Accounts attached were approved by the Trust Board on 26<sup>th</sup> May 2011.</p>		
<b>DECISION/ ACTION</b>	The Council of Governors is asked to adopt the Annual Accounts for the financial year ended 31 <sup>st</sup> March 2011.		
<b>DISTRIBUTION</b>	Board only <input type="checkbox"/>	Trust Exec <input type="checkbox"/>	General <input checked="" type="checkbox"/>

Chelsea & Westminster Hospital  
NHS Foundation Trust

Report to the 24 May 2011 Audit  
Committee on the audit of the  
year ended 31 March 2011

Final report

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# Executive summary

We have pleasure in setting out in this document our report to the Audit Committee of Chelsea & Westminster Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2011 for discussion at the meeting scheduled for 24 May 2011. This report summarises the principal matters that have arisen from our audit for the year ended 31 March 2011.

This summary is not intended to be exhaustive but highlights the most significant matters to which we would like to bring your attention. It should, therefore, be read in conjunction with the report and the appendices thereto.

## Key findings on audit risks and other matters

We issued our audit plan for the year ended 31 March 2011 on the 8 January 2011. This plan identified the following five key audit risk areas and documented our approach to testing these areas:

- 1) recording revenue through payment by results and CQUIN;
- 2) recoverability of NHS receivables;
- 3) compliance with updated guidance on the private patient cap; and
- 4) capital investment programme and valuation of property.

We have also identified one value for money risk in relation to the financial position of the Trust which we have documented in Section 5.

Section 1

## Audit status

We are satisfied that the status of the audit is as expected at this stage of the timetable agreed in our audit plan. The audit timetable for the Trust is accelerated compared to other Trusts in the Sector. We have met this timetable and at the date of issuing this report our audit work is substantially complete. The following are the remaining areas we are required to complete to finalise the audit:

- 1) our review of events since the 31 March 2011; and
- 2) receipt of signed management representation letter.

Please be aware that it is standard practice to have these two points as outstanding on our Audit Committee paper as we will be unable to finalise these areas until up to the point the financial statements are signed.

We are satisfied that none of the outstanding areas of audit work, or any outstanding query, is individually material. On satisfactory completion of the outstanding matters, we anticipate issuing an unmodified audit opinion on the truth and fairness of the financial statements.

## Key findings on other issues

Our work during the final audit identified two other issues which were not considered to be key audit risks but for which we have provided additional information for the benefit of the Audit Committee:

- 1) the accounting treatment of healthcare at home drugs; and
- 2) the change in the International Accounting Standard ("IAS") for the treatment of impairment.

Section 2

## Accounting policies and financial reporting

As part of our audit, we consider the quality and acceptability of the Trust's accounting policies and financial reporting. We have noted no significant issues in this area.

# Executive summary (continued)

## Identified misstatements and disclosure deficiencies

Audit materiality was set at £3.1 million based on total income (2009/10 £2.9 million).

Identified uncorrected misstatements increase the reported surplus and net assets of the Trust by £0.2m.

Management has concluded that the total impact of the uncorrected misstatements and disclosure deficiencies, both individually and in aggregate, is not material in the context of the financial statements taken as a whole.

Appendix 1

## Accounting and internal control systems

As part of our audit, we consider the accounting and internal control systems. We have noted the following key recommendations:

- evidence of review of journals;
- creating a key performance indicator for internal coding audits;
- compliance with technical guidance;
- signing of contract agreements;
- increased controls to help identify related party transactions;
- review of goods received not invoiced ("GRNI") report;
- controls to mitigate risk of expired pharmacy stock; and
- use of shared accounts for administrative purposes.

Section 3

## Value for money conclusion

As part of our audit we have undertaken "high level" interviews and reviewed supporting evidence enabling us to form a conclusion on the Value for Money ("VfM") arrangements.

We have completed our work in this area and do not anticipate reporting any matters within our audit report in respect of the Trust's overall VfM arrangements.

Section 5

## Quality reports

Since our Audit Plan was issued on 8 January 2011 we have received additional guidance from Monitor on the requirements of Quality Reports. We have prepared a separate paper for the Audit Committee on 24 May 2011 documenting our findings from this work.

Separate paper

## Looking forward

Since the presentation of our audit plan on 8 January 2011, there have been potentially significant developments in the following areas which we believe should be brought to the attention of the Audit Committee:

- the potential removal of the donated assets reserve applicable for the 2011/12 financial statements;
- an update on a recent VAT tribunal that may enable the Trust to recover funds;
- Health and Social Care Bill: changes to the governance arrangements of Foundation Trusts;
- Monitor's changes to the Compliance Framework for 2011/12; and
- publication of the Audit Code for NHS Foundation Trusts.

Section 6

# 1. Key audit risks

## Recording revenue through payment by results and CQUIN

### Background

The majority of Trust operating income is earned under the Payment by Results ("PbR") framework. The tariff now provides for only marginal prices to be applied to some activity where you have reached an agreed baseline level. This presents additional information quality demands on the Trust to track relevant activity and know when marginal rather than full tariff prices start to apply.

Whilst the Audit Commission's most recent inspection into PbR data, in 2009/10, found that the level of coding error at your Trust was not significantly different to the national average, this remains an area of significant audit risk in view of the volume of transactions and complexity around coding.

With the CQUIN regime as well, where elements of the Trust's income is dependent on meeting certain agreed performance quality improvement targets, this presents an additional risk around the fair recognition of PCT income in the annual accounts.

### Deloitte response

We assessed the design and tested the implementation of the controls that the Trust has in place to mitigate this risk.

We understand that in 2009/10 the Trust was subject to a clinical coding audit undertaken by the Audit Commission. This audit demonstrated that the trend for improved performance in the accuracy of coding by the Trust had continued in 2009/10 and exceeded the national average.

We understand that the Trust performed well in the 2009/10 clinical audit, demonstrating an accuracy of coding which exceeded the national average, and was not subject to a clinical coding audit in 2010/11. We have taken some assurance from the Trust's performance in this area, but in addition have performed the following procedures.

We have engaged our IT specialists to perform a review of the automated controls and information flow through the PbR systems. These procedures included a review of the interface between key patient coding systems (e.g. LastWord), and the Data Warehouse in which data is held. We have further considered the flow of information from the Data Warehouse to the reports generated through business object reports used to determine activity levels for the period for billing to PCTs.

In addition we have performed the following procedures on the significant income balances:

- agreement of baseline contracted activity to the underlying contract documents;
- detailed testing of activity reports with tracing to subsequent billing invoices; and
- review of the recovery of overperformance amounts billed by the Trust.

Based on the procedures performed no issues were noted over the level of PbR income recognised in the period.

We did note though that a number of contracts with PCTs for the 2010/11 period had not been signed by the PCT and therefore had to perform alternative procedures to gain assurance over the contracted baseline activity. We have made a recommendation to the Trust in respect of the timely signing and agreement of contract income.

# 1. Key audit risks (continued)

## Recoverability of NHS receivables

### Background

Whilst PbR has had the effect, nationally, of reducing the level of disputed balances with PCTs, this remains a key area of judgement and significant audit risk. At 31 March 2011 the Trust recognised a gross NHS receivables balance of £14.0 million (31 March 2010: £13.5 million) and a provision relating to impaired NHS receivables (excluding NHS injury scheme) of £5.9 million (31 March 2010: £0.8 million).

### Deloitte response

We assessed the design and tested the implementation of the controls that the Trust has in place to mitigate this risk.

We have obtained an analysis of the top 20 NHS debtors which together comprise £10.7 million of the total £14.0 million NHS debtor balance (including accrued balances).

We have considered the proportion of this debt which has been agreed by the Primary Care Trusts ("PCTs") during the agreement of balance exercise ("AoB").

We have also considered the provisions held against NHS receivables in order to establish the Trust's exposure on this balance. A summary of this analysis is included below:

Total NHS receivables	Balances agreed as part of AoB	Provisions held by the Trust at 31 March 2011	Trust Exposure at 31 March 2011
£'000	£'000	£'000	£'000
[1]	[2]	[3]	[1] – [2] – [3]
13,950	2,675	5,945	5,330

To gain assurance over the Trust's exposure on the NHS receivables balance we have performed the following procedures:

- We have reviewed the year-end AoB responses for a sample of receivables and have noted that the disputed and unprovided debt substantially relates to month 10-12 overperformance where the PCT has disputed the balance as it does not have the final information to enable it to agree it.
- For a sample of debts, in order to assess the recoverability of the year end overperformance receivable, we have reviewed the recovery and analysed the trend of over performance throughout the year.

We note that, while the Trust is exposed to unprovided debt as at year-end, this debt substantially relates to current debt. We consider management expectation of the recovery of these amounts to be reasonable based on procedures performed and consider the NHS debtors position to be appropriately provided against. We have included a specific representation in relation to NHS receivables in our management representation letter in Appendix 3.

# 1. Key audit risks (continued)

## Compliance with updated guidance on the private patient cap

### Background

The private patient cap ("the cap") limits the amount of private patient work that NHS Foundation Trusts can carry out in proportion to their total activity. The level of the cap is defined in each NHS Foundation Trust's terms of authorisation as agreed with Monitor. In February 2010 Monitor published revised rules and guidance on how the private patient income cap should be operated by NHS Foundation Trusts with effect from 1 April 2010. The revision was implemented as a result of a High Court judgment in December 2009 which determined that the current interpretation by Monitor of the types of income that should be included as private patient income for the purposes of the cap was not valid.

In addition to amending the interpretation of private charges for 2010/11, the guidance requires a recalculation of the base year to take account of the amended guidance. There is a risk that private patient income will be recorded incorrectly to avoid the Trust breaching the cap.

As at 31 March 2011 the Trust has restated its base year cap to 3.7% and recorded a 2010/11 private patient income proportion of 3.7%.

### Deloitte response

We assessed the design and tested the implementation of the controls that the Trust has in place to mitigate this risk.

We have reviewed the Trust's restatement of its base year cap calculation under Monitor's revised guidance, 'Private Patient Income Cap – revised and updated rules' published on 10 February 2010. The recalculation resulted in the Trust's private patient cap increasing by 0.2% from 3.5% to 3.7%. The increase resulted from the inclusion of income from overseas patients from countries for which there is non-reciprocal agreement, and the exclusion of amenity bed charges (NHS patients who are offered private maternity facilities). We consider the restatement of the base year cap to be consistent with the updated guidance as issued by Monitor.

We have reviewed the Trust's calculation of the 2010/11 performance against the private patient cap and note that private patient income represented 3.7% of patient related income, against the restated private patient income cap of 3.7%. We have performed a recalculation of the private patient income percentage based on audited balances and considered it to be consistent with the underlying financial information.

We have undertaken substantive analytical procedures and detailed testing on private patient income for 2010/11, including a review of other income account balance transaction listings to check the completeness of the income classified as private patient. We consider the amounts included within private patient income to be consistent with the requirements under the revised Monitor guidance.

We have also reviewed the private patient income cap disclosure and consider this to be consistent with the guidance set out in Monitor's Annual Reporting Manual.

# 1. Key audit risks (continued)

## Capital investment programme and valuation of property

### Background

The Trust revalued its estate in 2009/10, recording an impairment charge of £38 million. In 2010/11, under accounting rules the Trust would not normally need to carry out a further revaluation of its estate, but this is subject to concluding that there has been no material change to values.

There continues to be volatility in property market prices and building costs in the current economic environment which impact on asset values.

In addition, where there has been significant spend on an existing asset, there is a risk that the value of the asset may not support the value of the additional spend. Recent expenditure on assets which did not give rise to a commensurate increase in the value was a key component of the impairment charge of £38 million which the Trust recorded in 2009/10.

As at 31 March 2011 the Trust has recorded capital asset additions of £24.6 million and had an assets under construction balance of £15.9 million. We understand that the intention of the Trust's capital programme is to improve the hospital, add more space and increase service potential. However, there is a risk that assets completed in the year may need to be impaired, leading to a revenue impact on the Trust ("impairment risk").

The Trust set itself a challenging cost improvement programme and therefore we have identified a second area of audit risk in relation to the recording of revenue expenditure on its estate as capital expenditure ("recording of revenue expenditure risk").

### Deloitte response

During the interim audit we assessed the design and tested the implementation of the controls that the Trust has in place to mitigate this risk.

#### Impairment risk

We were informed by management that a valuation of the Main Hospital Building and the St Stephens Centre was carried out as at 31 March 2011 by Montagu Evans. The result of this valuation exercise was an assessment by the Trusts' valuers that buildings price indices had gone up by 24% during the year leading to an upward revaluation of £40 million as at 31 March 2011.

We consulted our valuation specialists, Drivers Jonas Deloitte ("DJD") who identified that the main reason for the significant increase is due to a change in the reporting standard used by the Trust's valuers from the red book BCIS index, which was used as at 31 March 2010, to the more current electronic BCIS index.

We were able to conclude that the current valuation as at 31 March 2011 includes assets that were completed in the year and appears to be at a level we would expect to be reasonable in the market as at this date.

#### Recording of revenue expenditure risk

We reviewed the Trust's internal guidance and policies on the capitalisation of expenditure and on the review and authorisation of significant items of capital spend.

We have performed focused substantive testing on the capital additions balance, no issues were noted as a result of our testing.

## 2. Other issues

Our work during the final audit identified two other issues which were not considered to be key audit risks but for which we have provided additional information for the benefit of the Audit Committee.

### The accounting treatment of healthcare at home drugs

#### Background

During our audit planning meeting we were made aware that the Trust was considering changing its accounting policy in relation to the treatment of healthcare at home drugs.

The current treatment is to recognise the entire expense on the issue of the drugs; the Trust was proposing to defer the expense and recognise a prepayment where the drug issue related in part to post year end.

#### Deloitte response

We have reviewed the Trust's proposition to defer expenditure on the healthcare at home drugs. At 31 March 2011 the healthcare at homes drug expenditure was not material and there was insufficient evidence for us to be able to conclude that this expenditure should be deferred.

The Trust has not deferred any expenditure in relation to healthcare at home drugs in its 2010/11 financial statements and therefore no adjustment is required.

The Trust expects this balance to increase and therefore management intends to revisit the accounting treatment of this is in the near future.

We are satisfied that the current accounting treatment is consistent with other NHS organisations and that the year end balance is not significant. We will review management's detailed consideration of this matter going forward.

### The change in the International Accounting Standard ("IAS") for the treatment of impairment

#### Background

Monitor has published guidance in its Annual Reporting Manual on a change in accounting policy in relation to impairments and the way they should be treated under International Accounting Standard 36 "impairment of assets" ("IAS 36").

The Annual Reporting Manual states that:

Impairments arising from consumption of economic benefits or service potential in accordance with the requirements of the FReM, this manual adopts the following divergence from IAS 36.

5.24. Where an impairment loss arises from a clear consumption of economic benefits or service potential, the loss is recognised in operating expenses.

5.25. However, to ensure that the foundation trust's reserves are in the same position as if IAS 36 applied, an amount should be transferred from the revaluation reserve to the income and expenditure reserve. This transfer is the lower of:

- (i) the amount of the impairment loss charged to expenses or
- (ii) the balance on the revaluation reserve in respect of the asset.

5.26. This revised accounting treatment represents a change in accounting policy and should be applied retrospectively through a prior period adjustment.

We note that the Trust has recorded an upward valuation to its revaluation reserve of £37.3 million in its 2010/11 draft financial statements. However, in 2009/10 the Trust recorded an impairment of £38.2 million against its revaluation reserve.

#### Deloitte response

The Trust has provided us with an accounting paper documenting the nature of the 2009/10 impairment. We understand and agree the Trust's rationale that the nature of the impairment related to price changes and therefore, the treatment of the impairment through the revaluation reserve in 2009/10 is considered to be appropriate and no prior year adjustment is required.

# 3. Accounting and internal control systems

## Financial control observations

During the course of our audit we identified a number of control observations, the most significant of which are detailed below:

### Evidence of review of journals

<b>Observation</b>	We noted two journals for which we were unable to see evidence of review prior to posting. Through discussions with management we understand that the journals were reviewed at the point of posting with documentation to this effect; however, we understand that the original journal posting sheet has since been misfiled.
<b>Recommendation</b>	<p>We recommend that management re-iterate the importance of the review of journals and adequate filing of signed journal posting sheets.</p> <p>We further recommend that management consider the feasibility of a move to a more automated journal authorisation process making use of functionality available on the Oracle financial system. A more automated process may include electronic sign-off or release of journals which would eliminate the need for manual signed paperwork.</p>
<b>Management response</b>	<p>Agreed: The Chief Management Accountant will re-iterate the importance of review and sign-off. Propose as an additional month-end check – that the reporting and consolidation accountant add an additional step to the month-end close checklist – which involves a review for completeness of journal filing and due diligence of supporting documentation, evidence of review, etc., and sample checks for evidence of review.</p> <p>Action: Mike Fox, June 2011</p> <p>We will consider with Patech, as part of our health-check review of Oracle implementing electronic sign-off and/or release of journals – for material journals, or those where it is deemed senior finance review is essential.</p> <p>Action: Kelda Alleyne, June 2011</p>

### Creating a key performance indicator for internal coding audits

<b>Observation</b>	As part of our review of the internal controls in place within the Coding Department we noted that the Head of Coding performs an audit on a sample basis of a selection of patient episodes to ensure the accuracy of coding and to identify any specific issues which may require subsequent follow up. We note that the internal audits conducted by the Head of Coding are not being performed at regular intervals during the year.
<b>Recommendation</b>	We recommend that management set a target for the number of patient episodes to be audited each month with performance monitored against this key performance indicator.
<b>Management response</b>	Agreed. The Head of Financial Planning will work with the Clinical coding Team to establish meaningful KPIs in this area. An ongoing programme of regular, structured internal audit to include quarterly audits will be drawn up and implemented once the practical arrangements for undertaking audits are in place.

### 3. Accounting and internal control systems (continued)

#### Financial control observations (continued)

##### Compliance with technical guidance

<b>Observation</b>	We note that following the publication of the updated guidance from Monitor in respect of the private patient cap ('Private Patient Income Cap – revised and updated rules') there was a delay in implementation of the revised guidance. Specifically we note that the Trust did not meet the notification deadline of 1 April 2010 to advise Monitor of the restated calculation of the private patient cap base year. Management has since had to obtain agreement from Monitor that the base year calculation can be amended.
<b>Recommendation</b>	We recommend that management monitor the latest technical guidance issued by Monitor and ensure this is acted upon in a timely fashion. The Trust should delegate a specific individual who should be responsible for reviewing Monitor publications and reporting to management on any matters which may be of relevance.
<b>Management response</b>	Agreed, In addition to sharing any technical publications updates from Audit committee with the senior finance team, the Head of Technical Accounts will be responsible for monitoring and ensuring awareness of any revisions that require consideration. Additional access to the Monitor portal will be reviewed to ensure access is available to appropriate personnel.

Action: Carol McLaughlin, June 2011

##### Signing of contract agreements

<b>Observation</b>	Our income testing identified that of the total block contract income of £184.3 million, £50.9 million relating to certain PCTs was not supported by contract documentation. This amount comprised of £834k of income for which no contract agreement had been signed, and a further £50.1 million of income for which the contract terms are covered by the North West London agreement, but for which no schedule of agreed values was included.
<b>Recommendation</b>	We recommend that the Trust ensure contracts are signed by all commissioners at the earliest opportunity in each financial year. Where contracts are signed by a lead PCT on behalf of its associates it should be ensured that the contract documentation includes schedules to support the agreed income balance for all PCTs covered by the agreement. We recommend that a key performance indicator be created on this point so that the Board is made aware of the unsigned contracts and the potential exposure for the Trust. This will enable contracts with PCTs which remain unsigned to be pursued further at senior management level.
<b>Management response</b>	Noted, the Board report includes a schedule of unsigned contracts.

### 3. Accounting and internal control systems (continued)

#### Financial control observations (continued)

##### Increased controls to help identify related party transactions

<b>Observation</b>	As part our review of internal controls to identify and properly disclose related party transactions we noted that the Trust currently rely on the register of interest to identify possible related parties. However, we note there are limited controls in place to identify whether any transaction with those parties have actually occurred in the year.
<b>Recommendation</b>	We recommend that an annual return is provided to the Trust's key management personnel requiring notification of any transactions between themselves, or those related to them, and the Trust. Clear guidance should be provided by the Trust to management personnel to ensure they are aware of what constitutes a related party transaction per IAS 24 ' <i>Related Party Disclosures</i> '.
<b>Management response</b>	Agreed, Financial Controller and Director of Governance and Corporate Affairs will prepare the guidance, September 2011.

##### Review of goods received not invoice ("GRNI") report

<b>Observation</b>	From our review of controls on the review of GRNI accrual, we identified that there are a number of items which are more than 3 months old on the GRNI listing. The Trust only accrues for items on the GRNI listing which are less than 3 months old, as it is expected that items more than 3 months old would have been matched to an invoice.
<b>Recommendation</b>	We recommend that management review the GRNI listing prior to the year end to ensure that old items which have been matched to an invoice are cleared from the listing. This will ensure that items remaining on the listing relate to valid accruals.
<b>Management response</b>	Agreed, a quarterly review will be added to the month-end close checklist. In addition, as part of the systems review – the reason for historic items remaining on GRNI – needs to be reviewed, to improve the process going forward. Action: Carol McLaughlin, September 2011

##### Miscoded and uninvoiced PCT income

<b>Observation</b>	As part of our detailed testing of private patient income we obtained an activity report of patients marked within LastWord as being private patients. Within our sample we identified one instance where the patient was in receipt of GUM services at the Dean Street Clinic. We understand that private services are not provided to GUM patients and accordingly no private patient income had been recognised by the Trust. We note though that as the patient was marked as a private patient within LastWord no amount had been billed to any PCT for the treatment spell. On review of the activity report we identified a total of 43 such patients who were marked as private but who received treatment at the Dean Street Clinic.
<b>Recommendation</b>	We recommend that the Information Team provide monthly reports to the private patient team which are reviewed for patients who have potentially been miscoded within LastWord. This should be performed on a timely basis to ensure the income can be billed to PCT's in advance of the data freeze date.
<b>Management response</b>	Agreed, the report will be extended to the Financial Planning team as well, June 2011

### 3. Accounting and internal control systems (continued)

#### Financial control observations (continued)

##### Controls to mitigate risk of expired pharmacy stock

<b>Observation</b>	As part of our stock count procedures we noted two lines of stock within our sample which included expired drugs. These drug items were held outside the main pharmacy robot (which stores high value stock items with controls around expiry dates) and were therefore not of significant value individually.
<b>Recommendation</b>	We recommend that management review the procedures around the identification, disposal and subsequent accounting treatment for expired drug stock. We recommend also that the Trust consider whether there are any clinical implications and whether sufficient and robust controls are in place to prevent dispensing of expired drugs.
<b>Management response</b>	<p>Noted, however we believe there is evidence to show that the Pharmacy Department already has sufficient and robust controls in place to provide assurance that there are no clinical or financial implications relating to the identification, disposal and subsequent accounting treatment for expired drug stock.</p> <p>There is a “housekeeping” programme for the robot that is run at the start of every month which identifies and expels any packs nearing their expiry date, and a procedure is in place to inform staff as to what action to take depending on the time to expiry. All shelf and fridge (non robot) items are checked for expiry dates on a monthly basis according to a documented procedure, and all items found to be expired are removed from the JAC stock holding. Daily, weekly and monthly counts of stock lines picked at random also take place and involve checking the expiry dates of the stock involved – where stock is found to be out of date it is expired off the JAC system. As a final safeguard, a further check of the expiry date is carried out when an item is either dispensed against a prescription or issued as a stock item.</p> <p>In addition to these measures, stock turnover is monitored on a monthly basis as part of the Pharmacy KPIs. The target optimum turnover value frequency is between 12-15 times per annum, where a turnover of &lt; 12 times per annum would indicate that stock is not being turned over frequently enough thus increasing the risk of stock expiring. For the financial year 2010-11 the average monthly turnover frequency was 15.9 times per annum.</p>

### 3. Accounting and internal control systems (continued)

#### IT control observations (continued)

##### Use of shared accounts for administrative purposes

<b>Observation</b>	<p>This recommendation has been carried forward from 2009/10.</p> <p><b>Oracle Application:</b></p> <p>The 3rd party service providers 'Patech' have generic SYSADMIN access to the Oracle financials application.</p> <p><b>UNIX Server:</b></p> <p>Generic accounts are used on the UNIX system. This includes generic third party access from Patech, DCG and Zanzibar.</p>
<b>Recommendation</b>	<p>We recommend that generic/shared accounts are not used for administrative purposes.</p>
<b>Management response</b>	<p>Oracle Applications Tier – Patech do not under normal circumstances have access to SYSADMIN for production. This, however, may be granted under abnormal circumstances where the finance community have agreed temporary access. Under these circumstances, the SYSADMIN password will be temporarily changed to accommodate this to perform dependent support work.</p> <p>UNIX Level - The generic accounts DCG and Patech are no longer active</p> <p>The Zanzibar account is in essence a low privilege account that is used in file transfer protocol data transfer.</p>

## 4. Other matters for communication

As part of our obligations under International Standards on Auditing (UK & Ireland), we are required to report to you on the matters listed below.

<b>Independence</b>	<p>We consider that we comply with APB Revised Ethical Standards for Auditors and that, in our professional judgement, we are independent and the objectivity of the audit engagement partner and audit staff is not compromised.</p> <p>If the Audit Committee wishes to discuss matters relating to our independence, we would be happy to arrange this.</p>
<b>Non-audit services</b>	<p>We are not aware of any breaches of APB Revised Ethical Standards for Auditors in relation to our supply of non audit services.</p>
<b>International Standards on Auditing (UK and Ireland)</b>	<p>We consider that there are no additional matters in respect of those items highlighted in our publication "Briefing on audit matters" circulated to the Trust in January 2011 to bring to your attention that have not been raised elsewhere in this report or our audit plan.</p>
<b>Liaison with Internal Audit</b>	<p>The audit team, following an assessment of the independence and competence of the internal audit team, reviewed the findings of internal audit and adjusted our audit approach as deemed appropriate. No issues were noted.</p>
<b>Fees</b>	<p>Details of the fees charged by Deloitte in the period from 1 April 2010 to 31 March 2011 is included in Appendix 2.</p>
<b>Written management representation</b>	<p>A copy of the representation letter to be signed on behalf of the board is included at Appendix 3. Non-standard representations have been included at points 17 and 18.</p>

# 5. Conclusion on Value for Money Arrangements

## Background

Monitor's Audit Code for NHS Foundation Trusts sets out a requirement that auditors must satisfy themselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The Audit Code advises that, in discharging this responsibility, auditors should take account of:

- The statement made by the chief executive of the NHS foundation trust as part of the statement on internal control/annual governance statement; and
- The results of work of relevant regulatory bodies e.g. the Care Quality Commission and Monitor.

We are required to review:

- The Trust's draft statement on internal control/annual governance statement 2010/11;
- The Trust's statement of registration with the Care Quality Commission; and
- Monitor's financial and governance risk rating.

In addition, we have assessed the Trust's arrangements for securing "value for money" against the minimum standards used by the Audit Commission to assess the performance of non-foundation trusts. This has been undertaken through interviews and a review of supporting documentation:

## Our Approach

We have reviewed, as part of our work, the results of any assessment or inspections during the year by external parties, such as Monitor or the Care Quality Commission. In addition, we have assessed the Trust's arrangements for securing "value for money" against the minimum standards used by the Audit Commission to assess the performance of non-foundation trusts. This has been undertaken through 'high level' interviews and a review of supporting evidence to enable us to reach our conclusions. Based on our interviews and review of documentation, we have found that the Trust has the minimum standards in place with respect to securing value for money.

## Significant risks

We identified one significant risk, the financial position of the Trust, in relation to the value for money work and we have set out the results of our work on this risk below:

### Financial position of the Trust

#### Background

In our audit plan, which was issued on 8 January 2011, we identified the following significant risk to the Trust:

Trusts face a number of financial challenges including the tightening funding environment, reduced payments for over performance and reductions in payments where quality targets are not met. Within the NHS Foundation Trust arena there is a high level of scrutiny from Monitor and other stakeholders which has meant that it is increasingly important for the Trust to perform well financially.

The Trust reported a net surplus of £13.8 million after the Public Dividend Capital dividend for the year ended 31 March 2011 (2009/10: £7million) and has planned surpluses totalling £35 million over the period of its three year revenue plan from 1 April 2010 to 31 March 2013.

The Trust is reliant on the successful delivery of a substantial cost improvement programme of between 5.1% and 7.4% of annual costs in order to offset a forecast fall in annual revenue over the three year period of £14 million and expected cost inflation in certain budgets. This saving is significantly higher than the average of Foundation Trust cost improvement plans which are showing 4.4% cost improvement in 2010-11.

## 5. Conclusion on Value for Money Arrangements (concluded)

### Financial position of the Trust (continued)

#### Deloitte response

We assessed the design and tested the implementation of the controls that the Trust has in place to mitigate this risk.

We have reviewed the financial performance of the Trust for the year under review through our audit testing on the Statement of Comprehensive Income. No issues were noted in our testing in relation to this risk.

The Trust is reporting a surplus of £13.8 million after the Public Dividend Capital dividend for the year ended 31 March 2011. This compares to a full year budget of £12.4 million. There has also been an increase in the cash position of £18.9 million.

The Trust's budget for 2011/12 shows an anticipated net operating surplus of £7.6 million (before considering any impairment). The level anticipated is lower than the actual for 31 March 2011 and this is partly due to a slightly lower proposed cost improvement plans of £19.7 million.

We understand that the Trust has achieved 100% of its cost improvement plan ("CIP") target of £22.6 million for 2010/11.

We note that the Trust's internal auditor, KPMG, has reviewed the processes in place to monitor the CIP, and has concluded that although there were arrangements in place to identify, approve, monitor and report on the CIP, there is insufficient formal documentation to support and evidence these arrangements to ensure they have been consistently applied. KPMG has raised the following recommendations:

- the need for the Trust to understand the full cost of CIPs more robustly;
- the need for the Trust to document the clinical impact consideration of CIPs; and
- the need for the Trust to document the proportion of CIPs that is reliant on income growth.

We recommend that the Trust implement these recommendations as soon as possible. However, given that the Trust has achieved its CIP and has recorded a strong financial performance, we do not believe that these recommendations will have a material impact on our VFM conclusion.

#### Findings and Conclusions

Based on our interviews and review of documentation, we have found that the Trust has the minimum standards in place with respect to securing value for money.

## 6. Looking forward

### The potential removal of the donated asset reserve applicable for the 2011/12 financial statements

#### Background

The Trust has recorded a donated asset reserve of £5.9 million (31 March 2010: £5.0 million). The Treasury have indicated in the 2011/12 Financial Reporting Manual that grants received to purchase assets should be recognised in the Statement of Comprehensive Income rather than credited to the donated asset reserve.

The Department of Health has issued guidance to NHS Trusts in relation to the removal of donated asset reserves from 2011/12. Monitor's position, as set out in the NHS Foundation Trust Annual Reporting Manual ("ARM"), is that if the Government Financial Reporting Manual changes to remove the government grant and donated asset reserve, then they expect to change their position to be consistent with this. We therefore expect Monitor to issue further clarification and guidance to NHS Foundation Trusts.

Recognising grant income or donations received in respect of specific assets in the Statement of Comprehensive Income in full during the year of receipt will mean that the Statement of Comprehensive Income will be subject to greater volatility and there will no longer be a matching over time of depreciation in relation to donated assets and the release from the donated assets reserve.

Deferral of income is allowed where conditions are imposed on the grant and such income would remain on the balance sheet and not cause volatility in the statement of income.

#### Deloitte response

The 2010/11 ARM anticipated this change and indicates that the Trust should be preparing for this to be effective for reporting in 2011/12, therefore this does not apply to this audit but could apply in future periods.

If applied, the donated asset reserve will disappear, with the existing balance transferred to the Income and Expenditure reserve. When any donated assets are received in future, a credit will be recognised in income, or if a condition is attached as described in paragraph four above, the income will be deferred, rather than being recognised in reserves.

When a donated asset is received and a credit recognised in income, this could create significant year-on-year income volatility.

In calculating Average Relevant Net Assets ("ARNA") for Public Dividend Capital ("PDC") dividend purposes, the balance in the donated asset reserve is deducted from total Taxpayers' Equity. Thus ARNA will increase, and with it the PDC dividend, unless the ARNA formula is adjusted in some way to compensate for this (e.g. deducting the net book value of donated assets rather than the donated asset reserve balance).

However, the calculation of both ARNA and the PDC dividend is not a matter for Monitor, but is exclusively a matter for the Department of Health which sets the calculation for NHS Trusts and by default for NHS Foundation Trusts due to the legislative requirements.

## 6. Looking forward (continued)

### An update on a recent VAT tribunal that may enable the Trust to recover funds

<b>Background</b>	<p>A tribunal concluded on 31 March 2011 regarding the use of agency staff. The case concerned the issue of whether an employment business acts as an agent or principal in respect of temporary workers introduced to hirers.</p> <p>The First Tier Tribunal found that employment businesses act as agents and provide introductory services. This means they are liable to account for VAT on their commission only and not on the wage related payments collected from hirers. The contracts were found to be of less importance in determining the VAT treatment than the economic reality of the arrangements.</p>
<b>Deloitte response</b>	<p>This issue has been a matter of long running debate with HMRC. With the exception of the concession for nursing, HMRC's view has always been that employment businesses should account for VAT in full on all payments received. The recent decision suggests that this is wrong and that employment businesses may have been significantly over-declaring VAT (and therefore overcharging the Trust).</p> <p>Our expectation is that users of temporary workers, such as the Trust, who are unable to fully recover VAT should soon be reviewing their positions and should contact employment businesses with a view to recouping VAT that may have been incorrectly charged to them. With this in mind, it would be useful to consider where this leaves the Trust and what can be done to protect your position and make sure you are not left out-of-pocket.</p>

### Health and Social Care Bill: changes to the governance arrangements of Foundation Trusts

<b>Background</b>	<p>The Health and Social Care Bill contains proposals which will fundamentally change the way that NHS Foundation Trusts are governed.</p> <p>The regulatory role of Monitor will change significantly with the removal of the Compliance Framework.</p> <p>The provisions of the Bill require Monitor to establish an independent panel to give advice to governors. However, it is widely agreed, that many governors will need significant training to allow them to understand and discharge their new responsibilities effectively. The impact assessments published alongside also suggest there will be a requirement to invest in significant initial training for Governors.</p>
<b>Deloitte response</b>	<p>The duties and responsibilities of governors are to be significantly increased. The council of governors will be given express statutory duties to hold the non-executive directors individually and collectively responsible for the performance of the board and to represent the interests of the foundation trust's members and the public as a whole.</p> <p>Directors may be required to attend a meeting requested by the governors to provide information about the NHS Foundation Trust's performance and their own performance. The governors would be able to vote on motions at such a meeting, similar to a special general meeting for another organisation.</p>

## 6. Looking forward (continued)

### Monitor's changes to the Compliance Framework for 2011/12

#### Background

Monitor issued its updated Compliance Framework on 31 March 2011 further to the earlier released consultation documents. The changes include:

- the inclusion of relevant priorities from the Operating Framework for the NHS 2011/12, which was published on 15 December 2010;
- changes to board statements to reflect Monitor's Quality Governance Framework;
- a refinement of approach with regard to incorporating asset efficiency within the financial risk ratings;
- a revision of how Monitor will incorporate Care Quality Commission judgements in its governance scores;
- the inclusion of NHSLA clinical negligence scheme for trusts (CNST) levels within the governance risk rating;
- the impact of material data submission failures or misrepresentations by the NHS foundation trusts; and
- the regulatory consequences of a Financial Risk Rating of 2.

#### Deloitte response

The Trust will need to review the Framework to ensure it complies in all areas and that the 2011/12 Financial Report reflects those changes where applicable.

### Publication of the Audit Code for NHS Foundation Trusts

#### Background

Monitor published the revised version of the Audit Code on 1 April 2011. This applies to audits and auditors of NHS Foundation Trusts from 1 April 2011. The main amendments are:

- Updating the Code for auditors' responsibilities in respect of the quality report;
- Updating the auditors' responsibilities in respect of the Statement on Internal Control for Monitor's proposals for including quality governance arrangements within the Statement on Internal Control;
- Changes to reflect amendments in the Companies Act and the Code of Audit Practice.

#### Deloitte response

We have ensured our audit is performed in line with the revised Audit Code.

## 7. Responsibility statement

This report should be read in conjunction with the "Briefing on audit matters" circulated to you in January 2011 and sets out those audit matters of governance interest which came to our attention during the audit. Our audit was not designed to identify all matters that may be relevant to the board and this report is not necessarily a comprehensive statement of all deficiencies which may exist in internal control or of all improvements which may be made.

We would be happy to consider a request to perform a more extensive study of these matters and, where compatible with our independence as auditors, assist you with implementing any improvements. As you will appreciate, such an exercise would be a separate engagement to our audit appointment, since the scope and context of our audit work in these areas is necessarily limited.

This report has been prepared for the Board of Directors, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

### **Deloitte LLP**

Chartered Accountants

St Albans

23 May 2011

# Appendix 1: Audit adjustments

## Uncorrected misstatements

The following uncorrected misstatements were identified during the course of our review:

		Credit/ (charge) to current year income statement £'000	Increase/ (decrease) in net assets £'000	Increase/ (decrease) in prior year retained earnings £'000	Increase/ (decrease) in turnover £'000
<b>Factual misstatements</b>					
Reclassification of provision expense	[1]	-	-	-	(589)
Overstatement of bad debt provision	[2]	199	199	-	-
<b>Total</b>		199	199	-	(589)

We will obtain written representations from the Board of Directors confirming that after considering all these uncorrected items, both individually and in aggregate, in the context of the consolidated financial statements taken as a whole, no adjustments are required.

[1] Our testing of NHS bad debt provisions indicated that this balance had increased. Elements of this increase relating to CQUIN and incentive payments had been treated as a bad debt expense and allocated to expenditure. Our analysis indicated that this should be a credit note provision and should have been allocated against income.

[2] Our testing identified £199,000 of cash that had been received since year end in respect of debt that had been provided for by the Trust. Our adjustment reverses the bad debt provision in respect to these debts.

As stated in our Planning report, we only report to you uncorrected misstatements that are not clearly trivial which includes greater than £156,000.

## Recorded audit adjustments

We report all individual identified recorded audit adjustments in excess of £156,000 and other identified misstatements in aggregate adjusted by management in the table below.

		Credit/ (charge) to current year income statement £'000	Increase/ (decrease) in net assets £'000	Increase/ (decrease) in prior year retained earnings £'000	Increase/ (decrease) in turnover £'000
<b>Factual misstatements</b>					
Understatement of revaluation to property, plant and equipment	[1]	-	2,974	-	-
<b>Total</b>		-	2,974	-	-

[1] This misstatement was identified by management. Misstatement relates to the difference between the initial valuation recorded in the draft financial statements and the valuation indicated on the report provided by the independent valuer.

# Appendix 1: Audit adjustments (continued)

## Disclosure deficiencies

Auditing standards require us to highlight significant disclosure deficiencies to enable audit committees to evaluate the impact of those matters on the financial statements.

The majority of the disclosure deficiencies identified up to the date of this report have been adjusted by the Trust and we do not consider the unadjusted disclosure deficiencies to be material.

## Appendix 2: Analysis of professional fees

The professional fees earned by Deloitte in the period 1 April 2010 to 31 March 2011 are as follows:

	Year ended 31 March 2011 £'000	Year ended 31 March 2010 £'000
Fees payable to the Trust's auditors for the audit of the Trust's annual accounts (including the value for money conclusion)	79	90
Fees payable to the Trust's auditors for quality accounts	19	20
<b>Audit fees – statutory audit</b>	<b>98</b>	<b>110</b>

Note 3 to the draft financial statements includes an audit fee for the year ended 31 March 2011 of £138,000. The difference between this and the £98,000 included in the table above is that:

- Due to the timing of the 2009/10 Quality Accounts work, the £20,000 was included within the 2010/11 audit fee within the draft financial statements.
- We have not included VAT in our fee in the table above.

This fee estimate was based on the Trust meeting its responsibility to provide detailed audit schedules and other specified information in accordance with an appropriate timetable which has been mutually agreed in writing.

At the date of the Audit Committee meeting no future services have been contracted for or written proposals submitted. In addition to the above audit fees, the Trust has commissioned Deloitte to conduct:

	Year ended 31 March 2011 £'000	Year ended 31 March 2010 £'000
Audit of the 31 March 2009 IFRS balance sheet	0	12
<b>Other auditors remuneration – further assurance services</b>	<b>0</b>	<b>12</b>
Smart benefit review	0	37.5
Review of IT security and data governance	0	12
<b>Other auditors remuneration – other services</b>	<b>0</b>	<b>49.5</b>

Note 3 to the draft financial statements includes other auditors remuneration for the year ended 31 March 2011 of £12,000. The difference between this and the £0 included in the table above is that:

- Due to the timing of the 2009/10 review of IT security and data governance work, the £12,000 was included within the 2010/11 other auditors remuneration within the draft financial statements.

# Appendix 3: Draft management representation letter

Deloitte LLP  
3 Victoria Square  
St Albans  
Hertfordshire  
AL1 3TF

Our Ref: HAB/ZP

27 May 2011

Dear Sirs

This representation letter is provided in connection with your audit of the financial statements and consolidation schedules ("IFTCs") of Chelsea & Westminster Hospital NHS Foundation Trust for the year ended 31 March 2011 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of Chelsea & Westminster Hospital NHS Foundation Trust as of 31 March 2011 and of the results of its operations, other recognised gains and losses and its cash flows for the year then ended in accordance with applicable accounting framework and National Health Service Act 2006. We are aware that it is an offence to mislead the auditor.

We confirm, to the best of our knowledge and belief, the following representations.

## *Financial statements*

1. We understand and have fulfilled our responsibilities for the preparation of the financial statements and IFTCs in accordance with the applicable financial reporting framework which give a true and fair view, as set out in the terms of the audit engagement letter.
2. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
3. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of IAS24 "Related party disclosures".
4. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of or disclosure have been adjusted or disclosed.
5. The effects of uncorrected misstatements and disclosure deficiencies are immaterial, both individually and in aggregate, to the financial statements and IFTCs as a whole. A list of the uncorrected misstatements and disclosure deficiencies is detailed in the appendix to this letter.
6. We confirm that the financial statements and IFTCs have been prepared on the going concern basis. We do not intend to cease trading as we consider we have realistic alternatives to doing so. We are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the Trust's ability to continue as a going concern. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements and IFTCs, including our plans for future actions.

*Information provided*

7. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter.
8. All transactions have been recorded and are reflected in the financial statements and IFTCs and the underlying accounting records.
9. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error.
10. We have disclosed to you the results of our assessment of the risk that the financial statements and IFTCs may be materially misstated as a result of fraud.
11. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the Trust and involves:
  - (i). management;
  - (ii). employees who have significant roles in internal control; or
  - (iii). others where the fraud could have a material effect on the financial statements.
12. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.
13. We have disclosed to you all known instances of non-compliance, or suspected non-compliance, with laws, regulations, and contractual agreements whose effects should be considered when preparing financial statements and IFTCs.
14. We have disclosed to you the identity of the Trusts related parties and all the related party relationships and transactions of which we are aware.
15. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements and IFTCs have been disclosed to you and accounted for and disclosed in accordance with the applicable financial reporting framework.
16. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements and IFTCs.
17. Based on discussions with other NHS bodies, we consider that the resolution of disputed balances and accrued over performance will not result in a material adverse effect on the reported financial position.
18. Following discussion with the Imperial College Healthcare NHS Trust finance team we consider it appropriate to recognise £2.2 million of income in relation to SIFT from Imperial College Healthcare NHS Trust in the financial statements and IFTCs for the year ended 31 March 2011.

We confirm that the above representations are made on the basis of adequate enquiries of management and staff (and where appropriate, inspection of evidence) sufficient to satisfy ourselves that we can properly make each of the above representations to you.

Yours faithfully

Signed on behalf of the Board of Directors

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## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.3/Jul/11		
<b>PAPER</b>	External Auditor's report		
<b>AUTHOR</b>	Heather Bygrave, Partner Deloitte LLP		
<b>LEAD</b>	Heather Bygrave, Partner Deloitte LLP		
<b>PURPOSE</b>	To present the external auditor's key findings on audit risk and other matters arising from the audit of the accounts for the year ended 31 March 2011.		
<b>LINK TO OBJECTIVES</b>	Ensure Financial and Environmental Sustainability		
<b>RISK ISSUES</b>	None other than noted in this report		
<b>FINANCIAL ISSUES</b>	None other than noted in this report		
<b>OTHER ISSUES</b>	None		
<b>LEGAL REVIEW REQUIRED?</b>	No		
<b>EXECUTIVE SUMMARY</b>	See Executive Summary pages 1 and 2 in the attached report.		
<b>DECISION/ ACTION</b>	The Council of Governors is asked to note the External Auditor's report on the audit of accounts for the year ended 31 March 2011.		
<b>DISTRIBUTION</b>	Board only <input type="checkbox"/>	Trust Exec <input type="checkbox"/>	General <input checked="" type="checkbox"/>

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.4/July/2011
<b>PAPER</b>	Audit Committee Annual Report 2010/11
<b>AUTHOR</b>	Lorraine Bewes, Executive Director of Finance
<b>LEAD</b>	Andrew Havery, Chairman Audit Committee
<b>PURPOSE</b>	<p>The NHS Foundation Trust Code of Governance (section F.3.2) provides that the Audit Committee should report to the Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed and to make recommendations as to the steps to be taken.</p> <p>This report outlines key Audit Committee activity for the financial year 2010/11. This was also reported to the Board of Directors in May 2011. It provides evidence for the assurances that have been made to the Board with regard to the Trust's risk management, internal control and governance processes being adequate and effective. The report summarises the external assurance received during the year from internal audit, external audit and the local counter fraud specialist.</p> <p>The opinion of the Committee was that the Trust's risk management, control and governance processes are adequate and effective and may be relied upon by the Board.</p> <p>The Council of Governors is asked to note the report of the Audit Committee.</p>
<b>LINK TO OBJECTIVES</b>	Ensure Financial and Environmental Sustainability
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None noted
<b>LEGAL REVIEW REQUIRED?</b>	No

# CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST

## Audit Committee Annual Report for financial year 2010/11

### 1.0 Introduction

- 1.1 The NHS Foundation Trust Code of Governance (section F.3.2) provides that the Audit Committee should report to the Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed and to make recommendations as to the steps to be taken.
- 1.2 This report outlines key Audit Committee activity for the financial year 2010/11. This was also reported to the Board of Directors in May 2011. It provides evidence for the assurances that have been made to the Board with regard to the Trust's risk management, internal control and governance processes being adequate and effective. The report summarises the external assurance received during the year from internal audit, external audit and the local counter fraud specialist.

### 2.0 Audit Committee's Opinion

- 2.1 Members of the Board should recognise that assurance given can never be absolute. The highest level of assurance that can be provided is a reasonable assurance that there are no major weaknesses in the Trust's risk management, control and governance processes.
- 2.2 **The opinion of the Committee, based on the issues set out in section 3 below, is that the Trust's risk management, control and governance processes are adequate and effective and may be relied upon by the Board.**

### 3.0 Information supporting Opinion

- 3.1 Summarised below is the key information / sources of assurance that the Committee has relied upon when formulating our opinion.

### 3.2 Internal Audit

- 3.2.1 The Internal Audit service provision was provided by RSM Tenon until 1<sup>st</sup> December 2010 and by KPMG subsequently following their award after a Fulham Road collaborative procurement tender. Both RSM Tenon and KPMG have delivered their Head of Internal Audit opinions of the overall adequacy and effectiveness of the organisation's risk management, control and governance processes for the year ended 31<sup>st</sup> March 2010, for their respective periods. Both opinions provide substantial assurance as follows:

- 3.2.2 RSM Tenon's opinion is that:

'Based on the work undertaken for the period April to January 2011, significant assurance can be given that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are being applied consistently.'

KPMG's opinion is that:

'Our overall opinion is that substantial assurance can be given that there is generally a sound system of internal control on key financial and management processes. These are designed to meet the Trust's objectives, and controls are generally being applied consistently'.

In two of the reviews that KPMG undertook in year, they identified three high risk recommendations:

- Cost Improvement Plans: we found that as at month 9, the Trust was reporting underperformance of £1.1m against a year to date plan of £16.5m. Our sample testing of 10 CIPs evidenced that additional costs incurred as a result of CIPs are not always taken into account and offset against the expected saving.
- NHSLA Level 3: two high priority recommendations were raised concerning the necessity for accountability for evidence gathering, current status and project planning and ensuring that policies are aligned with NHSLA standards.

RSM raised three high priority recommendations in 2010-11 in relation to their audit of Carbon Sustainability:

- To produce a Carbon Reduction Plan for approval.
- To prepare for sustainability reporting within their Annual Report and present the requirements to the Board
- To include carbon emissions and examine carbon trends in the monthly energy reports and set up a spreadsheet to calculate carbon equivalent emissions.

RSM delivered 12 reviews in the first 3 quarters of 2010-11 and KPMG has delivered 8 further reviews in 2010-11. Seven of RSM's reviews were advisory with no formal opinion on assurance:

- Mandatory training
- Contractual Performance Framework
- Theatre Improvement
- Carbon Sustainability
- Patient Pathways mapping
- Quality Accounts
- Corporate Records.

Of the remainder, four reviews (Debtors, General Ledger, Treasury Management, Accounts Payable) were given Green assurance and one Amber (Complaints).

KPMG has delivered 8 reviews. Of these, two were given Green assurance (Financial systems; Information governance), five were Amber (Cost Improvement Plans; Pathology; Payment by Results; Private and Overseas Patients; CQC registration and reporting) and one was Red (NHSLA Level 3). KPMG's assurance findings were in line with management expectations. The apparent reduction in assurance reflects an extension in the scope of these audit areas to be more challenging.

- 3.2.2 For the year to 31<sup>st</sup> March 2011, both Heads of Internal Audit considered that there were no issues that needed to be brought to the attention of Trust Management that they considered relevant to the Statement of Internal Control.

### **3.3 External Audit**

- 3.3.1 The External Audit Service provision was tendered during the year and Deloitte LLP was reappointed.

- 3.3.2 The external auditors reported to the Audit Committee on 24<sup>th</sup> May 2011 on the accounts prepared for the year to 31<sup>st</sup> March 2011 and a separate report to the Council of Governors has been prepared under Agenda item 2.9. The external auditors issued an unmodified audit opinion. The accounts were approved at the Board on 26<sup>th</sup> May and were delivered to Monitor within the required timescale (7<sup>th</sup> June). The financial results for the period delivered a financial risk rating of 5, which provides an excellent Use of Resources rating by the Care Quality Commission (previously Healthcare Commission) for the financial year 2010/11 maintaining the excellent rating awarded since its inception as an FT in 2006/07.
- 3.3.2 Use of Resources: External audit are required to review the Trust's use of resources and to be satisfied that proper arrangements have been made for securing economy, efficiency and effectiveness in the use of resources. Their review identified no matters that needed to be reported as an exception.
- 3.3.3 The Audit Committee reviewed the Quality Accounts on 24<sup>th</sup> May and considered how assurance over the data quality of the 2010/11 Quality Report was given to the Board when they adopted the accounts for submission on 7<sup>th</sup> June. This year external audit provides a Limited Assurance opinion on the Quality Accounts in the Annual Report on the content of the Quality Report and a private report to the Board of Governors (and a copy given to Monitor) on sample testing of 2 mandated indicators (C Diff and 62 day cancer waits) and 1 local indicator (Emergency Surgery target). Monitor has announced that next year the external auditor's Limited Assurance opinion will extend to the sample testing of 3 indicators as well as the review of the content of the Quality Report. See Agenda item 2.1 for more details.

### **3.4 Other Committees**

- 3.4.1 The Trust had two other assurance committees during the year. These are the Assurance Committee and the Finance and Investment Committee (FIC).
- 3.4.2 The Assurance Committee assures the Board that systems, processes and outcomes contribute to the Trust's aims and values and objectives, relating to patient safety and quality, safe and clean hospital environment and staff satisfaction and that there is evidence of robust governance and assurance processes in these areas. In addition to the minutes being available to the Board from the Assurance Committee there is a monthly report which identifies key issues discussed and the level of assurance that the Assurance Committee judges to have been provided.
- 3.4.4 The FIC assures the Trust Board on financial and investment policy issues, including oversight of material capital investment business cases. All these committee minutes are made available to the Audit Committee.

### **3.5 Local Counter Fraud Service (LCFS)**

- 3.5.1 Each NHS body is required to take necessary steps to counter fraud under instructions from the Secretary of State's Directions. As a Foundation Trust, this is one of our contractual requirements with PCTs. The Trust has complied with these Directions by agreeing an Annual Service Level Agreement with Parkhill for the delivery of the Local Counter Fraud Service for 2010/11, which includes a proactive counter fraud programme to detect fraud as well as investigations in response to alleged frauds. The Audit Committee receives a regular report on progress against the agreed work plan and annual report.

3.5.2 The Counter Fraud and Security management Service (CFSMS) carries out an annual assessment of the strengths and weaknesses of Local Counter Fraud and bands NHS bodies into one of four compound indicators. The ratings achievable are designated 1 – 4, 4 being the highest. The Trust scored a level 3 in 2010/11 (2009/10 – level 3), which is performing well. Within the CI document a level 3 is described as:

‘To achieve a level 3 performance and assess the health body as performing well, the arrangements at level 2 should be embedded and operating effectively with clear outcomes. In addition to achieve level 3 assurances for work completed must clearly be evident and must clearly demonstrate qualitative outputs.’

3.5.3 As the Trust has scored a level 3, the Compound Indicator assessment is a shortened questionnaire for work conducted in 2010/11 and this has been submitted to CFSMS and will be confirmed later this year.

3.5.4 During the year, the Trust tendered the contract for counter fraud services as part of a Fulham Road collaborative approach. The contract award was delayed due to a challenge to the evaluation process. The Trust with its partners on the Fulham Road decided to rewind the process to clarify the scoring process and invite retenders. An award to Parkhill was published without further challenge.

3.5.5 Counter fraud arrangements are compliant with the Secretary of State’s Directions.

#### **4.0 The Role and Operation of the Audit Committee**

##### **4.1 Membership of the Committee**

4.1.1 The members of the Committee during the period of the Report were as follows:

Andrew Havery (Chair of the Committee)  
Charlie Wilson  
Karin Norman  
Sir John Baker (designate) from March 2011.

In addition the Chief Executive, Director of Finance, Deputy Chief Executive, External Auditors, Internal Auditors, Local Counterfraud Specialist and Director of Governance and Corporate Affairs are in attendance.

4.1.2 The members of the Committee disclosed their interests, which included the following, in the Trust’s register of interests:-

*Andrew Havery:*

- Councillor, Westminster City Council
- Member of the Board of the CityWest Homes ALMO
- Vice Chair of Governors for Quintin Kynaston Specialist Technology College
- NHS Practice Management, Dr Lee’s Surgery
- Finance Director, Mind Sports Olympiad

*Karin Norman:*

- Trustee, Nursing and Midwifery Council and Associated Employers Pension Scheme
- Chair, MyGeneration (registered charity)
- Director, Raglan Capital Ltd
- Audit Committee member, Parkinson’s UK

- Investment Committee member, Parkinson's UK

*Charles Wilson*

- Trustee of Addaction, currently vice-chairman. (Addaction is a leading drugs treatment charity)
- Non-Exec Director of the-racehorse.co.uk (a commercial online horseracing news site)
- Trustee Royal Naval Museum
- Member of the Board of the Countryside Alliance

*Sir John Baker*

- Director of Renewable Energy Holdings plc
- Director of Motac Holdings Ltd
- Director of the Rose Theatre Trust

4.1.3 The Committee was supported by Paulina Woodberry.

4.2 Operation of the Committee

4.2.1 Meetings and attendance

The Committee is required to meet quarterly in line with the terms of reference. Meetings took place during the period and were attended as follows:

	20 <sup>th</sup> May 2010	24 <sup>th</sup> May 2010	22 <sup>nd</sup> Sep 2010	21 <sup>st</sup> Oct 2010	21 <sup>st</sup> Jan 2011	24 <sup>th</sup> Mar 2011	TOTALS	
							No of meetings	%
<i>Andrew Havery</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	6/6	100 %
<i>Karin Norman</i>	<i>P</i>	<i>A</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	5/6	83%
<i>Charlie Wilson</i>	<i>P</i>	<i>P</i>	<i>A</i>	<i>P</i>	<i>P</i>	<i>A</i>	4/6	67%
<i>Sir John Baker</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>P</i>	1/1	100 %
<b>TOTAL</b>	100%	67%	67%	100%	100 %	75%	16/19	84%

Key – P (Present for meeting) A (Absent from meeting) N/A (Not applicable)

The quorum for meetings of the Committee was 67%. As the table above shows all meetings of the Committee during the period were quorate.

4.2.2 Committee Self Assessment

The Committee undertook a self assessment as to its performance using the template recommended in the Audit Committee handbook in September 2010. No material deficiencies were found.

4.2.3 Performance Indicators

The Committee has established performance indicators for External Audit, Local Counter Fraud Service and Internal Audit.

We consider there are no issues about their performance that affects their ability to support this Committee in discharging its duties.

## **5.0 Governance**

5.1 The following information regarding Governance was presented and discussed at the Audit Committee meetings during the year:

5.2 Risk Management

5.2.1 The Trust's system of risk management including adequacy of the risk identification, recording, reporting and monitoring arrangements is outlined in the Governance Statement. The Governance Statement was approved at the meeting of 24<sup>th</sup> May and was approved by internal and external audit.

## **5.3 Governance Arrangements**

5.3.1 Governance Arrangements

The Audit Committee received 2 reports on Information Governance risk. Internal Audit undertook a review of Information Governance evidence for the Information Governance Toolkit submission and noted adequate (green) assurance. The Committee endorsed the Toolkit submission of 95% rating.

The Audit Committee reviewed and agreed updates to the Standing Financial Instructions, Standing Orders and Scheme of Delegation in May 2010 and March 2011.

The Committee reviewed its Terms of Reference and clarified them to reflect the Committee's role in reviewing the external audit assurance on Quality Accounts.

The Audit Committee reviewed and agreed a pilot policy for Governance Structures and Process and reviewed a paper outlining the requirement from Monitor for a Quality Governance Framework and proposed schedule of work to underpin our submissions to Monitor in May, as part of the Annual Plan, and in September.

5.4 Governance Statement (previously known as Statement on Internal Control)

5.4.1 The Statement on Internal Control has been renamed the Governance Statement by Monitor following consultation on the Compliance Framework. The Governance Statement has been produced for 2010/11 and was signed by the Chief Executive as part of the Annual Accounts. The Governance Statement was approved by internal and external audit at the Audit Committee on 24<sup>th</sup> May and confirmed that its content is consistent with the conclusions above.

## **6.0 Conclusions**

6.1. **The opinion of the Committee, based on the issues set out in the above report, is that the Trust's risk management, control and governance processes are adequate and effective and may be relied upon by the Board.**

**Council of Governors meeting, 14 July 2011**

<b>AGENDA ITEM NO.</b>	2.5./Jul/11
<b>PAPER</b>	Council of Governors Quality Sub-Committee Terms of Reference*
<b>AUTHOR</b>	Cathy Mooney, Director of Governance and Corporate Affairs
<b>LEAD</b>	Cathy Mooney, Director of Governance and Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	The terms of reference are attached
<b>DECISION / ACTION</b>	For approval

## Council of Governors Quality Sub-Committee

### Draft update on Terms of Reference

#### **1.0 Authority**

- 1.1 The Council of Governors Quality Sub-Committee is constituted as a Sub-Committee of the Council of Governors to assist the Trust to develop and implement the Trust's quality programme.
- 1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.
- 1.3 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

#### **2.0 Aim**

This sub-committee will provide key stakeholder input into the development and implementation of the Trust's quality programme, including safety, effectiveness and patient experience.

#### **3.0 Role**

- 3.1 To identify priorities for quality improvement in line with national and local initiatives.
- 3.2 To contribute to the structure and content of the Quality Account within the required framework, including developing agreed metrics, to ensure it is clearly and well presented and can be understood by all stakeholders.
- 3.3 To facilitate communication and feedback to the membership and the public on the Quality Account and quality issues e.g. through advice on the content of the website and participation in developments, Trust News and other means of communication.
- 3.5 To identify ways in which stakeholders can be involved in the quality programme e.g. safety walkabouts, advising on leaflets.
- 3.6 To champion the patient's experience and encourage and advise on patient involvement.
- 3.7 To identify areas where there is particular added value from stakeholders.

- 3.8 To ensure that there is input from all member constituencies.
- 3.9 To obtain the lay perspective on assurance of quality.
- 3.10 To support funding initiatives relevant to quality to the Council of Governors.

#### **4.0 Membership of the Sub-Committee**

- 4.1 The Sub-Committee shall comprise both elected and appointed governors with representatives from patients, the public, and staff
- 4.2 Representative from Chelsea and Westminster Local Involvement Network and representative from Inner North West London Primary Care Trusts (Hammersmith and Fulham, Kensington and Chelsea, Westminster)
- 4.2 Trust staff to include
  - a) The Chief Nurse
  - b) The Medical Director
  - c) The Director of Governance and Corporate Affairs
  - d) Membership and Engagement Manager
  - Other attendees by invitation

#### **5.0 Quorum**

- 5.1 A quorum shall comprise at least one of the Director of Governance and Corporate Affairs, Medical Director or Director of Nursing and three Governors.

#### **6.0 Frequency of Meetings**

- 6.1 The Sub-Committee shall meet bi-monthly and report to the Council of Governors after each meeting.

#### **7.0 Administration of the Meeting**

- 7.1 This will be undertaken by the Foundation Trust Secretary.

#### **8.0 Review**

- 8.1 The terms of reference of the sub-committee shall be reviewed by the Council of Governors annually.

Approved by the Council of Governors  
03 December 2009  
Revised June 2011

## Council of Governors Meeting, 28 July 2011

<b>AGENDA ITEM NO.</b>	2.8/Jul/11
<b>PAPER</b>	Chair Appraisal Process
<b>AUTHOR</b>	Cathy Mooney, Director of Governance and Corporate Affairs
<b>LEAD</b>	Charles Wilson, Non-executive Director  Professor Brian Gazzard, Deputy Chairman of the Council of Governors and Lead Governor
<b>SUMMARY</b>	This paper outlines the process for appraising the Chairman and highlights specific parts of the process to be discussed and agreed by the Council.
<b>DECISION/ ACTION</b>	The Council is asked to agree the appraisal process for the Chair

## **Chairman Appraisal Process**

### **1. Introduction**

This paper outlines the requirements for the appraisal of the Chairman and seeks agreement from the Council on the process and in particular, the part that involves their input.

### **2. Background**

The Code of Governance (A.1.3) states that 'the chairman should hold meetings with the non-executive directors without the executives present.

Led by the senior independent director, the non-executive directors should meet without the chairman at least annually to evaluate the chairman's performance, as *part of a process, which should be agreed with the Council of Governors*, for appraising the chair and on such other occasions as are deemed appropriate'.

A variety of approaches have been used to seek the views of the governors. This has included a meeting of interested governors led by the lead governor, and seeking views by e mail. Some governors expressed concern at the approach used last year and it was agreed that this would be reviewed for the next appraisal.

### **3. The Appraisal Process**

The Senior Independent Director (SID) should lead the actual appraisal and preside at meetings of the Council of Governors for the purpose of seeking their views in relation to the appraisal or to report on the outcome of the appraisal. Appendix 1 outlines the role of the Chairman and the responsibilities against which he is appraised.

The following process was used last year:

1. The Chairman prepared a written statement setting out his/her view of the extent to which the above responsibilities have been fulfilled.
2. The Senior Independent Director (SID) discussed the Chairman's performance against the responsibilities outlined in the appendix.
3. The SID sought the views of the Chief Executive, the Executive Directors, including the Director of Governance and Corporate Affairs as Secretary to the Board of Directors and the Council of Governors, to evaluate the Chairman's Performance against the responsibilities outlined in the appendix.
4. The Deputy Chairman of the Council of Governors sought the views of the governors on the Chairman's performance.
5. The SID collated the feedback from the Board and the Council of Governors and then met with the Chairman to review his performance against the responsibilities using the feedback, and the written statement.
6. The SID reported to the Council of Governors on completion of the review, confirming that the Chair continued to be effective and demonstrated commitment to the role.

7. The SID reported to the Board of Directors on completion of the review, confirming that the Chair continued to be effective and demonstrated commitment to the role.

#### **4. Discussion and Agreement required**

Point 5 does not stipulate how the feedback should be obtained. The Council of Governors are asked to discuss point 5 and agree on the process by which the Deputy Chairman of the Council of Governors will seek the views of the Governors on the Chairman's performance. This will then be documented as part of the process.

The Council of Governors are asked to agree the overall process.

## **Appendix 1 The Role of the Chairman**

The post of the Chairman has two different roles: chairmanship of the Foundation Trust Board of Directors and chairmanship of the Council of Governors. It is a statutory requirement that both roles are filled by the same person. The focus of the chairman's appraisal will be his performance as leader of the Board of Directors. The appraisal should carefully consider that performance against pre-defined objectives that support the design and delivery of the NHS foundation trust's priorities and strategy described in its forward plan.

### **1.1 Chairmanship of the Board of Directors**

The main formal responsibility in this role is to provide leadership to the Board of Directors, ensuring its effectiveness in all aspects of its role and setting its agenda.

With the leadership of the Chairman, the Board is collectively responsible for exercising the powers and performance of the Trust. Specifically, these responsibilities include:

- Establishing and maintaining a framework of prudent and effective controls which enable risk to be assessed and managed.
- Ensuring compliance with all statutory and regulatory requirements.
- Setting the Trust's strategic aims, taking into account the views of the Council of Governors, and ensuring that financial and human resources are in place to meet the Trust's objectives.
- Ensuring the safety and quality of healthcare services, education, training and research delivered by the Trust.
- Setting the Trust's values and standards of conduct and ensuring that obligations to all stakeholders are met.

The chairman is also responsible for:

- Ensuring that the Board of Directors and the Council of Governors work together effectively.
- Ensuring that the directors receive accurate, timely and clear information appropriate for their duties.
- Ensure effective communication with stakeholders.
- Facilitate the effective contribution of executive and non-executive directors and constructive relationships between them.
- Performance review of the non-executive directors and the chief executive and advising on their development.

Beyond these formal responsibilities the chairman also needs to:

- Act as an ambassador for the Trust within the wider NHS, with relevant local authorities and partner institutions and to develop constructive relationships with each of these.
- Act as a sounding board and counsel for the chief executive.
- Encourage capitalising on the freedoms of being a foundation trust and the adoption of best commercial management disciplines.
- Be recognised, alongside the Chief Executive, as a leader within the Trust and the wider health community.

## **1.2 Chairmanship of the Council of Governors**

The Chairman's role in relation to the Council is to:

- Ensure the effective joint working of the Council of Governors and the Board of Directors.
- Ensure that the Council of Governors receives accurate, timely and clear information to allow it to fulfil its role.
- Help members of the council individually and collectively to develop their understanding of the Trust and of the role they are required to fulfil.

## **Appraisal Process**

The evaluation of the Chairman in the execution of the above role should aim to show whether he continues to contribute effectively and to demonstrate commitment to the role (including commitment of time for board and committee meetings and any other duties).

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.9/Jul/11
<b>PAPER</b>	Annual Members' Meeting 2011 - Proposal
<b>AUTHOR</b>	Matt Akid, Head of Communications
<b>LEAD</b>	Heather Lawrence, Chief Executive
<b>EXECUTIVE SUMMARY</b>	This is a proposal for the Annual Members' Meeting to be held on Thursday 15 September.
<b>DECISION/ ACTION</b>	Governors are invited to comment on this proposal to help shape plans for the Annual Members' Meeting and elected Governors are invited to nominate themselves if they are interested in presenting the membership report at the meeting on behalf of the Council of Governors.

## **ANNUAL MEMBERS' MEETING 2011 – PROPOSAL**

### **1. Background**

The Annual Members' Meeting will be held at **5.30pm** on **Thursday 16 September** in the Restaurant on the lower ground floor of the hospital.

In previous years this has been a well-attended event with several hundred Foundation Trust members and hospital staff in attendance. This is in contrast to other neighbouring Trusts which struggle to attract patients and the public to their annual meetings.

Our Foundation Trust constitution sets the following requirements for the meeting:

- The Board of Directors shall present to Foundation Trust members the annual report and accounts; report of the external financial auditor (included in the annual report and accounts); forward planning information for the next financial year (i.e. 2011/12)
- The Council of Governors shall present to Foundation Trust members a report on steps taken to ensure that the membership of the Trust is representative of those eligible for membership of the public, patients and staff constituencies; progress on the membership strategy; results of Council of Governors elections; announcement of any Non-executive Directors appointed

### **2. Specific issues surrounding this year's Annual Members' Meeting**

The state of the public finances and the possible impact of cuts on the NHS is a key public concern at the present time, together with the Government's planned NHS reforms. Therefore we must consider how these issues are tackled at the meeting under the umbrella of the Trust's *Fit for the Future* campaign to make 9% cost savings in 2011/12.

The recent Health Service Ombudsman report and Care Quality Commission reports on failings in care of the elderly are also likely to be of interest to members.

The redevelopment of the hospital is now well underway and so the meeting is an excellent opportunity to inform Foundation Trust members and hospital staff about the *Putting Patients First* campaign to improve services for patients – in particular, the development of the new Lower Ground Floor Outpatients department which opened earlier this year and the Netherton Grove extension which is due to open in early 2012.

### **3. Aims and themes**

#### **3.1 Aims**

The Annual Members' Meeting should be a positive event which enables the Board and the Council of Governors to set out the key achievements of the last financial year and plans for the current financial year.

The meeting should also aim to create a genuine dialogue with Foundation Trust members by providing them with an opportunity to ask questions of the Board of Directors and to provide their feedback on the Trust's performance and future plans.

## 3.2 Themes

It is proposed that the overarching theme of the Annual Members' Meeting should be 'Improving the patient experience' with a focus on the three patient experience priorities agreed by the Board:

- Communication
- Discharge
- Care of older people

This focus should be achieved through a presentation at the meeting to explain how the Trust's campaign groups for the three priorities are working with patients and Foundation Trust Governors to improve the patient experience.

The meeting could also be used as an opportunity to seek members' views on the developing values of the Trust to ensure that patients and members of the public are engaged in this process.

*Fit for the Future* – how the Trust is making 9% cost savings without compromising the quality of patient care – and *Putting Patients First* – the first major redevelopment of the hospital since it opened in 1993 – should be unifying themes of presentations by speakers at the Annual Members' Meeting.

### For decision

- Governors are invited to comment on the proposed aims and themes of the Annual Members' Meeting.

## 4. Format of the meeting

### 4.1 Statutory presentations (5-10 minutes maximum for each speaker):

#### 1. Chairman

Content to be discussed nearer the time.

#### 2. Chief Executive

Content to be discussed nearer the time.

#### 3. Director of Finance

Presentation of accounts and brief overview of our financial position, in particular how we have used our Foundation Trust freedoms to invest our 2010/11 surplus in developments to improve patient care.

#### 4. Council of Governors representative

Membership report to include an explanation of the role of Governors.

### For decision

- Elected Governors are invited to nominate themselves if they are interested in presenting the membership report at the meeting as a representative of the Council of Governors.

### 4.2 'Improving the patient experience' presentation

A brief (10-15 minutes) presentation about an aspect of the Trust's campaigns to improve the patient experience – to be introduced by Therese Davis as Chief Nurse and Director of Patient Flow & Patient Experience.

Areas that could be focused on include patient feeding and nutrition, the innovative project funded by the Friends and run by the Volunteers to 'request a volunteer'), initiatives to reduce falls, improvements to dementia care – it is proposed that one area is chosen as the focus for the presentation.

**For decision**

- Governors are invited to comment on the proposal for the 'Improving the patient experience' presentation and which area of the patient experience should be focused on.

**4.3 DVD**

In previous years, a DVD about the hospital has been shown to provide some variety – it is proposed this year to show the 'Welcome to Chelsea and Westminster' DVD that was made earlier this year thanks to funding by the Council of Governors.

**For decision**

- Governors are invited to comment on the proposal for the DVD to be shown.

**4.4 Q&A**

At least half of the meeting to be left for questions from the public to be answered by the Trust Board of Directors.

**5. Other events related to the Annual Members' Meeting**

Although the Annual Members' Meeting is well attended, it does not tend to attract younger people, parents (especially women) with young children, and others who use our Women's & Children's Services.

Therefore it is proposed to run other events in September that are targeted specifically at Foundation Trust members and others – focusing on Maternity and Children's Services.

A funding proposal for these events has been developed by the Communications Department and is being presented for approval by the Council of Governors separately.

This funding proposal includes the costs of the Annual Members' Meeting on 15 September – to include advertising in local press, catering, and a PA system provided by an external company.

**Matt Akid**  
**Head of Communications**  
**July 2011**

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.10/Jul/11
<b>PAPER</b>	Council of Governors Quality Award
<b>AUTHOR</b>	Cathy Mooney, Director of Governance and Corporate Affairs
<b>LEAD</b>	Cathy Mooney, Director of Governance and Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	This paper highlights the winners of the second Quality Awards. It is an opportunity for the Council of Governors to be aware of and recognise initiatives relating to quality undertaken within the Trust.
<b>DECISION/ ACTION</b>	For information

## **Council of Governors Quality Award**

### **1. Introduction**

This paper contains details of the winners of the second Trust Council of Governors Quality Awards.

### **2. Background**

The Quality Awards were set up to recognise achievements by staff in quality – safety, effectiveness and patient experience. The Council of Governors agreed to fund a financial recognition of £100 for an individual and £250 for a team. The award submission is available as appendix 1 and illustrates the questions that were asked and which formed the basis for the scoring. There were nine submissions. The awards were scored by a panel of governors and executive directors.

As part of the awards, a governor and a director visited the winners to learn more about their area and the award was featured in Trust News as well as a local paper. This paper provides an opportunity for the Board to learn more about and recognise some of the work that is undertaken in the Trust in relation to quality.

### **3. Quality Awards**

#### **3.1 SWISH (Sex Workers In Partnership with Sexual Health) Team**

The SWISH Team from John Hunter Clinic (which includes Senior Nurses and Sexual Health Advisers.) Kate Cook, Lee Watson and Lala Caveley are the three senior nurses who have led on the implementation and development of this service run in partnership with the Terence Higgins Trust (THT) and helped take the service forwards.

#### **The specific problem affecting patient care which the project or initiative addressed**

North West London and Kensington and Chelsea in particular has several brothels and flats which are known to the police. There were no current sexual health services available for the individuals who work in these locations in the Kensington and Chelsea Borough. Sex workers are often some of the most vulnerable individuals in society who are at an increased risk of Sexually Transmitted Infections and HIV and who often may not access mainstream Sexual Health or Primary care services. The nature of their work often means that they are exposed to a risk of violence and often have other psycho-social problems sometimes associated with a chaotic lifestyle including alcohol and drug use. Their needs require fast track access to health professionals who respect their right to work safely, who do not stigmatise or judge them, who understand their lifestyle and who can provide a safe holistic service.

#### **Actions taken to tackle the problem**

A weekly nurse-led outreach service was set up by the John Hunter Team to run in partnership with THT at an Earls Court Drugs Service for male, female and transgender sex workers. A full evaluation of the existing site in the Drug Service premises was carried out and the site was made suitable for full clinical use.

#### **John Hunter Clinic Nurse and Sexual Health Adviser Services offered include:**

- Full sexual health screening
- Rapid HIV testing and Pre and Post test discussion for HIV
- Follow up STI and HIV appointments if required
- Providing same day fast track into GU services for individuals who are symptomatic or have reactive HIV tests

- Providing contraceptive advice and medication
- Providing cervical screening
- Treating individuals in the community setting for infections using Patient Group Directives (PGDs)
- Offering Hepatitis B vaccination courses to all individuals
- Health promotion and advice for clients either whilst sex working or when wishing to leave the sex industry
- Sexual Health Adviser interventions dealing with partner notification and risk reduction so that clients are empowered to make healthier choices
- Free condoms and lubrication

**THT services include:**

- Providing on-going access to counsellors
- Advice on how to work legally and safely
- Access to the Court Diversion Scheme
- Fast tracking to report violent incidents and hate crimes
- Confidential 1-2-1 support and advice about housing, substance and alcohol misuse, legal issues, immigration, education and employment
- Resources to leave sex work
- Activities and workshops
- Help dealing with officials
- Complementary therapies
- A specialist sex worker helpline

**How the initiative has improved patient care**

The project has developed over the year providing a fast, safe and patient focused service; this is demonstrated in the uptake in the clinic numbers, 228 patient attendances in the first year.

- The service has detected new HIV positive individuals and those with other sexually acquired infections including herpes, warts, syphilis, gonorrhoea, and Chlamydia.
- Undiagnosed STI's and HIV in the UK (particularly in London) continue to be a problem for individuals and their sexual contacts both from an individual and a wider public health perspective.
- This service has reached a new demographic and demonstrated an increased burden of disease in individuals.
- Recent NICE guidance recognises that promoting HIV testing in high risk groups is advantageous from both a public health perspective and individual perspective and helps reduce undiagnosed infections and prevents onward transmission.
- We have also been able to provide transfer of care services for several HIV positive individuals who were not accessing any services regularly and have asked to be seen in Chelsea and Westminster Medical Centre HIV Outpatient Department services as they were impressed with the services we provide.
- For people with HIV to get the best from the available treatments they need to be aware of their infection and access care in time. It is also very important that people who are not infected know that they are HIV negative. Making regular HIV testing a routine is crucial to achieve these outcomes.

### **Lessons learnt which could be applied elsewhere in the Trust or the NHS**

Nurse-run Sexual health clinics are exceptionally good at providing a service that is

- cost effective
- accessible
- evidenced based
- gold standard
- patient focused

It also embraces the use of other provider services in the community, resulting in consistent holistic support directed at some of the most hard to reach and vulnerable individuals in the Borough who are at risk of STI's and HIV and may not access mainstream or primary care services. The partnership working with THT has also been extremely positive and useful and added to clinical staff's knowledge base.

### **3.2 Tissue Viability Nurse, Sarah Masterson**

#### **The specific problem affecting patient care which the project or initiative addressed**

A significant increase in pressure ulcer incidence across the Trust and a need to reduce this. A reduction from 9.29% in July 2010 to 4% in March 2011 was achieved.

#### **Actions taken to tackle the problem**

- Established local ownership of the issues with matrons and ward managers through effective communication, focussed education, and the ownership of the on call arrangements for pressure ulcer issues when the Tissue Viability nurse was away.
- Local education for ward staff on wound assessment and reporting, to ensure the extent of the problem was understood, owned and addressed.
- Multi-professional review of issues regarding patients with very complex needs, with significant therapy input including a corporate purchase of 200+ patient chairs with integral pressure relief.
- Leading role in establishing Pressure Ulcer Action Group to take issues forward and to support staff in achieving the required reduction in incidence.

#### **How the initiative has improved patient care**

Reduction in pressure ulcer prevalence from 9.29% to 5.05% in 7 months and an increase in pressure ulcer reporting compliance from 10% to 90% in 6 months.

### **Lessons learnt which could be applied elsewhere in the Trust or the NHS**

The value of :

- Multi professional approach to problem solving; nurses and therapists working actively together.
- Corporate purchasing of equipment, using clinicians and procurement to lead.
- Local ownership of problems to sustain success.
- Targeted education.

#### **Other comments**

Significant future activities are in progress, eg working with Clinical Photography to produce a library of pictures of patient positioning techniques for ward use and as an education resource and the development of care bundles for pressure ulcers.

### **3.3 Communications Department (Matt Akid, Renae McBride and George Vasilopoulos) – Staff flu vaccination internal communications campaign**

#### **The specific problem affecting patient care which the project or initiative addressed**

This internal communications campaign addressed the challenge of increasing a dangerously low rate of staff vaccination against flu. This was a cause for concern in December 2010 when there was an increase in the number of cases of flu in London, some of which were caused by the swine flu virus. The London-wide picture was reflected in the number of patients being treated for flu at Chelsea and Westminster including a number of life-threatening cases in ICU.

While swine flu is a relatively mild illness for most people, it can be very serious for some, with pregnant women and people with a long-term health condition more at risk of becoming seriously ill.

Flu vaccination is recognised to be the best defence against the virus and so staff were encouraged to get vaccinated to protect not only themselves and their families but also their patients.

In mid-December 2010 only 270 staff had been vaccinated and this low vaccination rate was identified by the Trust's Strategic Flu Group, chaired by Interim Director of Nursing, Therese Davis, as a risk to patient safety because staff need to ensure they are free from and protected from exposure to communicable infections during the course of their work.

#### **Actions taken to tackle the problem**

An internal communications campaign was launched to communicate the benefits of flu vaccination to staff and to increase the number of staff being vaccinated. This was led by the Communications Department working closely with the Occupational Health department which ran most vaccination clinics, senior nurses who provided vaccinations in wards and departments, the Emergency Planning Lead and other staff.

The campaign was overseen by the Interim Director of Nursing and other senior colleagues on the Trust's Strategic Flu Group.

The internal communications campaign ran from December 2010 - February 2011 and included the following:

- Daily emails sent on behalf of the Interim Director of Nursing to publicise vaccination sessions.
- Posters featuring clinical leaders advocating vaccination including Dr Mike Anderson (Medical Director), Dr Berge Azadian (Director of Infection Prevention and Control)
- Key messages communicated through established channels of internal communication including Trust News, Team Briefing, the Daily Noticeboard email bulletin, Intranet and PC Desktop icon.

### **How the initiative has improved patient care**

The internal communications campaign dramatically increased the number of staff vaccinated against flu from a starting point of 270 staff vaccinated by mid-December 2010 when the campaign started, to more than 1,800 in mid-February 2011:

#### **2010**

Friday 17 December	270
Friday 24 December	672
Friday 31 December	903

#### **2011**

Friday 7 January	1285
Friday 14 January	1551
Friday 21 January	1607
Friday 25 February	1855

### **Lessons learnt which could be applied elsewhere in the Trust or the NHS**

Clinical leadership, as evidenced by the use of clinical leaders in the posters advocating vaccination to staff, is vital in shaping the views of frontline clinical staff and can have a powerful impact on their behaviours.

Sustaining communication over a prolonged period of time and using a small number of consistent key messages is essential in achieving behavioural change and in ensuring that all staff (especially those with limited access to email) are communicated with.

Utilising a wide range of communication channels such as repeating the same key messages in a consistent way in a number of different formats (eg posters, emails, printed newsletters, face to face briefings), increases the likelihood that all staff are communicated with.

These lessons should be applied to future scenarios in which communication with staff is of central importance, for example, CQC Standards, key messages from Staff Survey etc.

### **Other comments**

Our internal communications campaign, particularly the use of posters featuring clinical leaders, was used by NHS London's Emergency Planning team as an example of good practice and communicated to NHS organisations across London as such. PDF versions of the posters are attached for information.

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.11/Jul/11
<b>PAPER</b>	Council of Governors Funding Report 2011/12 Month 3
<b>AUTHOR</b>	Part A: Liz Revell, Interim FT Secretary Part B: Renae McBride, Communications Manager Part C: Sian Nelson, Membership and Engagement Manager Part D: Sian Nelson, Membership and Engagement Manager
<b>LEAD</b>	Cathy Mooney, Director of Governance and Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	The report provides an overview of the use of the Council of Governors budget to Month 3 and outlines three requests for funding.
<b>DECISION/ ACTION</b>	Part: A: The Council of Governors is asked to note the report Part B: The Council of Governors is invited to comment on the proposal and is asked to agree the request for funding for Maternity and Children's Services Events Part C: The Council of Governors is invited to comment on the proposal and is asked to agree the request for funding for Members Recruitment Campaign 2011 – Extra funding Part D:

## Council of Governors Funding Report

### Part A

#### 1.0 Background

The decision was made at the November 2008 Council of Governors meeting that a recurring budget of £100,000 per financial year was to be made available to the Council of Governors to spend at their discretion on relevant projects. It was agreed at the Trust budget setting meetings that the Council of Governors fund should be reduced in line with the Trust's overall cost improvement programme, to £95,000.

#### 3.0 Funding Overview for

£17,089.90 was accrued for the activities listed in the table below which were approved by the Council of Governors and this figure was reported at the last meeting.

#### 4.0 Use and accruals of funds 11/12 Q1

Activity 11/12	Estimate
Open Day	£15,139.90
Face to Face Recruitment Campaign	£1,950.00
Learning Disability Membership Leaflet	£1,304
Quality Award	£2,400
Communications campaign to publicise the Trust's 4 priorities for quality improvement – from 10/11	£4,000
<b>TOTAL</b>	<b>£24,794</b>
 <b>From previous years – revised bids to be presented.</b>	
Discharge Booklet	£8,200

#### 5.0 Summary of Requests for funding

### Part B

#### Maternity and Children's Services Events – Proposal

##### 1. Introduction

The Annual Members' Meeting will be held at 5.30pm on Thursday 15 September in the Restaurant on the lower ground floor of the hospital.

In previous years this has been a well-attended event with several hundred Foundation Trust members and hospital staff in attendance. Although the Annual Members' Meeting is well attended, it does not tend to attract younger people, parents (especially women) with young children, and others who use our Women's and Children's Services.

Therefore it is proposed to run other events in September that are targeted specifically at Foundation Trust members and others – focusing on Maternity and Children's Services.

## **2. Aims**

We know from previous years that the majority of attendees at the hospital's Annual Members' Meeting are older people. As Maternity and Children's Services are two of the Trust's most high profile and popular specialties, events being proposed are intended to engage with existing members who are unlikely to attend the meeting.

It is hoped that by engaging with these groups, the Trust will be able to use the opportunity to recruit new members within underrepresented groups.

## **3. Implementation**

The Annual Members' Meeting and associated events will be managed by the Communications Department in close consultation with senior management and clinicians within Maternity and Children's Services.

We are proposing to hold events in the same week as the Annual Members' Meeting (week commencing 12 September).

While the events are still in the planning stages, potential activities include:

- 'Hard Hat' tours of the Netherton Grove development site
- Launch of a 'Birth Matters' campaign to promote the benefits of natural birth to patients, the public and staff – this would form part of a larger campaign aimed at reducing the Trust's high rate of both C-sections and epidurals
- Focus groups or other forums to gather user feedback on our services
- Events involving students from local schools or colleges
- Lectures or seminars by some of the hospital's consultants on topics of interest to women, new mothers or young people

## **4. Funding**

The Trust is very grateful for the financial support provided by the Council of Governors.

We would like to ask the Council to consider funding the cost of the Annual Members' Meeting – including advertising in local press, promotional material such as posters and flyers, catering and audio visual equipment – at a cost of £1,500 and the associated events at a cost of £3,500 (total funding request £5,000).

## **5. Actions for the Council of Governors**

Governors are invited to comment on the proposal and to support a request for funding of the project.

## **Part C**

### **Members Recruitment Campaign 2011 – Extra funding**

#### **1. Introduction**

Since 2006 there have been a static two face to face membership recruitment campaigns per annum.

Our membership figures demonstrate a high membership drop out rate. In 2010/11 1466 people left membership or changed constituency. There is clearly a need to recruit those members we perceive to lose before aiming to increase membership.

The first membership recruitment campaign for 2011/12 was conducted in June. 'Capita Recruitment' successfully recruited 300 new members in the borough of Hammersmith and Fulham. A second recruitment campaign will take place in early September 2011 within the hospital to recruit patient members and to promote the Annual Members Meeting and forthcoming Governor Elections in November 2011. Capita Recruitment has shown strength in recruiting and guarantees 300 members per campaign. This was proven in the June 2011 campaign.

The Council of Governors Membership Sub-Committee have agreed and propose one extra member's recruitment campaign to take place in 2011 to guarantee a total of 900 new members in 2011/12.

## **2. Aims**

To conduct a third recruitment campaign in the borough of Westminster and Wandsworth.

To address the need to recruit in areas of low geographical representation, as outlined the Membership Development and Engagement Strategy 2011/12

## **3. Implementation**

The member's recruitment campaign will be conducted by 'Capita Recruitment'. Capita will provide the following services:

- Recruitment of 300 public members in the boroughs of Wandsworth and Westminster.
- Provide high quality, experienced staff.
- Data input onto Capita membership database
- Gather any other feedback with regards to Chelsea and Westminster Hospital Foundation Trust.

Two Public Governors for Wandsworth and Westminster have agreed to help support this campaign in their constituencies.

We are proposing to hold the campaign late August or early September, post summer holiday season.

## **4. Funding**

The Trust is very grateful for the financial support provided by the Council of Governors.

We would like to ask the Council to consider funding the cost of the Members Recruitment Campaign at a cost of £2,340 (inclusive of VAT @20%).

## **5. Actions for the Council of Governors**

Governors are invited to comment on the proposal and to support a request for funding of the project.

## **Part D**

## **Improvements to the Information Zone**

### **1. Introduction**

The Council of Governors funded the Information Zone, as a designated area for Governors to engage with members, patients and the public regarding membership matters.

The Council of Governors Membership Sub-Committee has created a schedule for Governor Sessions within the Information Zone. This creates an opportunity for members, patients and the public to meet a Governor, and discuss membership or other matters.

The Governors who attend 'Meet a Governor' sessions require furniture to sit comfortably to conduct their sessions.

### **2. Aims**

Improvements to the Information Zone – furniture for Governors to conduct their sessions in a comfortable and professional approach with members and potential members.

Improvements to the Information Zone will include:

The supply of one maple table and two chairs.

This provides Governors and (potential) members a table and two chairs to provide comfortable seating to complete membership forms or other feedback documentation.

The use of maple wood is advised so as to keep in theme with the maple wood bench and fencing, which has a smart appearance. The table will be nailed to the ground to prevent it being taken to other areas.

### **3. Funding**

Funding is requested from the Council of Governors for a total of £580.80 inclusive of VAT.

The breakdown of costs is:

Supply of one maple face table and two chairs = £484.00

VAT @ 20% = £96.80

### **4. Actions for the Council of Governors**

The Council of Governors is asked to discuss whether the furniture is appropriate and approve the funding request.

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.13/Jul/11
<b>PAPER</b>	Friends Patient Support Project
<b>AUTHOR</b>	Charlotte Mackenzie Crooks – Staff Governor
<b>LEAD</b>	Sandra Smith Gordon – Public Governor
<b>EXECUTIVE SUMMARY</b>	<p>This paper provides feedback on the progress of the Friends Patient Support Project.</p> <p>The Annual Report of the Voluntary Services &amp; Work Experience Department was presented to the Board in June and this is available to the Council under 'items for information'</p>
<b>DECISION/ ACTION</b>	For information.

## Friends Patient Support Project

### 1. Introduction

The Friends of Chelsea & Westminster Hospital recently agreed to fund a project to provide support for our most vulnerable patients on the ward, particularly at mealtimes. The funding was primarily for the position of a Band 4 Ward-based Patient Support Co-ordinator on an initial 18 month contract. The new Co-ordinator (Serena Venticonti) started in post on 7th February 2011.

The main aims of the project are to actively recruit, train and support a group of volunteers to:

- provide company & support to patients (and their families) on the ward
- assist the most vulnerable patients at mealtimes
- act as advocates for vulnerable patients

We are aiming to achieve the following outcomes:

- Improved patient experience
- Better clinical outcomes: reduction in the falls rate / improved nutrition
- Increased public awareness of the scheme and promotion of C&W as 'Hospital of Choice'

As a key part of the project we have developed a 'referral' system.

**1.1. 'Request a volunteer'** button on the 'Your Hospital Visit' page of the website (which went live on 31st March 2011). This button is designed for friends or family members to contact the service and request a volunteer visit or assist their relative. This will be of particular value to those who are unable to visit their relative or friend due to geographical distance or other carer commitments. A referral leaflet was designed and printed at the end of May 2011 and copies have been distributed to all wards / MPALS and will be placed in key locations in the community (such as libraries, GPs surgeries etc) to advertise this service and encourage referrals.

**1.2. Staff referrals** – Ward managers (and other health professionals) are being encouraged to contact the Co-ordinator to refer patients that they identify as being in need of support. For example patients with mild dementia, at risk of falls, lonely or in need of assistance at mealtimes.

**1.3. External referrals** - Links have been made with local borough services such as residential homes and day care centres to encourage staff to refer service users to the Patient Support Service for Hospital in-patient stays and also for outpatient appointments. For example: requesting volunteer support for planned outpatient appointments for Learning Disabled patients.

### 2. Achievements to date

#### 2.1. Recruitment of volunteers

We conducted a strong recruitment drive and have taken on 30 volunteers and are processing the applications of another 29.

Since the project started 46 have attended the Nutritional Assessment & Feeding Techniques training which is run each month by the dietetics and speech & language therapy team.

#### 2.2. Roll out of the project on to other wards

The project started on Nell Gwynne ward as this is where some of our most nutritionally at risk patients are based.

### **2.3. Referral system**

Referrals are beginning to come in through the website and volunteers and patients alike are getting huge benefit from these visits. Even though the referral scheme is in its early stages feedback has been really excellent:

“I think that you all do an absolutely WONDERFUL job – it is very much appreciated.”

“I must first express my most sincere gratitude to you and your team - including Modupe. You presented me and Jimi such a reliable source of support during his stay in the hospital. I would have been much more traumatic for me due to the physical distance between us and inability to see visit him often. “

## **3. Future developments**

Through the work on the wards it is clear that there are a couple of areas where volunteers could expand their role.

### **3.1. ‘Here to help’**

We have recently conducted a trial to see if there was a need for volunteers to be used as ‘wayfarers’ in the Hospital to direct and signpost people to departments.

As well as being of help to patients this concept was also developed as a means of allowing volunteers to be more active and engaged in their role. Assisting at mealtimes can be a very solitary and intense role, particularly if patients are unresponsive or cannot talk. This role has been envisaged as an additional element to the feeding assistance and befriending service not as an alternative role as our focus is based primarily on in-patients but there is also a need to support out-patients and visitors.

The basic trial was a great success with over 40 requests for directions or assistance in a 90 minute period. Existing volunteers have shown great enthusiasm for this role and subsequent trials have shown not just a continuing need but also a desire by our volunteers to be involved.

**Next steps:** an evaluation of the trial will be carried out at the end of June and a decision made on whether the project should be launched.

### **3.2. Activity based volunteering**

We are actively recruiting for new volunteers who can bring an additional dimension to the role in the form of activity based skills. Hospital wards are very emotionally sterile places and we feel that a key direction for this project is to bring a bit more enjoyment, fun and engagement to the wards. This might be in the form of massage for patients, bingo sessions or music. The direction that this takes will be very much dependent on the sort of volunteer applicants that we receive.

### **3.3. Continued recruitment**

Volunteers are not a stable work force and modern volunteers often do not stay for more than a few months. We therefore need to work hard not just to maintain numbers but also to grow numbers. Identifying and attracting the ‘right’ sort of volunteer is the key to this process and we hope that word of mouth and the new referral leaflet (which has a section on applying to become a volunteer) will assist us in achieving this goal.

#### **4. Key factors of future success**

To make sure the project fulfils the patients' needs and become a permanent asset to the wards the following steps need to be achieved:

- More targeted recruitment of volunteers that can give long and stable presence in our wards. For example, retired local residents rather than students or young people that are only looking for work experience or reference.
- Make the recruiting process quicker (without compromising the patients' safety) so people can start volunteering sooner after submitting their initial application therefore avoiding applicants losing interest and dropping out during the process.
- Create alternative activities to fulfil the volunteers' expectations, to avoid losing volunteers because of boredom.
- Make sure the project adapts to the changing needs of the patients and wards.
- Arrange meetings / social events to facilitate exchange of information and experience between  
Volunteers and engender a sense of teamwork.
- Create occasions where volunteers will be rewarded for their contribution to the patients and where the work that they carry out inside the hospital will be publically acknowledged

#### **5. Conclusion**

The project is making a remarkable difference in patients' life, bringing support and the "human touch" to the hospital wards.

In the short time that Serena, the Friends Patient Support Co-ordinator has been in post she has achieved a vast amount. Her presence each day on the ward allows her to support not just the patients but also the volunteers.

She has built excellent relationships with staff members and through her contact with patients and volunteers has become the eyes and ears of the patients and so can identify issues that affect patient experience and discuss them with senior staff so that action can be taken.

Serena continues to lead, grow and develop the project and her commitment and enthusiasm is instrumental in making this project successful.

**Charlotte Mackenzie Crooks**

Volunteer Services & Work Experience Manager

8<sup>th</sup> June 2011

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.14/Jul/11
<b>PAPER</b>	Governor/Senior Nurse Patient Rounds Update
<b>AUTHORS</b>	Jane Tippet, Assistant Director of Nursing Chris Birch, Patient Governor Jane Bruton, Clinical Nurse Lead, HIV
<b>LEAD</b>	Therese Davis, Chief Nurse and Director of Patient Flow and Patient Experience
<b>EXECUTIVE SUMMARY</b>	This paper provides feedback from the third Senior Nurse Governor Round undertaken on 3rd May 2011. It includes a personal account from Mr Chris Birch, Patient Governor
<b>DECISION / ACTION</b>	For information.

## **Report on Senior Nurse/Governor Round**

### **1.0 Introduction**

- 1.1 This paper describes the third Senior Nurse/Governor round undertaken following the Council of Governors meeting in February 2011.
- 1.2 For the third round on the 3rd May 2011, Jane Bruton, Clinical Nurse Lead for HIV agreed to meet with Mr Chris Birch, Patient Governor and facilitate the visit.

### **2.0 Feedback from Mr Chris Birch on the visit to Sexual Health and HIV Clinics**

- 2.1 We started at 9.00am by visiting the John Hunter Clinic for Sexual Health in the St Stephen's Centre, next door to the hospital, which is the start of the journey for most of our sexual health patients on the Chelsea and Westminster site. HIV tests, with results in less than five minutes, are provided here in addition to pregnancy testing, contraception, hepatitis B and C screening and hep B vaccinations and many other services. The clinic has about 26,000 attendances of both men and women per year. These patients are more varied than at either of our other two sexual health clinics. The clinic is open in the evening on Tuesdays and Wednesdays.
- 2.2 We then went to the Kobler Clinic on the ground floor of the St Stephen's Centre. This is a HIV outpatient clinic, which sees about 4,500 patients a year and which is open until 7pm on Wednesdays. The St Stephen's volunteers serve tea, coffee, orange juice and biscuits to patients in the waiting area.

Here I met an old friend from my days at London Lighthouse, who was waiting to see his consultant, Dr Mark Nelson. They both very kindly agreed to allow me to sit in on the consultation. Fascinating, but of course confidential.

- 2.3 Then a quick visit to the HIV Day Care unit on the second floor of the hospital, which now provides a Rapid Review clinic for HIV patients with an urgent problem related to their status. There is a six-bedded bay for treatments and investigations. Then on to the Thomas Macaulay ward, a 20-bedded dedicated HIV inpatient ward, next door to the Day Care unit.
- 2.4 Our next stop was the West London Centre for Sexual Health located in the south wing of Charing Cross Hospital, but sadly with no signage at the entrance to the hospital. Here the patients are significantly different from those attending the John Hunter, Kobler and 56 Dean Street clinics. The centre, which is open on Saturdays, has about 29,000 attendances a year, and a high proportion of those are of Black African or Black Caribbean origin. They have a cohort of about 680 HIV patients

There is also a group of young patients between the ages of 16 and 24 and there is a special walk-in clinic to address their needs

- 2.5 Our final destination was our two-year-old 56 Dean Street clinic in Soho, now the busiest clinic of its kind in London and already feeling the need for an additional consultant. 56 Dean Street has about 53,000 attendances a year, and these are predominantly men who have sex with men. Outreach work is also done in the local Chinese community where there is a lot of hepatitis. They have a cohort of about 1,800 HIV positive individuals.

The clinic is open until 7pm on Mondays, Tuesdays and Thursdays and from 11am to 4pm on Saturdays, which is a big advantage for patients who are working.

### **3.0 General impressions and conclusions**

- 3.1 We provide a friendly, confidential and free world-class sexual health and HIV service, in three separate centres, of which we can be extremely proud. The opening hours take account of the fact that many of our patients are working. The ambiance is welcoming, and the waiting areas, particularly at 56 Dean Street, are like those of a five-star hotel, so different from those of many sexual health clinics a few years ago.

I was extremely impressed by the enthusiasm of all the staff I met.

I was surprised to learn how much stigma is still a big issue 30 years after the start of the HIV pandemic.

A return visit to the Thomas Macaulay ward is planned so that I can talk to some of the HIV inpatients.

I am extremely grateful to Jane Bruton, Clinical Nurse Lead for HIV, for taking me on a four-and-a-half-hours Grand Tour of all our sexual health and HIV clinics on 3 May 2011.

### **4.0 Update on actions and feedback from previous rounds**

- 4.1 The first two visits held on 16th March and 19th April 2011 identified some areas where practice could either be improved or changed.
- ***Patient orientation to the ward on admission.***  
Nursing staff on David Evans Ward orientate patients to the ward during the admission process. This includes informing them of meal times and tea and coffee facilities. The Trust is in the final stages of editing a handbook that will be available to all patients either prior to their admission to hospital or on admission.
  - ***Cleanliness of toilets on the ward***  
Patients are actively encouraged to inform ward staff if they find a toilet or bathroom in need of cleaning. In addition to this, all wards will have notices informing patients who to contact if the toilet/bathroom needs cleaning between schedules.
  - ***Noise at night***  
From July all Wards will have a supply of eye masks and ear plugs. On admission, staff will inform patients that they are available to use. Stocks will be kept topped up by ISS.

### **5.0 Summary**

- 5.1 The introduction of Senior Nurse/Governor Rounds has been a valuable experience for both staff and Governors to visit clinical areas, talk to patients and staff and most importantly see where there are opportunities to improve care for patients.
- 5.2 The next dates for the Senior Nurse/Governor Rounds are scheduled for 22nd July and 24 August 2011. Further information is available on the Trust website.

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.15/Jul/11
<b>PAPER</b>	Membership Development and Engagement Strategy 2011-12
<b>AUTHOR</b>	Sian Nelson, Membership and Engagement Manager
<b>LEAD</b>	Jane Tippett, Acting Assistant Director of Nursing
<b>EXECUTIVE SUMMARY</b>	The Membership Development and Engagement Strategy 2011-12 outlines current membership and focuses on priorities of membership for 2011-12.
<b>DECISION/ ACTION</b>	The Membership Development and Engagement Strategy 2011-12 has been approved by the Council of Governors Membership Sub-Committee and seeks approval from the main Council of Governors.

# **Membership Development and Engagement Strategy**

**2011/12**

Author:  
Sian Nelson  
Membership and Engagement Manager  
May 2011

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## 1.0 Introduction

Since receiving Foundation Trust status in 2006, Chelsea and Westminster Hospital Foundation Trust has made considerable efforts to build a membership that is vibrant and representative of its patients, staff and public.

### Current figures

At the year end of 2010/11 the membership total was: 14, 501 members, which are broken down by constituency in Table 1 below.

Constituency	Total Members	Percentage
Staff	3, 173	21%
Patient	5,591	39%
Public	5,737	40%
Total	14, 501	100%

Table 1 Membership figures 01 April 2011

During 2010/11 there were more members leaving membership than joining in the patient and public constituencies. This shows that membership recruitment needs to work hard to maintain numbers as a high drop-out rate occurs in our trust. These figures are shown in Table 2 below.

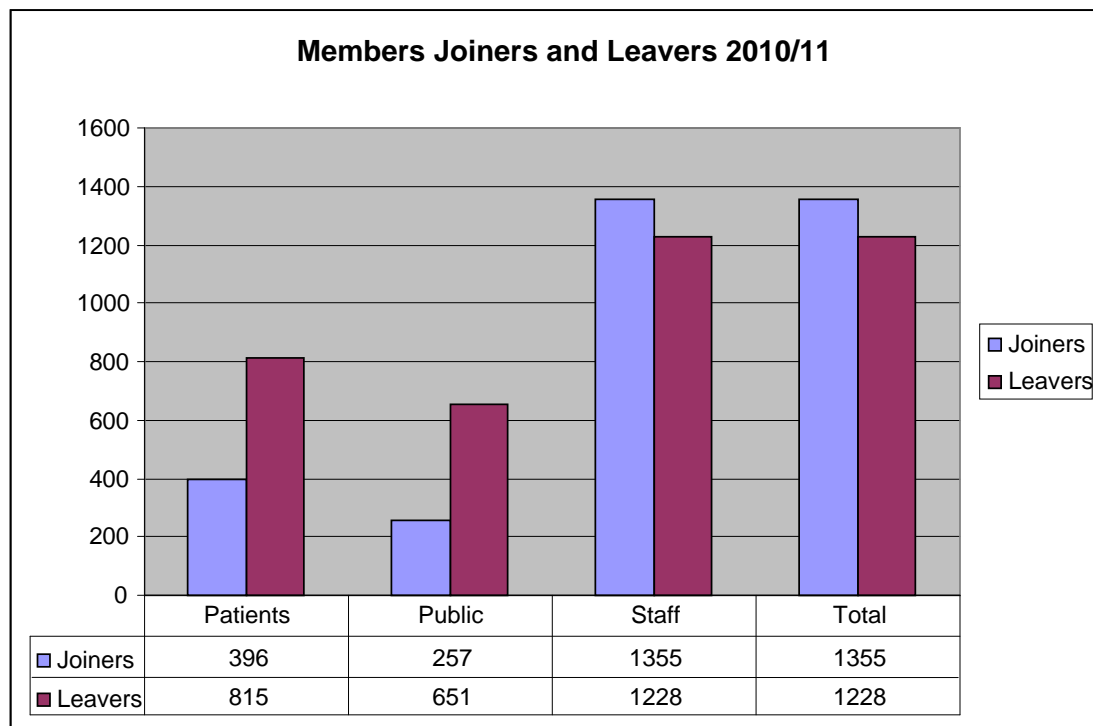


Table 2 Membership Joiners and Leavers 2010/11

Assessing likeness against other Foundation Trusts is difficult as trusts are situated in a geographical region which has a unique patient and public population. However, data from Monitor show a positive position for Chelsea and Westminster Hospital in terms of its membership size and ratio of patients and public members, in comparison to other London Foundation Trusts<sup>1</sup>.

The Membership Development and Engagement Strategy 2011/12 will focus on how we can retain current members, recruit new members, and engage with existing members

Engagement with members should remain at the forefront of our thoughts as a large membership cohort is meaningless without good communication and a forum for expression of membership views.

Engagement is a main focus of the Government's theme of "putting patients first" – about giving people more information and control and greater choice about their care (Department of Health 2010). By way of membership, we are offering patients, staff and the public a forum to ensure they are at the heart of their own health and social care services.

Regular communication with members is a way of maintaining our existing members so that they feel valued and involved and thus preventing members to leave membership unnecessarily. During 2009-11 there have been significant developments in achieving better communication between members and Governors and this will continue throughout 2011/12. Recruitment throughout 2011/12 can now be tracked through database coding which will enable us to measure the success of events.

## **2.0 Membership Development**

The trust will focus in 2011-12 on maintaining numbers from 2010/11. This will mean ensuring those members that leave are replaced so that the figures do not decrease. Financial resources and dedicated personnel are needed to meet this ongoing challenge.

There will be an underlying aim to enhance current membership figures. The ability to measure recruitment against events will enable us to concentrate on successful recruitment activities. These figures will be outlined in the recruitment and activity calendar of events for 2011/12.

Membership engagement will be a priority for 2011/12; however engagement activities should also provide opportunity for new membership recruitment.

The trust recognises the importance of strengthening and maintaining good communication with our stakeholders, to find ways of enhancing our recruitment methods. The trust has developed a positive relationship with the Local Improvement Networks (LINKs) Kensington and Chelsea with the main objective of ensuring we meet the needs of patients and the community who the trust and LINKs serve.

LINKs Kensington and Chelsea have approximately 800 members who will be targeted to become members of Chelsea and Westminster Hospital. LINKs will also have the opportunity to replicate this method with our members.

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<sup>1</sup> *Membership Figures at 31<sup>st</sup> March 2010. Accessed 15<sup>th</sup> May 2011.*

*\*<http://www.monitor-nhsft.gov.uk/home/about-nhs-foundation-trusts/nhs-foundation-trust-performance/actual-performance/membership-figu>*

### Areas with low membership

The highest membership representation is in the Kensington and Chelsea Area 2 and Hammersmith and Fulham Area 2<sup>2</sup>. Both of these areas are in closest proximity to the hospital.

Lowest representation is within the Borough of Wandsworth and the City of Westminster. The Borough of Wandsworth is primarily served by St. George's Hospital; therefore we must be realistic with membership in this area. However, work will be planned for 2011/12 to enhance communication and membership recruitment overall in both boroughs.

General Practitioners (G.P) will become even more important with the creation of G.P. consortiums. G.P Practices have been identified in the Wandsworth and Westminster constituencies to carry out recruitment campaigns in 2011/12.

A membership DVD was created in April 2011 and is currently being shown in G.P. Practices in the Borough of Hammersmith and Fulham. Membership application forms have been delivered to G.P.'s across all constituencies.

### Black Minority and Ethnic Groups (BME)

As of April 2011 the public members' ethnic profile<sup>3</sup> shows a similar representation of each ethnic group, apart from the black ethnic group which remains the lowest and will be addressed in the Membership recruitment and activity calendar of events.

### Younger People

Membership in the patient constituency is most represented in the age group 40-49 years (14%).<sup>4</sup>

The reason for this may be due to adults starting to attend hospital in their thirties for childbirth and the onset of illness beginning in the years 40-49. People within this age range are most likely to be active and vocal with regards to their own health needs and those of their children.

Membership in the public constituency increases in representation from the age groups 50-59 and 60-69 (14% for each group). However, comparison against the local eligible population shows that the age group 90+ has the highest proportion of representation in the community.

The public age group 16-19 years shows representation of 0.2% (overall membership) and 0.04% of the local eligible population but this reflects the minimum recruitment age of 16 years. This is reflected in the patient age group of 16-19 years (0.2%). The trust is keen to engage with younger members and to support and hear their views.

The Membership Sub-Committee will plan ways of engagement with existing young persons' forums.

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<sup>2</sup> Appendix 5.1

<sup>3</sup> Appendix 5.2

<sup>4</sup> Appendix 5.3

### Disability Groups

The trust has developed a Learning Disability Steering Group Committee in recognition of the need to better support patients and their carers with learning disabilities. The trust should address the needs of these service users and ensure they are represented. The same shall be reflected for patients with physical disabilities and their carers.

There is no current membership data to reflect these groups but the membership application form requests this information. Information can be sought from the M-PALS department and the complaints department to assess related themes related to concerns, complaints and general feedback.

The Membership and Engagement Manager and Governor Representation, along with a patients' carer representative attend this committee which will support ideas for future membership engagement.

## **3.0 Recruitment and Engagement**

### Community

In the summer of 2011 there will be targeted recruitment campaigns in the communities of Hammersmith and Fulham, Wandsworth and Westminster constituencies. These campaigns aim to recruit a total of 600 public members overall.

### Our Mobile Health Clinic

There has been a focus on engagement in the community in 2010/11. The Membership Sub-Committee has taken the opportunity to join the trust's outreach teams in the local community to carry out membership recruitment alongside health screening.

The hospital's mobile health clinic focuses on outreach work in the local communities. This service offers health screening for 'hard to reach' groups in the community. Engagement and membership recruitment should go 'hand in hand' with the health screening events. For example, the mobile health clinic has run health and sexual health screening in various locations and has recently identified the health needs of a Black, Minority and Ethnic (BME) groups in one of the public membership constituencies. Membership recruitment has taken place here and was positively received from the public.

This is a model of good practice as the event offers an opportunity for engagement about our health care services, reaching local populations that may not otherwise use our hospital services and recruiting to membership in an appropriate context. This method will be encouraged for 2011/12 and participation will be sought from the Council of Governors

### Engagement activities within the hospital

'Meet a Governor' sessions are held frequently in the dedicated 'Information Zone'. These are promoted through the hospital website, posters, displayed on an electronic text message board and the plasma screens in the Information Zone. These sessions are important to provide accessibility between members and Governors, and will continue through 2011/12.

The Membership-Patient Advice and Liaison Service (M-PALS) sends out a membership application form when responding in writing to M-PALS users, and when appropriate to face to face users.

Staff engagement (between Governors and members) has been successful in 2010/11 and helped staff understand the role of Governors within the trust. This has included presentations and workshops at the staff Seasonal Working Conference which received excellent feedback from staff and Governors. Staff Governors plan to hold engagement sessions in 2011/12 to further interact and continue attendance at the Seasonal Working Conference.

The trust holds its Annual Open Day event which hosts near to 1, 500 people each year. This is a prime opportunity for recruitment and Governors recruited 75 new members in 2011.

As part of the annual twice yearly recruitment campaign, a recruitment campaign will be held within the trust prior to the September Annual Members Meeting.

The Annual Members Meeting invites all members to meet with the Chairman, consult with and listen to speakers about developments in the hospital. There is opportunity for members to discuss with the trust executives about any hospital service or health care issues they may have.

There are two membership mailings each year which include a special edition of the hospital's Trust News and opportunities to 'get involved'. Two membership emails per year are also sent to members with the opportunity to send 'ad hoc' mailings for special news updates, or consultations.

#### Hospital volunteers

There are approximately 300 volunteers working at the hospital, many of whom are not members of the trust. We propose to increase membership of this group during 2011/12.

#### Governor Elections in 2011/12.

Two Public Governor Seats will be vacant at the end of October 2011 and another eleven Governor seats will become available in November 2011.

A membership recruitment campaign in September 2011 will promote the 2011 elections alongside other strategies, for example networking with members and stakeholders in the public constituencies where seats arise.

### **4.0 Summary**

The Membership Sub-Committee with the overall support from the Council of Governors will aim to maintain membership numbers and engagement activities with specific focus on underrepresented groups in the community. These will include the following:

- Membership of Black Minority and Ethnic Groups (BME).
- Maintain current engagement activities within the hospital
- Engage with those geographical areas with low membership
- Develop representation from disability groups

The Membership Development and Engagement Strategy for 2011/12 will supersede the Membership Development and Communications Strategy 2009/10. The strategy will be reviewed annually.

The calendar of recruitment and engagement events in 2011-12 will be reviewed b-monthly at the Council of Governors Membership Sub-Committee and at the Council of Governors meetings on a quarterly schedule. This will enable us to track progress and maintain a 'live' schedule of events throughout the year.

**Reference**

Department of Health (2010) Equity and Excellence: Liberating the NHS

## Appendices

### 5.1 Public Membership Sub-Constituencies at 01 April 2011

Area	Total	Eligible Population	% of Eligible Population
City of Westminster Area 1	428	93, 158	0.5%
City of Westminster Area 2	513	79, 627	0.6%
Hammersmith and Fulham Area 1	578	86, 995	0.7%
Hammersmith and Fulham Area 2	927	78, 517	1.2%
Kensington and Chelsea Area 1	522	69, 213	0.8%
Kensington and Chelsea Area 2	1, 741	89, 788	1.9%
Wandsworth Area 1	346	131, 375	0.3%
Wandsworth Area 2	682	127, 588	0.5%
<b>Total public membership</b>	<b>5737</b>		

### 5.2 Public Membership Ethnicity at 01 April 2011

Public	Number of Members	Eligible Population	% of eligible population
<b>Ethnicity</b>			
White	4,092	581,753	0.7%
Mixed	241	28,772	0.8%
Asian	346	48,323	0.7%
Black	295	67,208	0.4%
Other	291	29,947	0.8%
Unknown	472		N/A
<b>Total public membership</b>	<b>5737</b>		

### 5.3 Patient Membership Age Distribution at 01 April 2011

Age range	Patients membership total	% of patient membership
16-19	12	0.2%
20-29	226	4%
30-39	496	9%
40-49	795	14%
50-59	563	10%
60-69	466	8%
70-79	340	6%
80-89	169	3%
+90	46	0.8%
Unknown	2478	44%
<b>Total patient membership</b>	<b>5591</b>	

### 5.3 Public Membership Age Distribution at 01 April 2011

Age range	Public membership total	% of membership	Eligible public	% of eligible public
16-19	11	0.2%	26584	0.04%
20-29	247	4%	174116	0.1%
30-39	604	10%	159461	0.4%
40-49	996	11%	90432	1%
50-59	781	14%	74171	1%
60-69	826	14%	52498	2%
70-79	769	13%	38411	2%
80-89	600	10%	19518	3%
+90	149	3%	3550	4%
Unknown	754	13%		Unknown
<b>Total public membership</b>	<b>5737</b>			

## 5.4 Overall membership figure 2006 – 2011

### Chelsea and Westminster NHS Foundation Trust Annual Churn Figures

(All annual figures run from 1st April to 31st March)

Membership Type		2006/07	2007/08	2008/09	2009/10	2010/11
<b>Public</b>	<b>At Start Date</b>	3500	6982	6580	6372	6131
	New Members	4192	76	195	186	257
	Leavers	710	478	403	427	651
	<b>At End Date</b>	6982	6580	6372	6131	5737

Membership Type		2006/07	2007/08	2008/09	2009/10	2010/11
<b>Patient</b>	<b>At Start Date</b>	6536	5898	6095	6136	6010
	New Members	969	362	433	300	396
	Leavers	1607	165	392	426	815
	<b>At End Date</b>	5898	6095	6136	6010	5591

Membership Type		2006/07	2007/08	2008/09	2009/10	2010/11
<b>Staff</b>	<b>At Start Date</b>	704	653	465	487	3046
	New Members	1	127	23	2874	1355
	Leavers	52	315	1	315	1228
	<b>At End Date</b>	653	465	487	3046	3173

Membership Type		2006/07	2007/08	2008/09	2009/10	2010/11
<b>Total</b>	<b>At Start Date</b>	10740	13533	13140	12995	15187
	New Members	5162	565	651	3360	2008
	Leavers	2369	958	796	1168	2694
	<b>At End Date</b>	13533	13140	12995	15187	14501

### 5.5 Membership Report from 01/04/2006 to 31/03/2007

Public constituency	Last year (2006/2007)	Eligible
As at start (April 1)	3,500	
New Members	4192	
Members leaving	710	
At year end (March 31)	6,982	756261

Staff constituency	Last year (2006/2007)	
As at start (April 1)	704	
New Members	1	
Members leaving	52	
At year end (March 31)	653	

Patient constituency	Last year (2006/2007)	
As at start (April 1)	6,536	
New Members	969	
Members leaving	1607	
At year end (March 31)	5,898	

Public constituency	Number of members	Eligible
<b>Age(years):</b>		
0 - 16	11	6154
17 - 21	90	40632
22+	5881	709475
Unknown	1000	0
<b>Ethnicity:</b>	<b>Number of members</b>	<b>Eligible</b>
White	4272	581753
Asian	340	48323
Black	307	67208
Mixed	267	28772
Other	1067	29947
Unknown	729	0
<b>Socio-economic groupings:</b>	<b>Number of members</b>	<b>Eligible</b>
ABC1	No Figures Available	431344
C2	No Figures Available	40531
D	No Figures Available	63223
E	No Figures Available	87991
Unknown	No Figures Available	0
<b>Gender analysis:</b>	<b>Number of members</b>	<b>Eligible</b>
Male	2897	362544
Female	4085	393249
Unknown	0	0
<b>Patient constituency</b>	<b>Number of members</b>	
<b>Age(years):</b>		
0 - 16	2	
17 - 21	70	
22+	2508	

## 5.6 Membership Report for from 01/04/2007 to 31/03/2008

Public constituency	Last year (2007/2008)	Eligible
As at start (April 1)	6,982	
New Members	76	
Members leaving	478	
At year end (March 31)	6,580	756261
Staff constituency	Last year (2007/2008)	
As at start (April 1)	653	
New Members	127	
Members leaving	315	
At year end (March 31)	465	
Patient constituency	Last year (2007/2008)	
As at start (April 1)	5,898	
New Members	362	
Members leaving	165	
At year end (March 31)	6,095	

Public constituency	Number of members	Eligible
<b>Age(years):</b>		
0 - 16	0	6154
17 - 21	78	40632
22+	5,620	709475
Unknown	882	0
<b>Ethnicity:</b>	<b>Number of members</b>	<b>Eligible</b>
White	4,750	581753
Asian	335	48323
Black	280	67208
Mixed	248	28772
Other	309	29947
Unknown	658	0
<b>Socio-economic groupings:</b>	<b>Number of members</b>	<b>Eligible</b>
ABC1	4,735	431344
C2	0	40531
D	1,581	63223
E	0	87991
Unknown	264	0
<b>Gender analysis:</b>	<b>Number of members</b>	<b>Eligible</b>
Male	2,672	362544
Female	3,865	393249
Unknown	43	0
<b>Patient constituency</b>	<b>Number of members</b>	
<b>Age(years):</b>		
0 - 16	0	
17 - 21	73	
22+	2,706	

### 5.7 Membership Report from 01/04/2008 to 31/03/2009

<b>Public constituency</b>	<b>Last year (2008/2009)</b>	<b>Eligible</b>
<b>As at start (April 1)</b>	6,580	
New Members	195	
Members leaving	403	
<b>At year end (March 31)</b>	6,372	756261
<b>Staff constituency</b>	<b>Last year (2008/2009)</b>	
<b>As at start (April 1)</b>	465	
New Members	23	
Members leaving	1	
<b>At year end (March 31)</b>	487	
<b>Patient constituency</b>	<b>Last year (2008/2009)</b>	
<b>As at start (April 1)</b>	6,095	
New Members	433	
Members leaving	392	
<b>At year end (March 31)</b>	6,136	

<b>Public constituency</b>	<b>Number of members</b>	<b>Eligible</b>
<b>Age(years):</b>		
0 - 16	1	6154
17 - 21	66	40632
22+	5,461	709475
Unknown	844	0
<b>Ethnicity:</b>	<b>Number of members</b>	<b>Eligible</b>
White	4,556	581753
Asian	342	48323
Black	280	67208
Mixed	245	28772
Other	309	29947
Unknown	640	0
<b>Socio-economic groupings:</b>	<b>Number of members</b>	<b>Eligible</b>
ABC1	5,528	431344
C2	2	40531
D	0	63223
E	829	87991
Unknown	13	0
<b>Gender analysis:</b>	<b>Number of members</b>	<b>Eligible</b>
Male	2,550	362544
Female	3,779	393249
Unknown	43	0
<b>Patient constituency</b>	<b>Number of members</b>	
<b>Age(years):</b>		
0 - 16	1	
17 - 21	64	
22+	2,982	

### 5.8 Membership Report from 01/04/2009 to 31/03/2010

Public constituency	Last year (2009/2010)	Eligible
As at start (April 1)	6,372	
New Members	186	
Members leaving	427	
At year end (March 31)	6,131	756261
Staff constituency	Last year (2009/2010)	
As at start (April 1)	487	
New Members	2,874	
Members leaving	315	
At year end (March 31)	3,046	
Patient constituency	Last year (2009/2010)	
As at start (April 1)	6,136	
New Members	300	
Members leaving	426	
At year end (March 31)	6,010	

Public constituency	Number of members	Eligible
<b>Age(years):</b>		
0 - 16	0	6154
17 - 21	61	40632
22+	5,280	709475
Unknown	790	0
<b>Ethnicity:</b>	<b>Number of members</b>	<b>Eligible</b>
White	3,895	581753
Mixed	222	28772
Asian	309	48323
Black	260	67208
Other	278	29947
Unknown	1167	0
<b>Socio-economic groupings:</b>	<b>Number of members</b>	<b>Eligible</b>
ABC1	4,734	431344
C2	4	40531
D	0	63223
E	741	87991
Unknown	652	0
<b>Gender analysis:</b>	<b>Number of members</b>	<b>Eligible</b>
Male	2,435	362544
Female	3,653	393249
Unknown	43	0
<b>Patient constituency</b>	<b>Number of members</b>	
<b>Age(years):</b>		
0 - 16	0	
17 - 21	62	
22+	3,091	

### 5.9 Membership Report from 01/04/2010 to 31/03/2011

Public constituency	Last year (2010/2011)	Eligible
As at start (April 1)	6,131	
New Members	257	
Members leaving	651	
At year end (March 31)	5,737	756261
Staff constituency	Last year (2010/2011)	
As at start (April 1)	3,046	
New Members	1,355	
Members leaving	1,228	
At year end (March 31)	3,173	
Patient constituency	Last year (2010/2011)	
As at start (April 1)	6,010	
New Members	396	
Members leaving	815	
At year end (March 31)	5,591	

Public constituency	Number of members	Eligible
<b>Age(years):</b>		
0 - 16	0	6154
17 - 21	41	40632
22+	4,941	709475
Unknown	755	0
<b>Ethnicity:</b>	<b>Number of members</b>	<b>Eligible</b>
White	4,049	581753
Mixed	237	28772
Asian	330	48323
Black	277	67208
Other	285	29947
Unknown	559	0
<b>Socio-economic groupings:</b>	<b>Number of members</b>	<b>Eligible</b>
ABC1	4,944	431344
C2	4	40531
D	0	63223
E	765	87991
Unknown	24	0
<b>Gender analysis:</b>	<b>Number of members</b>	<b>Eligible</b>
Male	2,258	362544
Female	3,428	393249
Unknown	51	0
<b>Patient constituency</b>	<b>Number of members</b>	
<b>Age(years):</b>		
0 - 16	0	
17 - 21	42	
22+	3,071	

*Analysis provided by Capita 2011*

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2. 15.1/Jul/11
<b>PAPER</b>	Membership Recruitment and Engagement Calendar of events 2011-12
<b>AUTHOR</b>	Sian Nelson, Membership and Engagement Manager
<b>LEAD</b>	Therese Davis, Chief Nurse and Director of Patient Flow and Patient Experience
<b>EXECUTIVE SUMMARY</b>	The Membership Recruitment and Engagement Calendar of events 2011-12 outline activities to support the Membership Development and Engagement Strategy and Action Plan 2011-12.
<b>DECISION/ ACTION</b>	Following approval at the Council of Governors Membership Sub-Committee, approval is sought from the main Council of Governors to use the Calendar of Events and Activities so that recruitment and engagement can be monitored.

## Membership Recruitment Events/Activities 2011-12

Date/ Month	Event/Activity	Target Group	Target Number of members (if applicable )	Responsible individual	Resources needed
<b>May 2011</b>	Trust Open Day	Public members	75 recruited	Engagement and Membership Manager All Governors	Membership bags and pens
<b>June 2011</b> 25 <sup>th</sup> May - 3 <sup>rd</sup> June  16 <sup>th</sup> June 2011	Membership Recruitment Campaign in the Community  Shepherd's Bush Market/Mobile Health Clinic	Public members Hammersmith and Fulham Area 1 and 2  Public and Patient membership Hammersmith and Fulham Area 1	300 recruited	Membership and Engagement Manager  Membership and Engagement Manager	T-Shirts for campaigners Membership leaflets £2,500  Membership leaflets
<b>21<sup>st</sup> July 2011</b>	Shepherd's Bush Market/Mobile Health Clinic	Public members H&F Area 1	10	Membership and Engagement Manager	Membership leaflets
<b>August 2011</b> 29 <sup>th</sup> August 2011 Bank Holiday Monday	Notting Hill Carnival Shepherd's Bush Market/Mobile Health Clinic  Trust/Members Newsletter	Public members K&C Area 1  All patient and public members	20  NA	Membership and Engagement Manager  Communications team	Governors
<b>September 2011</b> 15 <sup>th</sup> September 2011	Membership Recruitment with Capita Recruitment  Shepherd's Bush Market/Mobile Health Clinic  Trust Annual	Patient and Public members inside hospital prior to Annual Members Meeting  Public members H&F Area 1	300  10	Engagement and Membership Manager  Engagement and Membership Manager	T-Shirts for campaigners Membership leaflets £2,500  Membership leaflets

	Members Meeting	All members		Communications team	
Date/ Month	Event/Activity	Target Group	Target Number of members (if applicable)	Responsible individual	Resources needed
<b>October 2011</b> 15 <sup>th</sup> October 2011	Royal Borough of Kensington and Chelsea Age UK	Public members K&C – elderly age group	20	Engagement and Membership Manager	Membership leaflets
19 <sup>th</sup> October 2011	Shepherd's Bush Market/Mobile Health Clinic	Public members H&F 1	10		
<b>November 2011</b> 17 <sup>th</sup> November	Shepherd's Bush Market/Mobile Health Clinic	Public and patient members H&F 1	10	Engagement and Membership Manager	Membership leaflets
<b>December 2011</b> 15 <sup>th</sup>	Shepherd's Bush Market/Mobile Health Clinic	Public members H&F 1	10	All Governors  Engagement and Membership Manager	Membership leaflets
<b>January 2011</b>					
<b>February 2011</b>					
<b>Ongoing Recruitment and Engagement Activities</b>					
	Event/Activity	Target Group	Target Number of members (if applicable)	Responsible individual	Resources needed
	Recruitment via trust website	All age groups	100	Communications	
	Target local colleges	16-24 age group		Engagement and Membership Manager	
	Recruitment via Meet a	General	250	Governors	

	Governor Sessions				
	Outpatient Department	Patients	100	Engagement and Membership Manager	Support from Volunteers
	Recruitment via K& C LINK	All age groups	100	Engagement and Membership Manager	K&C LINK members
	Recruitment of volunteers	All age groups	50	Volunteer's Manager	
	Meet a Governor sessions	All members		Engagement and Membership Manager	
	Senior Nurse/Governor Rounds	Patients	N/A	ADN	Senior Nurse support
	PEAT Committee	Members and patients	N/A	Susan Maxwell, Patient Representative	
	StartHere Steering Group	Members and patients	N/A	Susan Maxwell, Patient Representative	
	Signage Group	Members and patients	N/A	Susan Maxwell, Patient Representative	
	HIV Forum		N/A	Chris Birch, Patient Representative	

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.16/July/2011
<b>PAPER</b>	Membership Report
<b>AUTHOR</b>	Sian Nelson, Membership and Engagement Manager
<b>LEAD</b>	Therese Davis, Chief Nurse and Director of Patient Flow and Patient Experience
<b>EXECUTIVE SUMMARY</b>	This paper reports on the membership numbers for the Trust which currently has a total membership of 14, 935
<b>DECISION/ ACTION</b>	For information

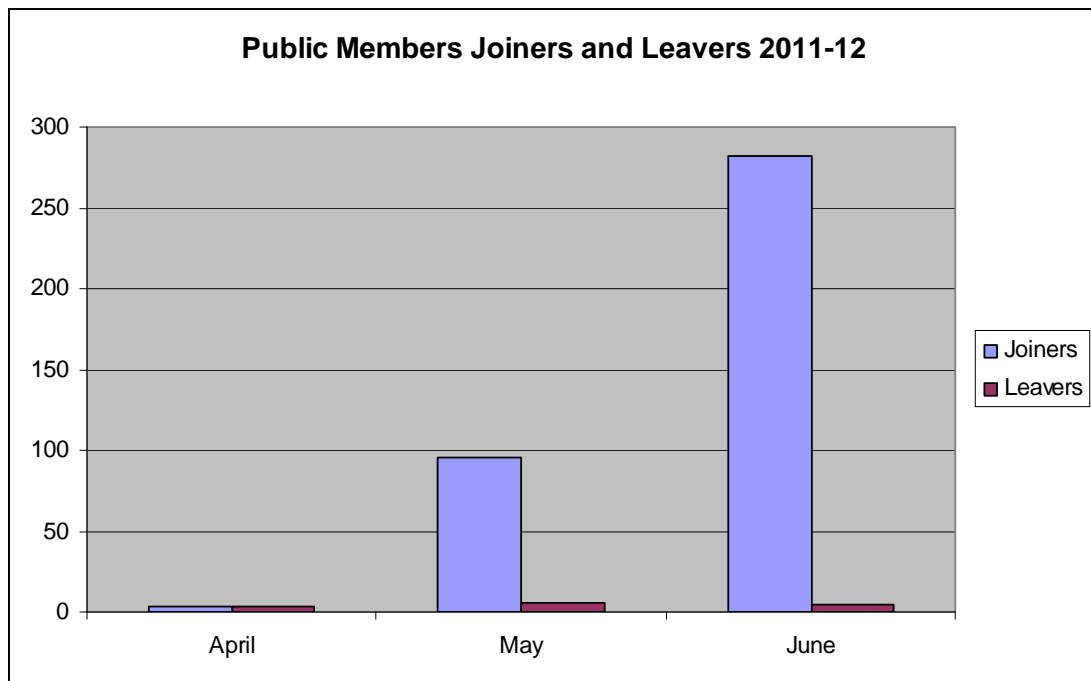
### 1.0 Membership size and movements

<b>OVERALL MEMBERSHIP OVERVIEW</b>	<b>Last Year 1 Apr 10 – 31 Mar 11</b>	<b>Next Year (Target)</b>	<b>Current Situation 30 June 11</b>
As at start	15,187		14,501
New Members	2,008		868
Members leaving or changing constituency	2,694		434
<b>TOTAL</b>	<b>14,501</b>		<b>14,935</b>
<b>PUBLIC MEMBERSHIP OVERVIEW</b>	<b>Last Year 1 Apr 10 – 31 Mar 11</b>	<b>Next Year (Estimate)</b>	<b>Current Situation 30 June 11</b>
As at start	6,131		5,737
New Members	257		381
Members leaving or changing constituency	651		14
<b>TOTAL</b>	<b>5,737</b>		<b>6,104</b>
<b>PATIENT MEMBERSHIP</b>	<b>Last Year 1 Apr 10 – 31 Mar 11</b>	<b>Next Year (Estimate)</b>	<b>Current Situation 30 June 11</b>
As at start	6,010		5,591
New Members	396		16
Members leaving or changing constituency	815		8
<b>TOTAL</b>	<b>5,591</b>		<b>5,599</b>
<b>STAFF MEMBERSHIP</b>	<b>Last Year 1 Apr 10 – 31 Mar 11</b>	<b>Next Year (Estimate)</b>	<b>Current Situation 30 June 11</b>
As at start	3,046		3,173
New Members	1,355		471
Members leaving or changing constituency	1,228		412
<b>TOTAL</b>	<b>3,173</b>		<b>3,232</b>

## 2.0 Membership Joiners and Leavers 2011/12

## 2.1 Public Membership

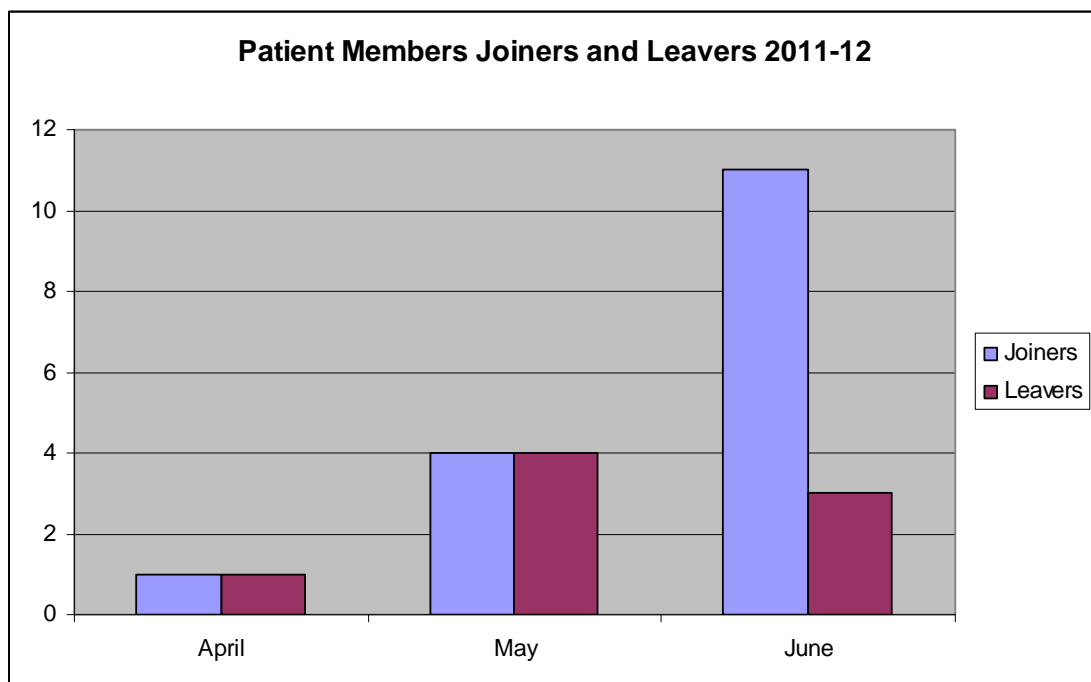
In June 2011 there were 282 new public members and 5 members leaving, resulting with an increase in membership figures.



**Table 2.0 Public Membership Joiners and Leavers in June 2011**

## 2.2 Patient Membership

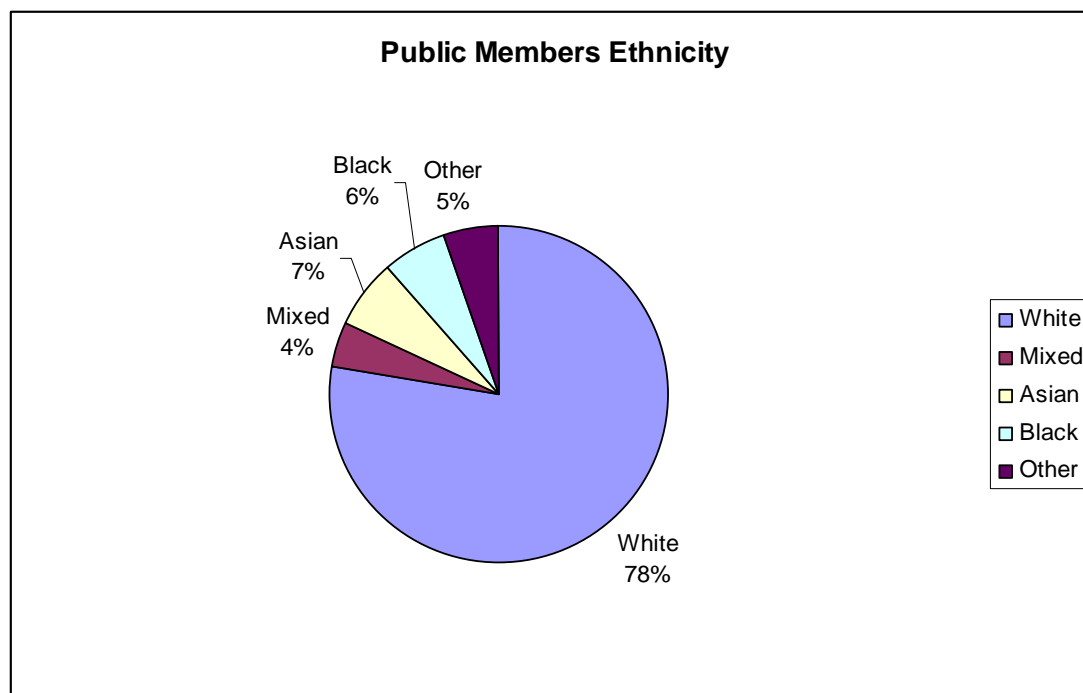
In June 2011 there were 11 new patients' members and three members leaving, resulting with an increase in membership figures.



**Table 2.1 Patient Membership Joiners and Leavers in June 2011**

## 3.0 Public Membership Ethnicity June 2011

The highest proportion of ethnicity is within the white category, and the lowest representation remains in the mixed ethnic group. The Asian and Black membership ethnic group has risen by 1% in each group since from May to June 2011.

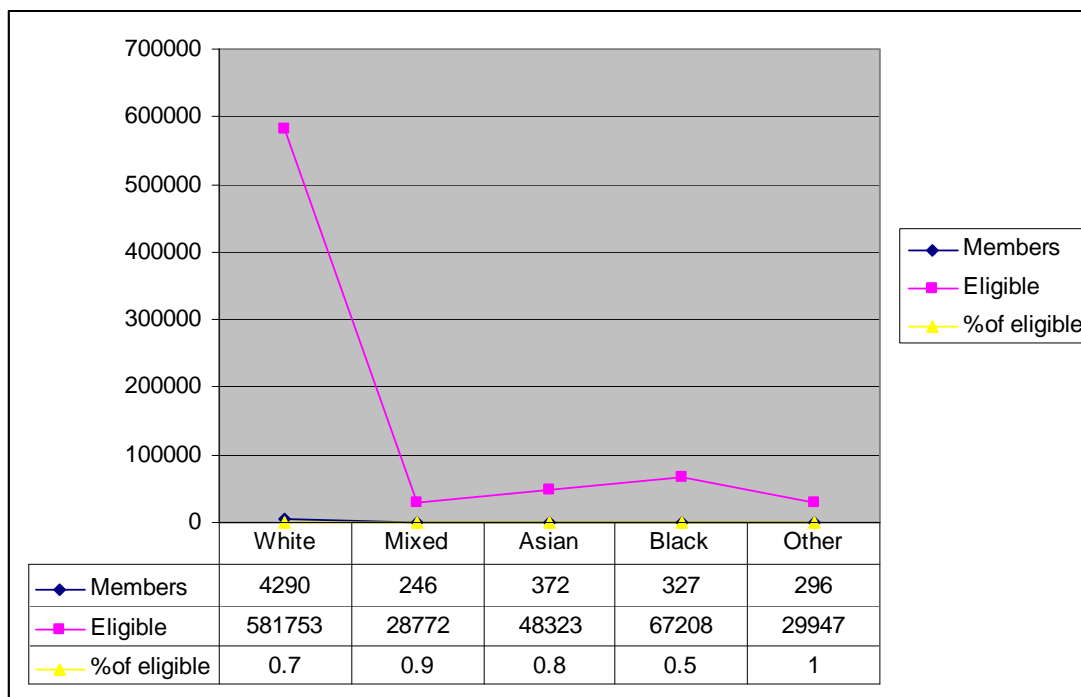


**Table 3.0 Public Membership Ethnicity June 2011**

### **3.1 Public Membership Ethnicity – comparison against local eligible population**

Representation of ethnic groups in comparison to the eligible population shows a different perspective. The lowest representation remains in the Black ethnic group followed by the White and Asian ethnicity. The highest representation is demonstrated in the mixed group.

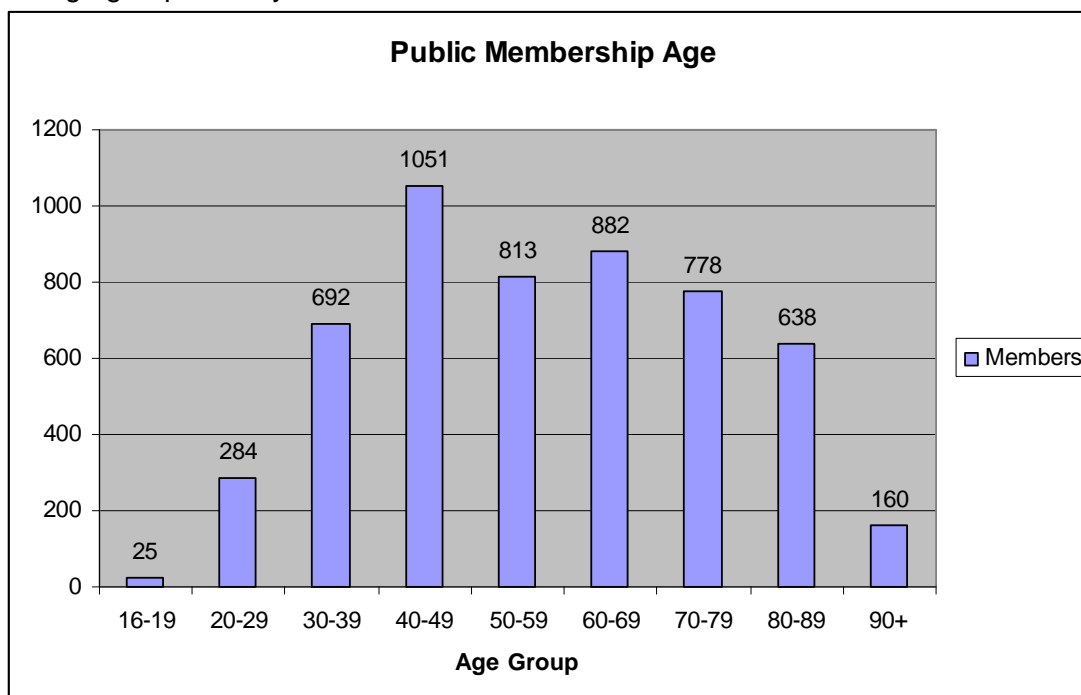
The profile of historically low representative ethnic groups is improving. The Asian ethnic group has risen from 0.7% of the eligible population to 0.8% since May 2011. The Black ethnic group has risen from 0.4% to 0.5% of the eligible population since May 2011 and the Mixed ethnic group has also risen by 0.1%.



**Table 3.1 Public Membership ethnicity comparison against local eligible population June 2011**

#### 4.0 Public Membership Age

Public membership representation peaks at age group 40-49 years and is lowest in the age group 16-19 years.



**Table 4.0 Public Membership Age June 2011**

#### 4.1 Public Membership Age – Comparison against local eligible population

Highest representation is in the age group 40-49, 70-79, 80-89 and 90+. Lowest representation is from the age of 16 to 39 years.

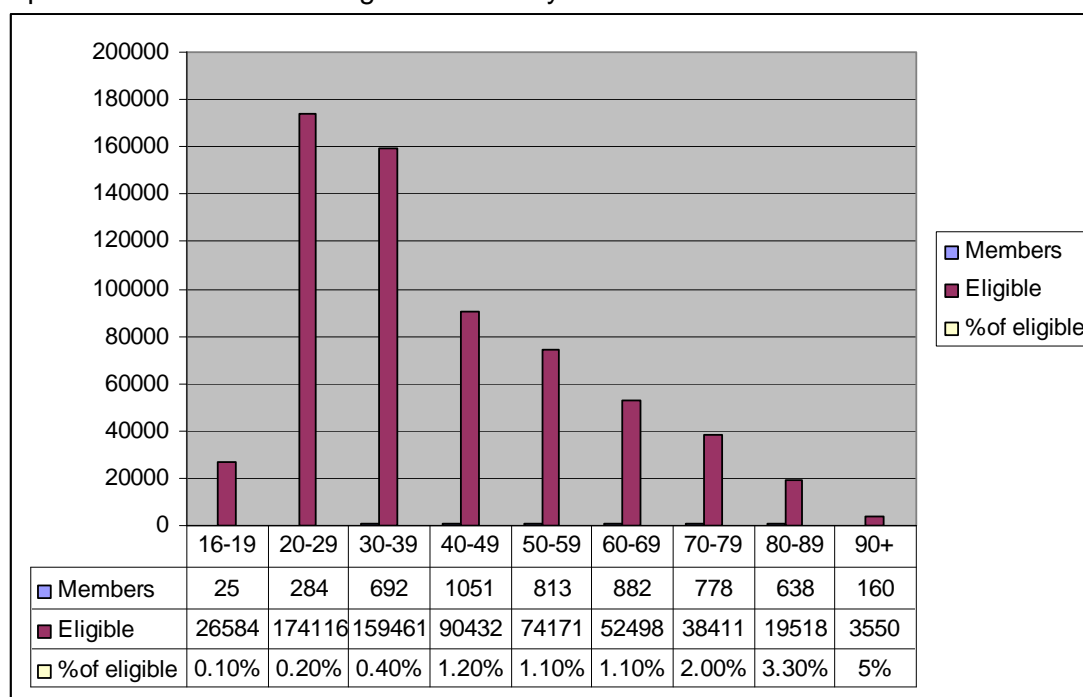


Table 4.1 Public Membership Age – Comparison against local eligible population

#### 5.0 Public Membership - Socio-economic grouping

In June 2011 the highest representation remains in the ABC1 category\*

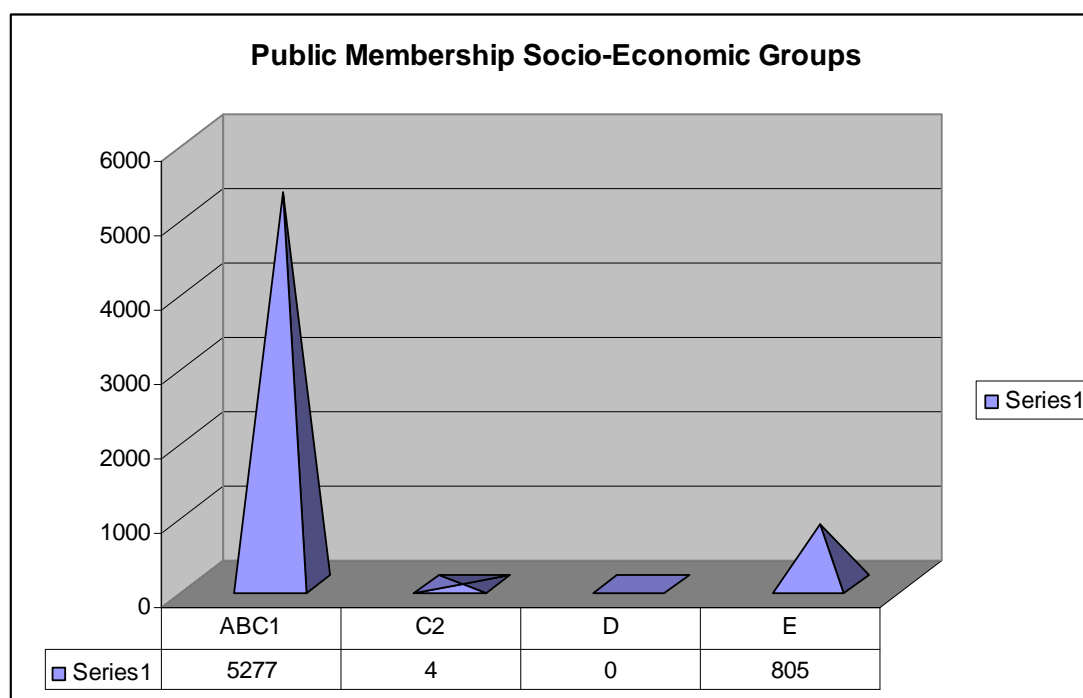


Table 5.1 Public Membership - Socio-Economic Groups\*

Social economic grade: A-upper middle class (higher managerial, administrative or professional occupation, B-middle class (intermediate managerial, administrative or professional occupation), C1-lower middle class (supervisory or clerical, junior managerial, administrative or professional occupation), C2-skilled working class (skilled manual workers), D-working class (semi and unskilled manual workers) and E-those at the lowest level of sustenance (state pensioners or widows (no other earner), casual or lowest grade workers).

## **6.0 Membership Recruitment and Engagement**

- 6.1 Since April 2011 a total of 868 members have joined membership and 434 have left membership.
- 6.2 A data cleanse is performed twice per year before member mailing which removes those members not at the same address or who have been registered deceased. In addition Capita is notified monthly for requests of members' removal from the database.
- 6.3 The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership Development and Communications Strategy. The proposal for the Membership Action Plan 2011/12 was approved at the Council of Governors meeting in May 2011. The final Membership Development and Engagement Strategy 2011/12 and Action Plan 2011/12 will be presented at the July 2011 Council of Governors meeting and for ongoing review.
- 6.4 The Membership – Patient Advice and Liaison Services support membership promotion and any visitor to the M-PALS office will receive a membership application form (when appropriate). The forms are sent with all patient response letters from M-PALS.
- 6.5 A member's email database has been updated with over 3,000 emails registered. This will be used for low cost, rapid response membership consultation.
- 6.6 A discharge booklet, funded by the Council of Governors is currently being updated and will be given to patients on admission and includes a membership application form.
- 6.7 Recruitment can now be tracked to events with database coding. This will help us to measure the success of membership recruitment.
- 6.8 Membership Application forms were replenished in all in-patient areas in June 2011.

## **7.0 Developing a Representative Membership**

- 7.1 Analysis of the membership database by age, gender and ethnicity ensures we work towards representative memberships within the communities we serve. Actions taken to ensure representative membership include:
- 7.2 The community mobile health clinic continues its screening activities and when possible recruiters join the services to recruit new members alongside

screening. The services from the mobile health clinic aim to target 'hard to reach' groups in the community. Dates are circulated to all Governors to encourage Governor Participation.

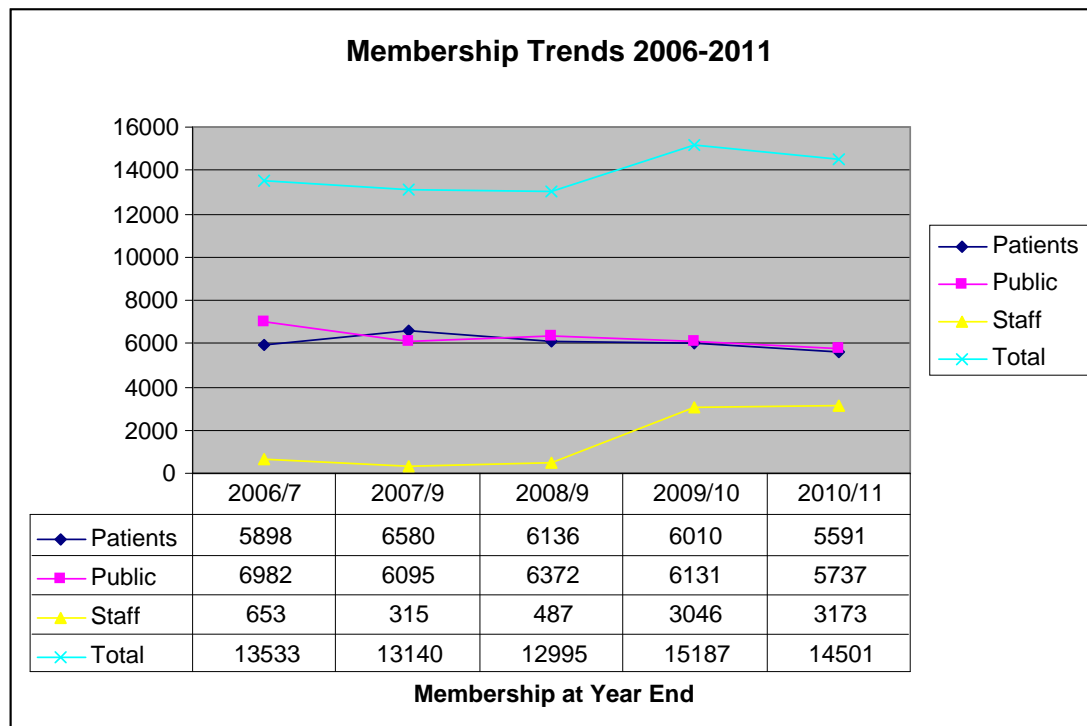
- 7.3 The Membership and Engagement Manager attends the Mobile Health Steering Group. The group plan activities and decide how Governors can link with Trust activities in the community (especially where membership is underrepresented) and decide on appropriate outreach services for these areas. The Mobile Health Clinic is visiting Shepherds Bush market area every month and focuses on health screening/outreach work with Black, Minority and Ethnic groups. Membership recruitment is currently being undertaken here.
- 7.4 Governors host 'Meet a Governor' session at the Ground floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. This is publicised on the Trust website, a text messaging board in the Information Zone (Ground Floor) and posters are displayed throughout the hospital.
- 7.5 To create equal representation, It is recognised that membership recruitment should focus on increasing its numbers and engagement with Black, Ethnic and Minority groups. The Membership and Engagement Manager is currently developing an action plan with the Equality and Diversity Manager to address this and to ensure the Governor elections in 2012 will be adequately promoted to these groups.
- 7.6 The Council of Governors funded the Westfield Community 'road show' during the week commencing 28<sup>th</sup> March 2011 at the Westfield Shopping Centre, in the Borough of Hammersmith and Fulham. Recruiters aimed to recruit 300 new members here, however did not achieve this figure but will re-recruit at a future date. A DVD of Chelsea and Westminster Hospital Foundation Trust services which contained a 30 second promotion of membership was displayed on a giant plasma screen, and the same DVD will be shown at G.P. surgeries and is currently shown on the trust website.
- 7.7 Governors had a stand at the 2011 Open Day which was a great success. Bags and pens with membership logos were handed out and the Governors recruited 79 new patient and public members. The newly recruited members will be reflected in the May 2011 report.
- 7.8 Capita Recruitment Campaign in Hammersmith and Fulham Area 1 and 2. Recruitment in this borough was decided by the Membership Sub-Committee because the GP surgeries across the borough were displaying the hospital's new promotional DVD. The hope was that the Chelsea and Westminster Hospital services would be fresh in people's minds and encourage membership take-up. Recruiters conducted a feedback exercise to evaluate the effect of the hospital's DVD on patients in the surgeries. The target number of 300 new members was achieved. This is Capita's first recruitment campaign for Chelsea and Westminster Hospital and the quality of service delivered was excellent, and has out won the previous provider, 'The Campaign Company'.

## 8.0 Summary

8.1 Chelsea and Westminster Hospital Foundation Trust gained Foundation Trust status in 2006 and at year end 2006/07 totalled 13, 533 members. Membership numbers peaked in 2009 when staff members' status changed from 'opt in' to 'opt out'.

There needs to be considerable effort to recruit members to equal the 'leavers' each month so we can balance the numbers before concentrating on increasing total numbers.

The table below outlines the membership trends from 2006-2011.



**Table 8.1 Membership trends 2006-2011**

8.2 The Membership Development and Engagement Strategy 2011/12 focuses on five key areas for membership development: In-house recruitment, the black ethnic group, communicating with younger members, low-representation in certain geographical areas (Wandsworth Area 1), and ensuring representation from disability groups.

8.3 The Membership Development and Engagement Strategy 2011-12 and Calendar of Events present a plan for 2011-12 that outline realistic targets and actions to follow to achieve the overall membership development.

## Membership Recruitment Achievements 2011/12

Month	Event	Total Recruited	Report Date
April	No events		
May	Open Day	79	31 <sup>st</sup> May 2011
June	<ul style="list-style-type: none"> <li>• Capita Recruitment Campaign H&amp;F</li> <li>• Mobile clinic at Shepherds Bush Market</li> <li>• Meet a Governor Session</li> </ul>	<ul style="list-style-type: none"> <li>• 300 Public Members</li> </ul>	<ul style="list-style-type: none"> <li>• 31<sup>st</sup> June 2011</li> <li>• 30<sup>th</sup> June 2011</li> </ul>

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	2.17/Jul/11
<b>PAPER</b>	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 25 May 2011*
<b>AUTHOR</b>	Liz Revell, Interim FT Secretary
<b>LEAD</b>	Martin Lewis, Chairman
<b>EXECUTIVE SUMMARY</b>	This is a draft of proceedings at the meeting held on 25 May 2011
<b>DECISION/ ACTION</b>	For information

## Council of Governors Membership Sub-Committee, 25 May 2011

<b>Attendees</b>	Chris Birch	CB	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor – Westminster 2
	Martin Lewis	ML	Chairman Public Governor – Westminster 1
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
	Charlotte Mackenzie Crooks	CMC	Staff Governor
	Juliet Hammond	JH	Representative from LiNk
<b>In attendance</b>	Matt Akid	MA	Head of Communications
	Jane Tippet	JT	Acting Assistant Director of Nursing
	Priti Bhatt	PB	Manager of Diversity and Equality
	Liz Revell	LR	Interim FT Secretary

	<b>Welcome and Apologies</b>	<b>ML</b>
	All present introduced themselves to JH who was representing the Chair of Kensington LiNk, Christine Vigars and attending the Council of Governors Membership Sub-Committee for the first time. Apologies were received from Cathy Mooney, Therese Davis and Sam Culhane.	
<b>2.</b>	<b>Minutes of previous meeting held on 6 March 2011</b>	<b>ML</b>
	<b>Page 2/Mar/11</b> – CMC queried whether she had been present at the previous meeting.	
	<p><b>Page 2/Mar/11</b> CMC confirmed that there are 150 Foundation Trust volunteers but there are more than 300 across the Trust if the St Stephens total is included (St Stephens's volunteers are also members of the Trust). However, the numbers do fluctuate. CBI asked if the action confirming the number of volunteers who are members from the previous meeting had been completed. CMC confirmed that she had contacted St Stephens three times re this query.</p> <p><b>Action: CMC to bring a paper on Volunteers to the next meeting with the figures broken down. CBI said that the figures were the opposite way around.</b></p> <p><b>Page 3/Mar/11</b> - WMC thought that the new Governors banner should be moved to the front of the hospital rather than its present location.</p> <p><b>Page 3/Mar/11</b> - The dates of Meet a Governor sessions are publicised on the Governors plasma screen. SN said that there are sometimes issues with the cleaners who can inadvertently unplug the screen when vacuuming the area.</p> <p><b>Page 4/Mar/11</b> - WMW said that the meaning of the sentence "heath checks are very low key. They are minimal re ward check" is not clear and that the sentence should be deleted from the minutes.</p> <p><b>Page 4/Mar/11</b> - in the sentence regarding LiNk "Council of Governors" should read "Trust"</p> <p>It was asked how many emails to members should be sent each year to avoid over-use. MAK confirmed that Communications currently send 2 emails per year to those members who are happy for their mailing to be done electronically plus ad hoc emailings as and when required (none have been sent recently)</p> <p><b>Page 6:</b> it was agreed that the phrase "1150 new members sending mail stream" should be deleted.</p>	<b>CMC</b>
<b>3.</b>	<b>Matters Arising</b>	<b>ML</b>
	<b>4/Mar/11</b>	

	<p>There has not been much take up by governors of publicising their personal email addresses with photos on the screen. Furthermore, IT have been slow to action the setting up of Chelwest accounts for governors. CBI said that using the Chelwest account was not user friendly. A discussion followed as to whether there should be one generic governor email address. JT asked if SN would follow this up and also said that she would send an email to Bill Gordon, Head of IT. CMC said it should be easy to set up a generic account and the Chairman and Chief Executive had already agreed to this. SM said she would go with the majority decision. CMC suggested setting the account up as a separate email address. JG said it could place an additional administrative burden on the secretariat; however, when the Interim Foundation Trust Secretary was on leave urgent queries would be directed to PALS. ML said that this matter should be taken to the next Council of Governors meeting on 14 July. JT said it was important to sort out the IT details.</p> <p><b>It was agreed that it should be put on the agenda for Council of Governors meeting on 14 July 2011</b></p> <p><b>Action: LR to contact Raman Davet (IT) and Vida Djelic to further discuss the logistics</b></p> <p><b>/Mar/11</b></p> <p>MAk said that there had not been much response to his email asking governors if they would like to take part in Trust Media Training.</p> <p><b>Action: MAk to send a further email to Governors canvassing interest in media training.</b></p>	LR
<b>4.</b>	<b>Membership Development and Engagement Strategy</b>	SN
	<p>Recently more members have been recruited but targets have become more realistic. SN confirmed to ML that the target recruitment increase is a 5% annual increase. However, a high percentage of members drop off for various reasons such as moving away from London or dying which has led to a decrease in the total membership. The aim is to maintain recruitment at the same level in order to counter the drop out rate. SN confirmed to CMC that in April 2010 2194 members left and 2008 were recruited giving a net deficit of 186. SN further confirmed to CMC that this figure includes staff.</p> <p>WMC asked whether our priority for recruitment should be quantity or quality and how these can be measured as they are difficult to define. SN said that engagement is a balance between quality and quantity. CBI said that some of the figures “didn’t add up”. On page 8 &amp; 9 there was a total of 5738 and at a different point the total was given as 5737. On the charts on Page 9 16 should be given as the minimum age.</p> <p>ML asked which categories of people had dropped off and said it would be easier to interpret the figures on a graph. He proposed adding a short paragraph on volunteers and whether it was possible for the 200-300 volunteers to become members. CMC said volunteers had different reasons to volunteer and it wasn’t always for the love of the hospital.</p> <p><b>Action: SN to adjust the figures on pages 8 &amp; 9.</b></p> <p>CMC had discussed becoming members with volunteers. The recruitment process for volunteers takes four months and is not straightforward as they are often busy people with other jobs. CMC confirmed to ML that members go through an induction process. CBI said he did not wish to be critical but would like a paper to be put to the next Council of Governors meeting on 14 July. SM said that when something is optional it’s so easy to forget about it and that membership should be compulsory for volunteers. CMC said she wouldn’t want to force volunteers to become members. SN suggested that volunteers</p>	SN

	<p>would automatically become members if part of the staff constituency, as other staff do. Administrators register all volunteers on the membership list, from which, SN said, they can opt out if they wish. CMC explained that there would be legal ramifications if volunteers became members as the Trust is not their employer and can only pay expenses to volunteers. CMC said a contract of employment cannot be implied. CMC said to ML that she was comfortable with the status quo but would investigate the legal ramifications. She further explained that it may be possible for new volunteers to become members but not possible for those already working as volunteers. It was asked whether the Trust is looking for quantity or quality when it recruits volunteers and whether the governors are allowed to vote. SN said she would discuss this with Cathy Mooney.</p> <p><b>Action: SN to discuss with Cathy Mooney, Director of Governance and Corporate Affairs.</b></p> <p><b>It was agreed that a paper will go to the Council of Governors meeting on 14 July.</b></p> <p>MJ said that Westminster is a very mixed area where there are as many tourists as residents and, as a result, the constituency figures are very low; MJ is not sure how this can be resolved. CMC suggested that tapping in to the blood donor network could help increase membership. SN said it would be preferable to target areas with ethnic minorities, younger people &amp; disabled groups. Chelsea &amp; Westminster should improve its communication with the public. There are existing forums for paediatrics.</p> <p>WMC said that lots of active, enthusiastic young black members were recruited at Open Day and that they should be encouraged in their interest. She suggested that we recruit team leaders from public and state schools and involve them in activities.</p>	SN
<b>5.</b>	<b>Membership Development Action Plan 2011/12</b>	SN
	<p>The focus of the Membership Development Action Plan will be on areas where there is low membership and representation i.e. Wandsworth, Westminster and Hammersmith. SN said that Wandsworth LINKs are not enthusiastic about forming relations with Chelsea and Westminster Hospital and any comment from their members would be fed back to K&amp;C LINKs. SN has a list of GP surgeries in Wandsworth that can be used for future engagement and recruitment. However, St George's is generally seen as the local community hospital for Wandsworth residents.</p> <p>JH confirmed to ML that she is the LINKs representative for Hammersmith which has eighty five members. JT is focusing on recruitment of Trust members through GP surgeries. There will be two recruitment campaigns per year organised by Capita, a database management company that performs better than its competitors at less cost. Details of members recruited will speedily be put on to the members' database by Capita. SN confirmed that recruiters would spend six days in each of two boroughs. The proposed schedule is: Hammersmith and Fulham (June); Westminster (July) and in-house (September). The Trust promotional DVD has already been sent to surgeries in Hammersmith &amp; Fulham. CBI said it was important to get permission from GPs for campaigners to talk to people in the surgeries on Jonathan Harris' list. MAK said that the DVD would be evaluated. It was confirmed that the campaign is expected to cost approximately £2000 for 300 members recruited. MJ asked whether discretionary funding would be available to carry out all the campaigns simultaneously. SN suggested the second campaign should be in July as August is holiday time. In order to bring funding forward it was agreed that this proposal should go to the Council of Governors meeting on 14 July.</p> <p>ML said that black and ethnic minority groups are under represented but it is planned to develop London BME patient groups through ethnic profiling. PB had considered some</p>	

	<p>strategies to recruit patient members from BME groups with approaches to the media in order to develop relationships. JT asked for clarification on the recruitment numbers and groups. There is a now a BME Steering Group. PB had held a meeting the previous week with BME groups but the agenda had focused on their Terms of Reference. WMC asked whether the recruitment bus which attends Notting Hill Carnival could also go to various points within that area e.g. Portabella Market. However, SN said that there was a significant cost to hire the bus which includes the hire of the driver for four to eight hours, the cost of petrol and cleaning the bus. It is not possible, she said, to take out the bus without considering the financial implications. To conduct health screening, the department usually must apply to a PCT for extra funding which is a very complicated process to do so. SN suggested that instead, the governors could join the Dean Street team who had already received funding and had planned dates.</p> <p>SM said that some Foundation Trust application forms have been sent to GP surgeries by with GP Relationship Manager and should be placed in doctors' surgeries, particularly where the promotional DVD has been placed. Tatchbrook Street Victoria Medical Centre which is a large, modern and busy surgery in Pimlico was suggested as a good promotional target. CBi said it was not difficult to ask GP surgeries to display leaflets but surgeries' are reluctant to put up posters.</p> <p>A new Charity Committee working with youths in the community will facilitate a workshop in one West London borough on such subjects as alcohol and drug awareness. If we wish to participate in this project is it important to apply as soon as possible. WMC said that music plays an important role in motivating young people of which there is a core group. ML said that Therese Davies had suggested the idea of having a specific area of the C&amp;W website for young people. A discussion followed about what the Trust currently offers to young people. SN said that they often want work experience and the careers element is very significant. Chelsea &amp; Westminster Open Day had been seen as a very positive event with lots of young people attending. JT asked how we should engage with young people to sustain their interest. Suggestions included a Young People's Day or a Simulation Day with a tour and workshops. ML thought that this was an excellent idea. JH asked for clarification of what the benefits are of being a member. These are currently access to Information and invitations to consultations, Trust committees and forums.</p> <p>As a new development C&amp;W now represents patients with disabilities. There are various elements but some common themes. The LINKs Action Group and Disability Sub-Group are very active. SN said we can interlink the website with mail outs and further support engagement and recruitment through Meet a Governor and the mobile health clinic. ML said we can achieve a lot but need to take action. It was agreed that this topic will be put on the agenda of the Annual General Meeting in September.</p>	
<b>6.</b>	<b>Membership Calendar of recruitment events and engagement activities 2011-12</b>	<b>SN</b>
	The Membership Calendar has been drawn up. It will be taken to the next Council of Governors meeting to encourage governors to participate in events. JT said that this was the intended action plan but asked what the governors wished to focus on. JT asked for feedback on the list of events and whether a "proactive individual" could take part. ML said that the paper should go to the next Council of Governors meeting on 14 July.	
<b>7.</b>	<b>Open Day 2011 – Evaluation Report</b>	<b>MAk</b>
	MAk gave a report on Chelsea & Westminster Open Day which was attended by some governors. ML believed that it was a very successful day with good teamwork between	

	governors and staff. MAk said that even though the total number of visitors had decreased it had been a more successful day and very positive feedback had been received from visitors and other Trusts, many of whom do not hold Open Days. JT asked for confirmation of the attendance figures. ML said that a lot more younger people had attended. Furthermore, CBI said that three out of four boroughs had been represented by mayors. WMC suggested that a well known celebrity should open the event each year. MAk said that £1,700 had been spent on furniture for Open Day (e.g. trestle tables). SM was congratulated on decorating the governors stall with bags, sweets and fruit.	
<b>8.</b>	<b>Open Day 2011 – Evaluation Report Appendix</b>	<b>MAk</b>
	This was tabled	
<b>9,</b>	<b>Any Other Business</b>	<b>ML</b>
	M-PALS are updating comment cards and asked for suggestions for improvements.  Kensington & Chelsea LiNk are developing participation groups in GP surgeries. At the moment they have 850 members. There are Trust membership leaflets in their offices. The LiNk Annual Report will be published at the end of June (CBI asked for copies) and their AGM will take place in July at a date to be confirmed. In the meantime they hold weekly events which are well attended.	
<b>10</b>	<b>Date of next meeting</b>	<b>ML</b>
	The next meeting will be held on 26 July 2011 at 4pm	

## **Council of Governors Meeting, 14 July 2011**

<b>AGENDA ITEM NO.</b>	2.18./Jul/11
<b>PAPER</b>	Open Day 2011 – Evaluation Report
<b>AUTHOR</b>	Renae McBride, Communications Manager
<b>LEAD</b>	Renae McBride, Communications Manager
<b>EXECUTIVE SUMMARY</b>	This paper is an evaluation report of the hospital Open Day held on 7 May 2011.
<b>DECISION/ ACTION</b>	The Council of Governors is invited to comment on the evaluation report and to provide any further feedback on the Open Day.

## **1. Introduction**

- 1.1 The Council of Governors agreed to fund Open Day 2011 at a cost of £15,000.
- 1.2 Open Day 2011 was held from 11am-3pm on Saturday 7 May. It was an opportunity for the Trust to place itself at the heart of its community by opening its doors to local people and giving them a chance to become more involved in their local hospital.
- 1.3 The overall slogan of the Open Day was 'Your hospital, your health, your say'.

## **2. Aims**

- 2.1 Broad aims of Open Day 2011 were to:
  - Market the Trust to Foundation Trust members and local residents
  - Promote the achievements of the hospital
  - Develop communication between Council of Governor representatives and Foundation Trust members
  - Promote health, fitness and wellbeing
  - Address issues of public concern, for example the impact of the Health and Social Care Bill and how the hospital will manage any impact from proposed changes
  - Showcase developments such as the hospital's new outpatient development
  - Foster partnership working
  - Improve staff morale
  - Utilise the day as a fundraising opportunity for the Chelsea and Westminster Health Charity and other associated charities

## **3. Implementation**

- 3.1 An Open Day Steering Group provided high level oversight of the Open Day and an Operational Group managed its planning and implementation – Governors were involved in both groups.
- 3.2 The Communications Manager was responsible for project managing the Open Day including publicity, logistics, and liaison with Trust teams, charities and partner organisations that took part in the Open Day.
- 3.3 VIPs who attended the Open Day included local MP Sir Malcolm Rifkind, Cllr Harvey Marshall (Deputy Lord Mayor of Westminster), Mayor Cllr Adronie Alford (Hammersmith and Fulham) Mayor James Husband (Royal Borough of Kensington and Chelsea), PCT Cluster Chair Peter Molyneux and Chair of West Middlesex Hospital Tom Hayhoe.
- 3.5 Approximately 1,100 visitors attended the Open Day.
- 3.6 Pre-event publicity included:
  - Membership mailing to all Foundation Trust members in April including a covering letter from the Chairman and a copy of *Trust News*
  - Regularly updated information on the Trust website
  - A prominent banner on the front of the hospital

- Flyers and posters distributed widely in the local community by the Communications Department, teams involved in the Open Day and Governors – thank you to all Governors who agreed to distribute flyers
- Targeted mailings to GPs and schools in the local community
- Pre-event editorial coverage in local newspapers
- Advertising in the three local newspapers
- Advertising at South Kensington and Fulham Broadway tube stations – kindly funded by the Chelsea and Westminster Health Charity

### 3.7 Post-event publicity included:

- Photo gallery on Trust website
- Full page of photos in June edition of *Trust News*
- Editorial coverage in local newspapers

## 4. Evaluation and feedback

Approximately 1,100 visitors attended the Open Day – feedback was sought from visitors using the Patient Experience Trackers (see Appendix 1 for full results):

- 99% rated the Open Day as ‘Excellent’ or ‘Good’
- 92% would definitely recommend the Open Day to friends and family
- 94% said staff at the Open Day were friendly and approachable

Governors recruited 75 new Foundation Trust members during the Open Day.

The careers event, organised by Staff Governor Charlotte Mackenzie Crooks, was a success - the numbers of students who attended sessions was as follows:

- Nursing & Midwifery – 32
- Therapies/Play Specialists – 15
- Diagnostics & Pharmacy – 14
- Medicine – 35

Informal feedback from students was excellent.

## 5. Budget

Category	Cost (£)
Entertainment	1,390.00
Facepainter	200.00
Photographer	260.00
Printing – flyers, posters	909.00
Programme	444.00
Advertising	1,088.00
Furniture Hire	1,754.94
Balloons	961.20
T-shirts	2,098.50
Petty cash for stands	725.00
Cholesterol testing	1331.40
ISS (refreshment vouchers etc)	3,691.86
Best stand prize money	175.00
<b>Total</b>	<b>15,007.90</b>

**Renae McBride (Communications Manager)**

## Appendix 1

### Open Day Feedback – PET

#### Number of respondents:

<b>2011</b>	<b>178 PET responses</b>
<b>2010</b>	<b>136 PET responses</b>
<b>2009</b>	<b>127 responses</b>

#### 1. How would you rate the Open Day?

	<b>2011</b>	<b>2010</b>	<b>2009</b>
Excellent	87%	77%	71%
Good	12%	20%	28%
Fair	1%	3%	1%

#### 2. Did you find the stands informative?

	<b>2011</b>	<b>2010</b>	<b>2009</b>
Yes, definitely	85%	77%	86%
Yes, a little	15%	21%	13%
Not really	0%	0%	0%
No	0%	2%	1%

#### 3. Were the staff friendly and approachable?

	<b>2011</b>	<b>2010</b>	<b>2009</b>
Yes, definitely	94%	93%	88%
Yes, a little	6%	6%	11%
No	0%	1%	1%

#### 4. Would you recommend the Open Day to friends and family?

	<b>2011</b>	<b>2010</b>	<b>2009</b>
Yes, definitely	92%	86%	88%
Maybe	8%	12%	10%
No	0%	2%	2%

#### Did you find everything you were looking for?

	<b>2011</b>	<b>2010</b>	<b>2009</b>
Yes, definitely	71%	77%	70%
Sometimes	26%	21%	28%
Seldom	2%	1%	1%
Never	1%	1%	2%

## Council of Governors Meeting, Thursday 14 July 2011

<b>AGENDA ITEM NO.</b>	3.1/July/2011
<b>PAPER</b>	Finance Report – May 2011
<b>AUTHOR</b>	Mike Fox, Head of Financial Management
<b>LEAD</b>	Lorraine Bewes, Executive Director of Finance
<b>EXECUTIVE SUMMARY</b>	<p>The Trust has set a plan for a budgeted Surplus of £8.5m (2.6%) and a planned EBITDA of £29.9m (9.1%) for 2011/12. Year-to-date the Trust has recorded a surplus of £0.4m, £0.16m (29%) below budget.</p> <p>Clinical Contract income has over-performed by £1.0m year to date due to higher levels of Critical Care, HIV, Out-Patient and Elective activity than originally planned.</p> <p>The YTD Pay position is currently £1.5m over-spent year to date after taking account of costs for Research and other pay costs recharged to other organisations. The most significant cause of this over-spend is due to unidentified CIP of £1.4m with other over-spends in Critical Care and Acute Assessment Unit due to activity pressures. The Trust is continuing to control Nursing spend with the use of Agency Quotas and is looking to roll out a similar system for other staffing groups.</p> <p>Non-Pay costs are on budget year-to-date. This position includes under-spends relating to Drugs (£0.2m) and Provisions for Bad Debt (£0.1m) which have been offset by over-spends on Prosthetics and Medical Supplies (£0.1m) relating to clinical activity and Pathology costs (£0.1m) due to slippage in the implementation of demand management initiatives.</p> <p>The Trust has set a £19.7m CIP target for 2011/12 in order to sustain its capital investment programme. As at the time of reporting to the June Board, the Trust had identified schemes worth £19.3m (98% of target) although some of these schemes have been rated as 'high risk'. The Trust Executive is receiving weekly updates regarding CIP and has made the identification and implementation of CIP a priority for the senior management team.</p> <p>The Trust is currently forecasting a financial surplus of £3.6m (£4.9m below plan) with the most significant factor contributing to this under-performance being the shortfall in identified and implemented CIP. If the Trust does not achieve its</p>

	planned financial surplus for 2011/12 it may have to reconsider deferment options for its capital investment programme, amongst other strategies.		
<b>DECISION/ ACTION</b>	The Council of Governors is asked to note the financial position for the financial year to date ended 31 <sup>st</sup> May 2011 and the updates in this report.		
<b>DISTRIBUTION</b>			General <input checked="" type="checkbox"/>

## Glossary of Terms

CIP: Cost Improvement Programme

Clinical Contract Income: Income from Primary Care Trusts (PCTs) for activity carried out by the Trust under agreed contracts.

Point of Delivery: Type of care, e.g. inpatient, outpatient or daycase.

EBITDA: Earnings before Interest, Taxes, Depreciation and Amortisation.

Excess Bed Day Income: Income earned when patients stay in hospital longer than average for a particular procedure.

Elective: Planned Care (non emergency)

Non Elective: Emergency Care, e.g. ITU, Burns.

NICU: Neonatal Intensive Care Unit

SCBU: Special Care Baby Unit

Conversion Rate: The normal % of Outpatient or A&E attendances that become inpatient admissions.

Tariff: Nationally agreed price for a particular procedure.

PASA: NHS Purchasing and Supply Agency

Accrual: Accounting provision for liability where the goods or services have been received but the invoice has not yet been accounted for.

Acuity: Seriousness of a patient's condition

Locum: Temporary doctor covering vacancy or staff absence.

Working Capital: Assets available for use in the production of further assets, e.g. stock.

BPPC: Better Payment Practice Code

Deferred Income: Income received relating to a future period which is carried forward on the balance sheet.

IM&T: Information Management and Technology

Monitor: Regulatory body for NHS Foundation Trusts.

## Council of Governors Meeting, 14 July 2011

<b>AGENDA ITEM NO.</b>	3.2/Jul/2011		
<b>PAPER</b>	Performance Report – July 2011		
<b>AUTHOR</b>	Sherryn Elsworth, Head of Performance Improvement		
<b>LEAD</b>	Amanda Pritchard, Deputy Chief Executive		
<b>EXECUTIVE SUMMARY</b>	<p>The purpose of this report is to update the Council of Governors on the Foundation Trust's performance for the period ending 31st May 2011 (the latest period to have been reported to the Foundation Trust Board) and to highlight performance risks going forward.</p> <p>There are a number of significant changes to the Trust's performance requirements for 2011/12. These relate particularly to the Monitor Compliance Framework, contractual requirements, internally set targets relating to quality and the new CQUINs. There are two main areas of risk to achievement of the new Monitor requirements, the Clostridium Difficile target, which does not take into account the sensitivity of the new test and new A&amp;E indicators.</p> <p>In addition, the Trust's MRSA targets remain static in 2011/12 at 3 (Department of Health) and 6 (Monitor). There were 6 hospital acquired MRSA bacteraemias reported in the Trust in 2010/11 so this target remains challenging.</p> <p>The Trust has performed well in month 2, achieving the required performance level in all eleven Monitor indicators which could be measured. However, the Clostridium Difficile position may not remain within target (see above) and there are a range of contractual and internally set targets that require further attention.</p> <p>Following previous discussion at the Board, a review of the Trust's performance framework is in train with the aim of creating a new dashboard which will incorporate the areas that are most important to the organisation, as well as reflecting 'must do' targets.</p>		
<b>DECISION/ ACTION</b>	The Council of Governors is asked to note this report.		
<b>DISTRIBUTION</b>	Board only <input type="checkbox"/>	Trust Exec <input type="checkbox"/>	General <input checked="" type="checkbox"/>

## PERFORMANCE REPORT FOR THE PERIOD MAY 2011

### 1. Introduction

Chelsea & Westminster track around 70 metrics to ensure the Trust is adequately measuring the metrics which are of importance to our key stakeholders, Monitor who are who are responsible for regulating Foundation Trusts and commissioners who contract with Chelsea & Westminster for the provision of a range of services at a defined level of quality. Performance against these metrics is reported monthly to the Foundation Trust Board and summarised via a high level Performance Dashboard (attached).

**2.1** There are a number of changes to the Monitor Compliance Framework for 2011/12. On the basis of current performance, there are two main areas of risk to achievement of the new Monitor requirements. These are:

- Clostridium Difficile, where the national target for the Trust (31) does not take account of the impact of the more sensitive test that is now used. Last year the new test was used and on a like for like basis 55 cases were recorded. This is currently a red risk for the Trust since although our commissioners have accepted a target of 49 for contractual purposes; Monitor will continue to measure our performance against the national target of 31.
- As previously discussed, the new A&E indicators will be challenging. In quarter 1, only the existing A&E target is being monitored, but all five new indicators will be monitored from quarter 2 onwards. If the Trust breaches three or more indicators this will count as 'failure' and would attract an amber-green rating. Repeated failure across 3 quarters may cause Monitor to apply a red rating and consider whether the Trust is in significant breach of its authorisation. On current performance the Trust would breach two of the indicators; this is currently an amber risk for the Trust. Work is ongoing to ensure all five indicators are achieved and there is confidence at least four of the indicators can be achieved from the beginning of quarter two with a slightly longer timescale required to achieve the required reduction in A&E re-attendances.

**2.2** There are a range of new key performance indicators (KPIs) that will form part of the contract the Trust has signed with commissioners for 2011/12. The risk relating to the contract KPIs is predominantly financial, as there are penalties attached to underperformance. Agreement on KPIs has now been reached and the performance dashboard will be updated to reflect this from Quarter 2 when financial penalties could potentially apply.

**2.3** The following priorities have been agreed for the 2011/12 Quality Account:

- VTE prevention
- Improving patient experience
- Reducing waiting times for emergency surgery and the time that patients are nil by mouth
- To remain in the top 20% of acute Trusts nationally for staff engagement and to be in the top 20% for staff appraisals

**2.4** The Trust has agreed 8 Commissioning for Quality and Innovation targets (CQUINs) for 2011/12, which are worth a total of £3,016,672 based on the Trust's income plan.

### 3. Overall Performance

The Trust has performed well year to month 2, achieving the required performance level of all eleven scored Monitor indicators which could be measured.

There are some areas where the Trust is not achieving the required performance level and the Foundation Trust management team is seeking the support of colleagues to help improve performance in future months.

Target	Performance
A&E: Time to initial assessment (95th percentile)	Year to date 24 minutes against a target of 15 minutes. Performance had improved in June and the Trust has moved nearer to achieving this target on a consistent

	basis.
A&E: Unplanned re-attendance rate	Year to date 7.38% against a target of less than 5%. A significant proportion of returning patients are regular attenders or re-attend following discharge from inpatient care.
Day Case rate (Basket procedures)	81.76% in month against a target of 95%. This means some of our patients may experience unnecessary overnight stay.
Choose and Book slot issues	There were slot issues with 5.14% of bookings in month against a contractual target of no more than 4%. This means GPs are having difficulty booking their patients into our outpatient clinics.
Discharge summary within 24 hours	Year to date 77.96% against a contractual target of 100%. This is one of the key concerns for local GPs.
Single Sex Accommodation	There were 4 single sex accommodation breaches in May 2011 and 7 breaches year to date.
18 weeks guarantee	47 patients on non-admitted pathways and 76 patients on admitted pathways treated in May 2011 waited more than 18 weeks for capacity reasons or other reasons within the Trust's control

The Trust has performed within target year to date in the following areas but there are concerns regarding the Trust's ability to maintain this performance going forward:

Target	Issue
<b>C DIFFICILE</b>	The full year national target of 31 may not be achieved given like for like 2010/11 performance was 55.
<b>Cancer performance</b>	Cancer targets have been achieved year to date. Looking forward continued achievement is expected, but constant vigilance is required because total cancer patient numbers are low so any individual breach of the cancer target has a disproportionately high impact on overall performance.
<b>MRSA Screening rates</b>	The Trust's overall ratio of admissions to MRSA tests is acceptable but detailed analysis shows that some patients are tested more than once and some patients may not be screened at all. The Chief Nurse is leading a project to improve performance in this area.

## PLANNED FUTURE CHANGES TO THE PERFORMANCE REPORTING FRAMEWORK

Following previous discussion at the Board, a review of the Trust's performance framework has begun with the aim of creating a new dashboard which incorporates the areas that are most important to the organisation, as well as reflecting 'must do' targets

## 6. Action

The Council is asked to note the report. Feedback on the format and content of this report to the Head of Performance Improvement will be welcomed and used to tailor future reports to the requirements of the Council.

TRUST PERFORMANCE DASHBOARD MAY 2011

	Indicator Name	Monitored by/ Submission to	Trustwide Target/Threshold	Trustwide Performance YTD	Trustwide Performance in Month	Medicine and Surgery YTD	Medicine and Surgery in Month	Women's, Neonatology, Children's and Young people's HIV, Sexual Health and Dermatology YTD	Women's, Neonatology, Children's and Young people's HIV, Sexual Health and Dermatology in Month	Clinical support YTD	Clinical Support in Month
QUALITY	Incidence of Clostridium difficile --Hospital Acquired	DoH, Monitor, CQC, Local Stretch	5	3	2	2	2	0	0	1	0
	Incidence of E. coli bloodstream infections	DOH, Local	NA	To be reported from June 2011							
	Incidence of Meticillin Sensitive Staphylococcus Aureus (MSSA) --Hospital Acquired	DOH, Local	NA	2	1	0	0	2	1	0	0
	Incidence of MRSA Bacteraemia --Hospital Acquired	Monitor, CQC, Local	6.00	0	0	0	0	0	0	0	0
	Hand Hygiene Compliance	Quality account	90%	93.00%	94.00%	92.00%	94.00%	94.00%	94.00%	93.00%	93.00%
	Hand Hygiene Completion	Quality account	95%	89.91%	95.91%	88.09%	92.65%	92.21%	100.00%	87.50%	91.67%
	Infant health & Inequalities: % Women known to be smokers	DoH, CQC	4.13%	4.33%	3.75%	N/A	N/A	4.33%	3.75%	N/A	N/A
	Infant health & Inequalities:% Mothers known to initiate breastfeeding	DoH, CQC	TBC	92.71%	92.92%	N/A	N/A	92.71%	92.92%	N/A	N/A
	Maternity: % Women seen a midwife or obs for assessment by 12+6 (trajectory)	DoH, CQC, Contract	91%	90.71%	89.74%	N/A	N/A	90.71%	89.74%	N/A	N/A
	Breach of Same Sex Accommodation	DoH, CQC, Contract	0	7	4	3	0	0	0	4	4
	Never Events	DoH, Quality account	TBC	0	0	0	0	0	0	0	0
	Patient falls resulting in moderate or major harm	DoH, Quality account	TBC	1	0	1	0	0	0	0	0
	Rapid Access Chest Pain Clinic	DoH, CQC, Contract	98%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A	N/A
	Stroke: Patients who had a stroke who spend at least 90% on a stroke unit	DoH, Contract	80%	90.48%	91.67%	90.48%	91.67%	N/A	N/A	N/A	N/A
	Stroke: High risk TIA patients assessed and treated within 24 hours	DoH, Contract	60%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A	N/A
	VTE Assessment	DoH, Quality account	90%	90.71%	90.77%	87.35%	86.81%	93.10%	93.90%	98.33%	98.34%
	Discharge Summaries within 24 hours	Contract	100%	77.96%	79.14%	78.96%	82.04%	77.34%	76.75%	74.68%	73.13%
	Complaints and concerns for admissions and appointments	Quality account	TBC	38	20	17	11	15	7	4	0
	Formal complaints responded in 25 working days	Quality account	90%	76.67%	76.67%	76.47%	76.47%	66.67%	66.67%	100.00%	100.00%
ACCESS	Patient Experience Tracker Completion rate	CQC, Quality account	80%	39.05%	40.16%	30.12%	26.93%	47.27%	47.96%	49.12%	62.91%
	Patient Experience Tracker overall satisfaction scores (Accident & Emergency)	CQC, Quality account	90%	92.90%	93.40%	92.90%	93.40%	N/A	N/A	N/A	N/A
	Patient Experience Tracker overall satisfaction scores (Outpatients)	CQC, Quality account	90%	84.15%	83.90%	84.70%	84.80%	83.50%	83.30%	96.50%	96.40%
	Patient Experience Tracker overall satisfaction scores (Inpatients)	CQC, Quality account	90%	93.60%	93.60%	93.20%	90.30%	91.50%	92.40%	99.70%	99.10%
	A&E: Total time in A&E (95th Percentile)	DoH, Monitor, CQC	<=4 hours	03:56:00	03:56:00	03:56:00	03:56:00	N/A	N/A	N/A	N/A
	A&E: Time to initial assessment (95th percentile)	DoH, Monitor, CQC	<=15 minutes	00:25:00	00:27:00	00:25:00	00:27:00	N/A	N/A	N/A	N/A
	A&E: Time to treatment decision (median)	DoH, Monitor, CQC	<=60 minutes	00:54:00	00:56:00	00:54:00	00:56:00	N/A	N/A	N/A	N/A
	A&E: Unplanned re-attendance rate	DoH, Monitor, CQC	Between 1% and 5%	7.38%	7.69%	7.38%	7.69%	N/A	N/A	N/A	N/A
	A&E: Left without being seen	DoH, Monitor, CQC	<=5%	3.86%	4.26%	3.86%	4.26%	N/A	N/A	N/A	N/A
	Total time in spent in A&E< 4hours (All activity types)	DoH, Contract	98%	98.47%	98.54%	98.5%	98.5%	N/A	N/A	N/A	N/A
	Total time in spent in A&E< 4hours (Type 1 by site)	DoH, Contract	95%	98.47%	98.54%	98.5%	98.5%	N/A	N/A	N/A	N/A
	Percentage of A& E attendances for cellulitis that end in admission	DoH, Contract	TBC	49.3%	53.4%	49.3%	53.4%	N/A	N/A	N/A	N/A
	Percentage of A& E attendances for DVT that end in admission	DoH, Contract	TBC	44.4%	60.0%	44.4%	60.0%	N/A	N/A	N/A	N/A
	All cancers: 31-day wait from diagnosis to treatment	DoH, Monitor, CQC	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A
	All cancers: 31-day wait for second or subsequent treatment Surgery	DoH, Monitor, CQC	94%	100.00%	N/A	100.00%	N/A	N/A	N/A	N/A	N/A
	All cancers: 31-day wait for second or subsequent treatment anti cancer drug treatments	DoH, Monitor, CQC	98%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A	N/A
	All cancers: 31-day wait for second or subsequent treatment radiotherapy	DoH, Monitor, CQC	94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	All cancers:62-day wait for first treatment from urgent GP referral to treatment	DoH, Monitor, CQC	85%	97.44%	100.00%	96.00%	100.00%	100.00%	100.00%	N/A	N/A
	All cancers:62-day wait for first treatment from consultant screening referral	DoH, Monitor, CQC	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Cancer: Two Week Wait from referral to date first seen comprising all cancers	DoH, Monitor, CQC	93%	95.89%	94.30%	97.10%	93.94%	95.15%	94.49%	N/A	N/A
	Cancer: Two Week Wait from referral to date first seen comprising symptomatic breast patients (cancer not initially suspected)	DoH, Monitor, CQC	93%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

ACCESS	Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days.	DoH, Monitor, CQC	< =2%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	N/A	N/A
	Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	DoH, Monitor, CQC	< =0.8%	0.29%	0.21%	0.62%	0.45%	0.00%	0.00%	N/A	N/A
	Outpatient Encountering compliance	DoH, CQC	100.0%	96.94%	97.28%	95.67%	96.41%	97.77%	97.85%	N/A	N/A
	Outpatient Outcomes compliance	DoH, CQC	100.0%	95.67%	96.30%	94.24%	94.80%	96.60%	97.28%	N/A	N/A
	RTT Outcomes compliance	DoH, CQC	100.0%	93.36%	94.93%	93.14%	94.40%	93.79%	95.92%	N/A	N/A
	Data Quality on ethnic coding	DoH, CQC	95.0%	94.87%	94.45%	97.21%	96.70%	92.68%	92.13%	94.15%	95.26%
	Delayed Transfers of Care	DoH, CQC	3.5%	1.06%	0.94%	1.66%	1.54%	0.00%	0.00%	0.00%	0.00%
	Diagnostic <= 6 Weeks	Contract	0	0	0	0	0	0	0	0	0
	GUM Access within 48 hours	DoH, CQC	98%	100.00%	100.00%	N/A	N/A	100.00%	100.00%	N/A	N/A
	Referral to treatment: Admitted (Admissions) 95th Percentile	DoH, Monitor, CQC	23.00	22.60	22.89	21.77	22.15	24.05	23.70	10.45	13.05
	Referral to treatment: Non Admitted (OP Attendances) 95th Percentile	DoH, Monitor, CQC	18.30	11.60	11.60	15.92	15.71	7.35	8.24	0.00	0.00
	Referral to treatment: Incomplete 95th Percentile	DoH, CQC	28.00	26.85	27.86	29.21	30.62	24.27	24.91	24.95	25.35
	Referral to treatment: Admitted (Admissions) Median	DoH, CQC	11.10	8.15	8.33	8.23	7.98	8.28	8.87	2.67	2.50
	Referral to treatment: Non Admitted (OP Attendances) Median	DoH, CQC	6.60	0.83	0.83	5.02	5.42	0.68	0.68	0.00	0.00
	Referral to treatment: Incomplete Median	DoH, CQC	7.20	6.31	6.82	6.48	7.03	6.14	6.59	4.40	4.78
	Slot Issues per DBS booking (trajectory)	DoH, Contract	< =4%	5.14%	4.34%	Not reported by Division					
	LAS arrival to patient handover less than 15mins	DoH, Contract	<15%	2.5%	3.3%	2.53%	3.29%	N/A	N/A	N/A	N/A
	LAS arrival to patient handover less than 30mins	DoH, Contract	<5%	0.2%	0.0%	0.21%	0.00%	N/A	N/A	N/A	N/A
	LAS arrival to handover less than 60mins	DoH, Contract	100%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A	N/A
Activity	Regular Day Attender	Contract	1240	1170	588	233	97	935	490	2	1
	Same day procedure	Contract	3156	3411	1787	1513	805	1052	540	846	442
	Elective Against Plan	Contract	992	959	508	574	302	374	199	11	7
	Non-Elective Against Plan	Contract	6539	6466	3319	2668	1326	3781	1989	17	4
	Outpatient New	Contract	29307	28124	14797	6732	3602	18566	9795	2240	1115
	Outpatient Follow Up	Contract	38729	42251	21920	18303	9749	17004	8647	3390	1713
Workforce	Turnover Rate	Internal	13.00%	7.86%	0.68%	11.28%	1.11%	9.84%	1.37%	8.52%	1.42%
	Vacancy Rate	Internal	9.75%	11.18%	11.17%	13.52%	13.34%	3.76%	4.05%	2.71%	3.57%
	Sickness Rate	Internal	3.60%	3.77%	4.01%	3.85%	4.26%	2.63%	0.80%	2.59%	2.61%
Efficiency	Elective length of stay	Internal	3.00	4.01	3.94	4.78	4.43	3.00	3.39	3.23	1.65
	Non-Elective length of stay	Internal	3.08	3.42	3.49	5.00	4.89	2.40	2.70	18.13	5.51
	Total Length of Stay	Internal	3.04	3.52	3.56	4.95	4.79	2.47	2.78	13.02	3.92
	Daycase rate	Internal	78%	78.05%	77.86%	72.50%	72.72%	73.77%	73.07%	98.72%	98.44%
	Basket Daycase Rate	Contract	95%	82.15%	81.76%	88.35%	88.20%	75.00%	74.66%	N/A	N/A
	Delayed Transfers of Care	CQC	3.5%	1.06%	0.94%	1.66%	1.54%	0.00%	0.00%	0.00%	0.00%

**Council of Governors Meeting, 14 July 2011**  
**Paper presented to the Board of Directors in May 2011.**

<b>AGENDA ITEM NO.</b>	3.3/Jul/11
<b>PAPER</b>	Annual Report of the Voluntary Services & Work Experience Department
<b>AUTHOR</b>	Charlotte Mackenzie Crooks Volunteer Services & Work Experience Manager
<b>LEAD</b>	Therese Davis Chief Nurse & Director of Patient Flow and Patient Experience
<b>PURPOSE</b>	This paper is intended as an update on key issues in volunteering.
<b>OBJECTIVES</b>	This paper relates to Patient Experience.
<b>EXECUTIVE SUMMARY</b>	<p>Volunteers make a valuable contribution to improving the experience that patients and visitors have at Chelsea &amp; Westminster Hospital NHS Foundation Trust. This paper summarises recent service developments and new projects. These include:</p> <ul style="list-style-type: none"> <li>• Current activity within the organisation</li> <li>• Patient Support Project</li> <li>• Maternity Breastfeeding peer Supporters</li> <li>• Pathways into employment scheme</li> </ul> <p>Further plans involve supporting patients to give their feedback and developing the role of the volunteer in our new Out-Patient Department.</p>
<b>DECISION/ ACTION</b>	For information for the Council of Governors.

## **1. Overview of Volunteer Activity at Chelsea and Westminster**

- 1.1 Volunteers make a valuable contribution to improving the experience that patients and visitors have at Chelsea & Westminster Hospital. Examples include:
- Providing companionship and extended interaction to complement the clinical care delivered by our healthcare professionals.
  - Provision of a service that would not otherwise exist such as our breastfeeding peer support
  - Enhancing an existing service, such as reception volunteers to welcome people as they arrive
- 1.2 There are currently 165 volunteers registered with Chelsea and Westminster Hospital Foundation Trust of which 120 were recruited in the last 12 months. The majority of volunteers stay with the Hospital for between 6-12 months before moving on to higher education or going into full time employment. We receive on average 30-40 enquiries about volunteering each week via email, phone or in person. Each enquiry is usually dealt with, within 24 hours, providing information to applicants about availability of placements and, where suitable, offering advice about other options and signposting applicants to other organisations.
- 1.3 The number of enquiries remains high due to students' need for experience when applying for places at Universities and Colleges. In addition, a number of volunteers who have been made redundant are wishing to keep their skills fresh and up to date whilst seeking new job opportunities. Volunteers are subject to the same NHS pre-employment checks as paid employees (i.e. Criminal Records Bureau (CRB) checks; references, health checks etc) and the application process can take up to 3 months.
- 1.4 The volunteers give a large number of hours of their free time each week throughout the year to compliment and enhance a variety of services to our patients in numerous wards and departments within the hospital. Volunteers also offer help to one-off projects. There are volunteers in approximately 30 different locations within the Trust including:
- Patient Befrienders and Dining Companions on adult wards
  - Maternity breastfeeding peer supporters
  - Hospital School
  - Hospital Play Specialist team
  - Main reception
  - Phlebotomy
  - Administration roles
  - Macmillan therapists
  - Multi-faith chaplaincy team
- 1.5 There are around 150 additional volunteers working in the Hospital through the following organisations:
- The Friends of Chelsea & Westminster
  - Hospital Radio Volunteers
  - St Stephens Volunteers
- 1.6 Over the last year there has been a significant amount of work which has included improvements to the service; consolidation of existing volunteer programmes and a number of new initiatives.

## **2. Services Improvements and Recent Initiatives**

### **2.1 Patient Support Project**

This project was originally conceived as a volunteer-led Dementia Support service and was developed in collaboration with Nick Hale – Nurse Consultant for Older People in response to concerns about the falls rate on wards. The initial project was endorsed by the Primary Care Trust (PCT) but we were not able to secure the necessary funding.

The model was subsequently adapted and funding for a Ward-based Patient Support Co-ordinator was sought from The Friends of Chelsea & Westminster Hospital. Funding was approved for a Band 4 Co-ordinator on an initial 18 month contract and the new Co-ordinator started in post on 7<sup>th</sup> February 2011.

The main aims of the project are to actively recruit, train and support a group of volunteers to:

- provide company & support to patients (and their families) on the ward
- assist the most vulnerable patients at mealtimes
- act as advocates for vulnerable patients

As a key part of the project we have developed a 'referral' system.

**2.1.1 'Request a volunteer'** button on the 'Your Hospital Visit' page of the website (which went live on 31<sup>st</sup> March 2011). This button is designed for friends or family members to contact the service and request a volunteer visit or assist their relative. This will be of particular value to those who are unable to visit their relative or friend due to geographical distance or other carer commitments

**2.1.2 Staff referrals** – Ward managers (and other health professionals) are being encouraged to contact the Co-ordinator to refer patients that they identify as being in need of support. For example patients with mild dementia, at risk of falls, lonely or in need of assistance at mealtimes.

**2.1.3 External referrals** Links have been made with local borough services such as residential homes and day care centres to encourage staff to refer service users to the Patient Support Service for Hospital in-patient stays and also for outpatient appointments. For example: requesting volunteer support for planned outpatient appointments for Learning Disabled patients.

We are aiming to achieve the following outcomes:

- Improved patient experience
- Better clinical outcomes: reduction in the falls rate / improved nutrition
- Increased public awareness of the scheme and promotion of C&W as 'Hospital of Choice'

### **2.2 Maternity Breastfeeding Peer Supporters**

Working with senior midwives and the Maternity Support Liaison Committee (MSLC) we identified a need for new mothers to receive additional support around breastfeeding. A suitable role description, personal specification and training programme was developed with the Specialist Midwife for Infant feeding and potential volunteers were recruited.

In the last year, 25 volunteers have been recruited to become Breastfeeding Peer Supporters.

The recruitment drive is ongoing and is focussed on three main areas:

- Mature students applying for Access to Midwifery courses at Kensington and Chelsea College (KCC)

- Local Doula networks- 'Doula' is the African terms for birthing support
- Local mothers / grandmothers

This project has been highly successful with a volunteer 'on duty' virtually every day of the week and also some evenings to provide support to new mothers.

The project has been well received by midwives and has been instrumental in helping the department achieve its 'Baby Friendly' status and the following levels:

- Breastfeeding initiation for 2010 – 95% (highest rates in London and the UK as national average is 76%)
- Skin to Skin contact for 2010 – 94% (highest rates in London)

## **2.3 Pathways into Employment Scheme**

This scheme has arisen out of the need to accommodate the requirements of a growing group of volunteers who have limited or no work experience, have been made redundant or who are keen to move into an alternative career.

Since starting this process just over a year ago there have been around 25 volunteers who have gone onto become either permanent staff or StaffBank at Chelsea and Westminster Hospital. Their sense of loyalty and commitment to the trust is huge and they are immensely grateful for the chance that they have been given.

### **2.3.1. Administration**

Volunteers who are keen to gain employment in the NHS in administration / reception are placed in specific administration roles where they can quickly build up their skills and knowledge of Trust systems. If they show commitment (and feedback from their manager is good) then the VSM endorses their application to apply to StaffBank.

The Volunteer Services Manager (VSM) works closely with StaffBank to ensure that unsuitable candidates are not put forward and that they are aware of where the volunteer's skills lie (for example reception or data entry). Since all the pre-employment checks are carried out for volunteers it is very quick and easy for existing volunteers to transfer to StaffBank. Often, volunteers end up gaining employment in the department that they volunteer in.

### **2.3.2. Healthcare Assistant**

Volunteers start on wards as Dining Companions, Befrienders and Ward helpers and the VSM liaises with the Lead Nurse for Support Worker Development to link these volunteers with Healthcare Assistants on the ward. Once volunteers have proved their commitment (usually a few months) and if the feedback from staff has been good then they are put forward to attend the Essence of Care course.

Once the course is completed volunteers continue their placements on the wards, building up further experience. They are assessed over time and assisting in applying for either StaffBank or permanent Band 2 HCA roles.

## **2.4 Phlebotomy Volunteers**

In addition to the excellent reception volunteers' working in phlebotomy, a need was identified for volunteer support within the office assisting the phlebotomists in printing out sample labels. A consistent rota of volunteer support has enabled the department to significantly reduce waiting times for patients.

## **2.5 Macmillan Centre Volunteers**

A targeted recruitment drive has led to an increase in the number of complementary therapists and administrators currently volunteering. This has enabled the Macmillan

Centre to provide a full therapy service during the week and to operate the information centre all week.

## **2.6 Volunteer Membership of Foundation Trust**

New volunteers are being strongly encouraged to take up the offer of becoming a Foundation Trust member and all forms issued are being marked so that in the future we can assess the level of uptake. Existing volunteers will be contacted to identify existing members and encourage non-members to sign up.

## **3. New and Future Plans**

### **3.1 Outpatients Department Receptionists**

Volunteer Services liaised with the re-development lead for the new outpatients department at the planning stage to identify possible volunteer receptionist roles so that volunteers could be recruited and trained for the new position prior to the outpatients department being launched.

Two training sessions have taken place and the new volunteers will be starting in the role at the start of April. There have also been discussions with the StartHere team regarding training to enable volunteers to direct, encourage and assist patients with the new system.

### **3.2 Funding Bids**

The C&W volunteer service has recently submitted a funding bid (in collaboration with Great Ormond Street Hospital and Lewisham Community Healthcare Trust) to the Greater London Authority (GLA) for a youth, sport and community engagement project to be based at each of the Hospitals.

### **3.3 Supporting Patients to Give their Feedback**

We are currently reviewing how we increase the number of patients who give their feedback whilst in hospital. New systems will help us to collect information in a variety of ways and we will be looking at how volunteers can support this process.

## **4. Summary**

### **4.1 Volunteers make a valuable contribution to improving the experience that patients and visitors have at Chelsea and Westminster Hospital. In 2011 -12 we will be focusing on:**

- Increasing the number of volunteers in the Out-Patient Department and for the Ward Befriending programme
- Evaluating the patient support project
- Involving volunteers to help us capture patient feedback

**Charlotte Mackenzie Crooks**  
**Volunteer Services & Work Experience Manager**  
**4th April 2011**