

Members' Council Meeting

Boardroom

Chair: Juggy Pandit

Date: 10th May 2007

Time: 4:30pm

Agenda

1. GENERAL BUSINESS	4.30pm
1.1 Apologies for Absence	JP
1.2 Declaration of Interests	JP
1.3 Minutes of Previous Meeting held on 23 January 2007 (attached)	JP
1.4 Matters Arising (attached)	JP
1.5 Chairman's Report (attached)	JP
2. ITEMS FOR DISCUSSION/DECISION/APPROVAL	
2.1 Standards for Better Health Care (attached)	CM
2.2 Appointment of new Trust Chairman and NED (oral)	JP
2.3 Annual Members Meeting (attached)	JP/HL
2.4 Election Results for Vacancies on the Members' Council (oral)	JC
2.5 Attendance Records of Council Members (attached)	JP
2.6 Report from Communications Sub-Committee (tabled)	CM
2.7 Foundation Trust members' newsletter (feedback from Members)	ALL
2.8 Patient Bedside Communications (oral)	HL
2.9 Annual Patient Survey 2006 (attached)	HL/AMC
3. ITEMS FOR INFORMATION	
3.1 Feedback from FT Governors Network (attached)	SH/VA
3.2 Finance Report (attached)	LB
3.3 Performance Report (attached)	LB
3.4 Gender Equality Scheme (attached)	AP
3.5 Open Day (oral report)	MA
4. ANY OTHER BUSINESS	
5. DATE OF THE NEXT MEETING	
24th July 2007 - TBD	
20 th September 2007	

Members' Council Meeting, 10 May 2007

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

Matters Arising from Previous Meetings

Reference	Item	Action
1.4/Feb/07	<u>MATTERS ARISING</u> JP to recommend to the Board that Board minutes, subject to restriction on commercial and staff and patient confidential items, are made available.	JP
1.5/Feb/07	<u>CHAIRMAN's REPORT</u> Relevant leads to follow-up with DP and JB regarding joining the Disability and Equality Action Group and the Disability and Equality Steering Group.	AP/PB
2.2/Feb/07	<u>COMMUNICATIONS SUB-COMMITTEE UPDATE</u> <ol style="list-style-type: none"> 1. Action: Explore possibilities for inviting new registered patients to join the Foundation Trust. 2. Action: Arrange for Membership recruitment poster to be outside the PALS office 3. Action: MA to follow-up with Sue Harris, who expressed an interest to join the sub-committee. 4. Action: Send all Members' Council papers by post on the Tuesday prior to the meeting, and then electronic copies would only be provided upon request. 	<p>AMC/JC</p> <p>AMC/JC</p> <p>MA</p> <p>JC</p>
2.3/May/07	<u>NOMINATIONS COMMITTEE UPDATE</u> Action: Nominations sub-committee to make formal recommendation for reappointments for approval by the full Members' Council.	N.C.
2.4/May/07	<u>MEMBERS' COUNCIL DEVELOPMENT NEEDS</u> <ol style="list-style-type: none"> 1. Action: Include annual fee in Budget and request to join Network 2. Action: Inform Kings Fund of our decision to join 	<p>JC</p> <p>JC</p>
2.5/May/07	<u>VACANCIES on the MEMEBRS' COUNCIL</u> <ol style="list-style-type: none"> 1. Action: Make formal proposal for succession planning 2. Action: Chairman to write letter to Council Members who have missed two meetings. 	<p>JC</p> <p>JC</p>
5.2/May/07	<u>CONGESTION CHARGE</u> Action: Trust to monitor impact of the congestion charge and report back at next meeting.	AP

Members' Council Meeting, 10 May 2007

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

CHAIRMAN'S REPORT

1.0 BOARD COMMUNICATION

The Board of Directors agreed at the Trust Board meeting on 1 March to allow all non-confidential papers to be made available as well as an edited version of the minutes.

2.0 CHAIRMAN AND NED RECRUITMENT

The process for recruiting a new Trust Chairman has commenced and a more complete update will be given later in the meeting.

2.0 TRUST PERFORMANCE

Performance Targets and Ratings

I am pleased to announce that the Trust met core performance targets and achieved financial surplus for the financial year that ended on March 31 – the Trust's performance has also been praised by 2 independent organisations. Monitor, the Foundation Trust regulator, singled out Chelsea and Westminster as 1 of 8 foundation trusts that achieved strong financial performance, and met all healthcare targets and national core standards, in the first 9 months of 2006/07. Dr Foster will highlight Chelsea and Westminster as a high performing trust for improved mortality rates in its annual Hospital Guide, published on Monday 23 April.

Children's services

Services for children at Chelsea and Westminster are among the best 25% in the country, according to a Healthcare Commission review of 157 hospital trusts. Our overall score was 'good', and we achieved a maximum score of '**excellent**' for **day care**. Well done to everyone involved.

Leadership audit

There has been an excellent response from managers at all levels who completed an online survey to assess the Trust's leadership and management capacity. More than 75% of managers who were contacted took the time to complete the survey which provides invaluable information on leadership in the Trust and has helped inform the development of a new Leadership Academy.

3.0 INFECTION CONTROL

A major national survey of healthcare associated infections shows that infection rates at Chelsea and Westminster are almost half the national average. There were plenty of opportunities to find out about best practice in infection control during **Hand Hygiene Awareness Week** which took commenced on Monday 23 April. There were over 120 lectures throughout the week and hundreds of people visited the Trust to learn more about hand hygiene.

4.0 CUSTOMER SERVICE TRAINING

You are the difference, the campaign to improve the customer service we provide to patients, visitors, and staff colleagues, continues – 1,009 staff have been trained.

Juggy Pandit
Chairman
10 May 2007

Members' Council Meeting, 10 May 2007

AGENDA ITEM NO.	2.1/May/07
PAPER	Standards for Better Health
AUTHOR	Catherine Mooney Director of Governance and Corporate Affairs
LEAD	Catherine Mooney Director of Governance and Corporate Affairs
EXECUTIVE SUMMARY	This paper outlines the process used for assessing compliance with Standards for Better Health and the declaration for core and developmental standards and the statement on priorities. It also includes the statement on the Code of Practice on Healthcare Associated Infections. The responses from the Overview and Scrutiny Committee and the Patient and Public Involvement Forum are attached.
DECISION/ ACTION	For information

1.0 Introduction

- 1.1 This paper outlines the process used for assessing compliance with Standards for Better Health and the declaration for core and developmental standards. It also includes the statement on the Code of Practice on Healthcare Associated Infections.
- 1.2 The assessment of the developmental standards domains for safety and clinical and cost effectiveness is in shadow form this year. Trusts are required to make a declaration but it does not impact on trust's overall assessment.

2.0 Process of updating and assurance for the core standards

- 2.1 The Audit Committee agreed the process for assurance of the core standards in January 2007.
- 2.2 Part of the process included an assessment of whether the Trust is compliant with that standard and whether there are any risks to maintaining compliance. These risks were discussed at the Audit Committee meeting in March 2007 and the Audit Committee agreed with the risk ratings, which were low. It was agreed that these would not affect the Trust's position at being able to confirm that all standards have been met for 2006/07.
- 2.3 The Board confirmed a declaration of 'compliant' against the core standards at the meeting in April 07
- 2.4 The final draft was submitted to the Overview and Scrutiny Committee (OSC) and the Patient and Public Involvement (PPI) Forum. Their comments are as attached at appendix 1 and 2. These will be published with the Trust's declaration.

3.0 The Code of Practice on Healthcare Associated Infections (Hygiene Code)

- 3.1 In addition to the statement on compliance with the core standards the Trust was also required to provide a short statement outlining whether the Trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code are being observed as at 31st March 2007.
- 3.2 The Trust statement is as follows:
- 3.3 Chelsea and Westminster Hospital Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this trust. Specifically the Trust can confirm compliance with the Code of Practice for Infection Control.
- 3.4 The Board approved this statement.

4.0 Process for Developmental Standards Assessment

- 4.1 To report progress on the developmental standards, the Trust must have achieved compliance against the core standards relevant to that domain. There are two domains relevant to acute trusts; these are safety, and clinical and cost effectiveness.

There are four categories against which the Trust must declare itself; limited, fair, good and excellent.

- 4.2 The development standards declaration will not be part of the overall Healthcare Commission rating for 2006-07 but the information will be published along with the core standards.

4.3 Safety Domain

- 4.4 The assessment process for the safety developmental standard enables the Trust to utilise a self-assessment tool developed by the Healthcare Commission and the National Patient Safety Agency. Progress on standards is assessed against three criteria; planning, implementing and monitoring. Scores are calculated automatically depending on answers yes or no.
- 4.5 A 'fair' assessment may be declared if the trust achieves a score of at least 35% using the self-assessment toolkit. In order to declare a 'good' assessment the Trust must have achieved at least 60% on the toolkit and achieved progress on three specific assurance statements. These are outlined in Appendix 3.
- 4.6 Compliance against the toolkit was measured independently by the Head of Clinical Governance and the Director of Governance and Corporate Affairs. The results were compared and an agreement reached. Where further information was required this was sought from the relevant individuals.
- 4.7 For the safety developmental standard, the organisation's final score against the toolkit is 59%. However, of the three specific assurance statements, the Trust can only meet the assurance statement relating to incident reporting, see Appendix 3. The overall assessment therefore is 'fair'.
- 4.8 The Board approved this assessment.
- 4.9 The Trust was required to complete a statement outlining the priorities for improvement against these standards. This was based on the trust objectives already agreed and the need to meet the specific statements in Appendix 3. The Board approved the following: *the Trust has identified an assessment of the safety culture, measures of patient safety, and measures to improve transfer across organisations as priorities.*

4.10 Clinical and Cost Effectiveness

- 4.11 For the clinical and cost effectiveness developmental standard, there is a focus on particular aspects or topics within specific areas of activity, for example, an assessment of how well the Trust is providing services that conform to national best practice in the areas of stroke, cancer and coronary heart disease.
- 4.12 In order to achieve an assessment of 'fair' at least one of the criteria described by the assurance statements has to be met.
- 4.13 Compliance was assessed by the Head of Clinical Governance and Medical Director who confirmed that there was evidence to support compliance against at least one standard. The assessment therefore is 'fair'.
- 4.14 The Board approved this assessment.

4.15 The trust was required to complete a statement outlining the priorities for improvement against these standards. The Board approved the following: *Priorities for improvement relating to the clinical and cost effectiveness domain will include a Trust audit of the application of national guidance. Additionally, an annual plan will be developed that identifies audits that should be undertaken – this will include audits relating to nationally agreed best practice.*

4.16 Next steps

The comments in the responses from the OSC and PPIF will be considered and actioned as appropriate. These will be addressed as part of the preparation for next year's submission. In addition the Members Council will also be asked for their input.

Catherine Mooney
Director of Governance and Corporate Affairs
April 2007

CHELSEA & WESTMINSTER FOUNDATION TRUST NHS HOSPITAL

PPIF Comments on Compliance with HCC Core Standards 2006/7

- 1.0 This paper is to consider the views of the PPIF on the performance of the Hospital by reference to some of the Core Standards.
- 1.1 The Chelsea & Westminster Hospital Trust is part of Early Adopter LINKs Project. Members of the PPIF and of the Hospital management have been liaising with the relevant committees in the development of LINKs. The role and responsibilities of the PPIF are thus to come to an end following government legislation. It will be difficult for the PPIF to provide further help to the Hospital in the development of its services to the people and patients of the area. However it should be recorded that there is very strong local support for the Hospital and gratitude amongst the many people who have been its patients.
- 1.2 The comments and criticisms (if they are critical) are intended to help the Hospital build on its services.

2.0 SPECIFIC COMMENTS ON CORE STANDARDS

- 2.1 The comments below are shown by subject and noted against the relevant Core Standards in the most recent Department of Health Standards for Better Health.

3.0 Hygiene/Cleanliness. Core Standard C4

- 3.1 The Forum instigated an inspection on behalf of the OSC in the previous year. The recommendations which followed are being adopted. The contractors Haydens are being monitored internally. Where there have been potential concerns with locations or areas within the Hospital they have been isolated and sterilised before reopening. An example of this was the air-extraction plant. Any and all failures on the part of the contractors will be taken into account by the Trust management when their contract comes up for renewal.

4.0 Co-operation with other Health Care Organisations. Core Standard C6

- 4.1 The CEO of the Hospital has attended the Royal Borough of Kensington and Chelsea Committee through which the Council plans to co-ordinate its health care with social services. This kind of co-ordination is important in order to avoid the recurrence or a situation such as that which arose when an elderly patient living in sheltered accommodation was discharged from the hospital after 7.00pm when admission to the accommodation had closed for that day.
- 4.2 There is a potential future concern with the extension of the London Congestion Charging Zone to include the hospital. A significant number of people visiting the hospital do so by car and live outside the zone.

5.0 Clinical Governance. Core Standard C7

- 5.1 The Clinical Governance of each department is co-ordinated through the Clinical Governance Assurance Committee whose remit has been further strengthened following the Hospital's achievement of Foundation Status. Where any problem areas

come to the attention of the committee, the manager concerned is asked to explain the steps taken to combat a re-occurrence. We recommend that appropriate training be given to those not familiar with the new management procedure.

- 5.2 The management of the Chelsea & Westminster Hospital has been in the forefront in adopting relevant Government initiatives. In some cases, where information technology is concerned, this has been less than fully successful. There was an example of acquiring software from the USA without the necessary contracts in place to enable the system to be adapted to local needs. The Trust may wish to undertake a period of stability before adopting other new systems so that staff can become familiar and comfortable with the existing systems before there are more changes.

6.0 Staff Training and Development. Core Standard 11b

- 6.1 There have apparently been some problems with the complexity of new guidelines particularly those relating to Health and Safety. All staff including the most senior have been called upon to complete questionnaires which have been seen as irksome and only of use so that Health and Safety experts can show that they have carried out their responsibilities to the letter. A collaborative and practical approach by Health and Safety experts may be more effective.

7.0 Food and Drinks. Core Standard C15

- 7.1 The food on the wards appears to offer choice and have suitable healthy options. There were some concerns that some elderly patients were not getting sufficient help in feeding themselves. The hospital is addressing this. There are vending machines for drinks, and a café service operated by franchisees. Inevitably this means that hot and cold drinks for patients in Outpatients are found to be expensive for some people.

8.0 Patients Views. Core Standard C17

- 8.1 The Hospital is required to take into account patients' views. The PPIF cannot corroborate this.

9.0 SUMMARY

- 9.1 There can be no doubt that it is the ambition of Hospital management and staff to provide an efficient and caring service for its patients and the public. In spite of the comments and some criticisms noted above overall standards are very high. The PPIF are particularly pleased to congratulate the Chelsea & Westminster Hospital on achieving Foundation Status and to note that this was with the support of a very large number of local "members".

Appendix 2

OSC Comments on Compliance with HCC Core Standards 2006/7

- 1.0 We welcome the opportunity given to us by the Healthcare Commission to comment on the Declaration of Compliance from Chelsea and Westminster Healthcare NHS Foundation Trust.
- 1.1 The format of these health checks remains as unhelpful as last year. They appear to be more designed for box-ticking by the Healthcare Commission, i.e. reporting upwards by the trusts, rather than to be informational documents to which the general public, including Overview and Scrutiny Committees, can easily explain their views and outline their experiences. The relationship of a trust downwards to patients and to the public seems to be obscure. The healthcheck forms are not designed to be helpful to those outside the health bureaucracy and to this extent are flawed as they are not aids either to transparency nor to accountability.
- 1.2 There is still a feeling that this exercise is over-concerned with process rather than outcomes.
- 1.3 We have seen the Healthcare Commission Public Health Development standards of our PCT and this document, unlike that for the core standards, gives information to which people can relate and is therefore meaningful. We would have found it helpful had a similar document been attached to the core standards review of compliance. If it were then the public and the OSCs might be better prepared to comment.
- 1.4 However, Chelsea and Westminster is to be congratulated on not just ticking a box with “compliant” but supporting its self assessment with evidence and information. This is to be applauded. Nevertheless, there are 17 references to information available on the intranet, which is not accessible to members of the public.
- 2.0 The OSC’s detailed response is set out below. It takes into account a recent consultation exercise undertaken with the local community organisations and PPIFs on the experience of their users with the K&C PCT. Among the organisations contributing were PPIFs covering the PCT, Chelsea & Westminster and Royal Brompton and Harefield Trusts, Sixty Plus, Full of Life and Service Users Drug Reference Group, and Council staff from Adult Care and Children’s Services.
- 2.1 We have read the comments on the Trust’s self assessment written by the Chelsea & Westminster PPIF and in general we agree with what they have to say. However public concern over cleanliness as expressed to us in our consultation exercise would appear to be greater than the PPIF report indicates.
- 3.0 Core Standards**
- 3.1 Standard C6 - Healthcare organisations cooperate with each other and social care organisations**
- 3.2 The Royal Borough of Kensington and Chelsea has a good working relationship with the Chelsea and Westminster. For example, the Trust has been involved in the joint working mechanism the Joint Health Partnership Board.
- 3.3 We are unsure of the level of healthcare organisation co-operation with each other. How does Chelsea and Westminster fit into the development of the Academic Health Science Centre? We expect to see more overall planning and joined-up thinking in the

shifts in local NHS inpatient capacity between organisations so that demand and capacity match up.

- 3.4 In December 2005 the OSC carried out an investigation into Hospital Acquired Infections. We were concerned then by the high level of non-compliance with hand washing. What is the level of non-compliance now? It would have been helpful if the Trust had been able to give actual figures rather than saying “the Trust is on track to meet year on year reductions”
- 3.5 It has been reported to us that older people in the Hospital have sometimes been discharged without the ward staff notifying Social Services to put necessary arrangements in place to support the patient. This is unacceptable.
- 3.6 Participants in our consultation exercise gave examples of patients who were going on diets etc. thinking they had been booked in for scans when they hadn’t been: a real lack of inter-departmental communication was blamed.
- 3.7 We have heard of communication breakdowns between the Chelsea and Westminster and other hospitals which have caused delays and problems with appointments etc. We have a particular case study to illustrate this point.
- 3.8 Concern has been expressed that the regular flow of information, such as Board papers, are no longer be available to the public now that the foundation status has been granted. Foundation status should not be taken as an excuse to reduce the flow of information to OSCs and the public.

4.0 Standard C14a – Complaints

- 4.1 It would be helpful if there was published regularly the make up of complaints, analysed as to type and as to services. This would give substance and meaning to the self assessment against this standard.

5.0 Standard C18 - Equal access to services

- 5.1 There are two child development centres in the borough - one in the North (based at St Mary’s) and the other in the south (based at Chelsea and Westminster). There are inconsistencies in service provision between the two centres but we are informed that service delivery in the south, from Chelsea and Westminster, is much better than in the north.
- 5.2 The appointment system at the Chelsea and Westminster is considered to be a problem. We have heard that there are errors in the appointments system, e.g. letters giving the wrong telephone numbers and poor co-ordination of appointments (if a patient misses one appointment they are taken off the list).
- 5.3 There needs to be better staff training in how to deal with different kinds of customers: staff can be rude to homeless, drug users etc. and cause a barrier to accessing services.
- 5.4 We have been informed by a reputable local voluntary organisation working with older people that people over 80 receive less favourable treatment than younger people.
- 5.5 On the basis of evidence from a local voluntary organisation working with disabled children with complex needs, the OSC has picked up concerns that health services at Chelsea & Westminster are not geared to meeting the needs of disabled children, and

specifically the following issues were raised concerning access to services for such disabled children at the Chelsea & Westminster:

- 5.5.1 There is only one paediatric neurologist based at Chelsea and Westminster. The waiting list for existing patients is 6 months and new patients between 6-8 weeks.
- 5.5.2 Staff attitudes to families in the children's outpatients leave much to be desired. Appointments need to be made for early in the morning for these children, before the clinics become crowded resulting in greater stress and distress - but some staff appear not to understand this and it is difficult to obtain recognition of this very real problem.
- 5.5.3 There is no clarity about which mental health services are available, and no clear pathways. This is also confusing for clinicians, as well as other professionals such as Social Services. This may reflect on how services are commissioned, i.e. different PCTs with separate requirements.
- 5.5.4 There does not appear to be an emergency dental service with clear procedures for children with disabilities, so such parents have to rely on the goodwill of dentists to fit them into their regular surgeries.
- 5.5.5 There are no cubicles for Children with Disabilities at Chelsea and Westminster Hospital, where if a child becomes distressed it could have somewhere to regain its dignity rather than face public humiliation
- 5.5.6 As disabled children become older they find it more and more difficult to attend health care. A more flexible service is needed involving doctors or specialist nurses willing to leave their building and visit children at home.
- 5.5.7 There is no changing area for young adults with physical disabilities
- 5.5.8 Children with complex needs are sometimes categorised and treated on the basis of their disability – e.g. ordinary childhood illnesses ascribed to the disability – and parents' views about the child's condition are not taken fully into account. [Case study available]
- 5.5.9 Important clinical decisions which are contrary to the proposed procedures are not always communicated or explained to parents. [Case study available]

6.0 Standard C21 - Cleanliness

- 6.1 Concerns have been expressed to the OSC about cleanliness of wards.

7.0 Standard C22 & Standard C23 – Key Public Health Indicators

- 7.1 Compliance seems weak. The OSC is uncertain as to the degree of involvement of the Chelsea and Westminster in development of the Kensington and Chelsea public health strategy?

Appendix 3

Assurance Statements which must be met in order to achieve a 'good' assessment

- 1.0 The healthcare organisation monitors whether staff are (*):
 - not afraid to report mistakes, unsafe conditions or methods of work that may (or may already have) put patients or staff at risk
 - offered support and treated fairly following an incident
 - confident that they will be treated fairly if their actions are investigatedWhere concerns have been identified as a result of monitoring, appropriate action plans are implemented.
- 2.0 The healthcare organisation identifies and monitors a range of staff and patient safety indicators appropriate to the risks (including patient mortality). This should enable the organisation to track changes in its safety performance, within and across the whole organisation and in relation to groups of patients or staff, including those who may be disproportionately at risk. For instance this may mean monitoring by: individual sites; specific procedures; clinical areas, teams and/or individuals; specialties; those with learning disabilities; young people etc. (*).
- 3.0 The healthcare organisation monitors the effectiveness of its integrated structures and systems in controlling risk to patients as they are transferred between organisations. Where concerns are identified, appropriate action plans are implemented (*).

Members' Council Meeting, 10 May 2007

AGENDA ITEM NO.	2.3/May/07
PAPER	Annual Members Meeting
AUTHOR	Matt Akid, Head of Communications
LEAD	Heather Lawrence, CEO Juggy Pandit, Chairman
SUMMARY	This paper outlines some proposals for the Annual Members Meeting to facilitate discussion during the meeting.
DECISION/ ACTION	The Council is asked to discuss the structure for the day.

Annual General Meeting 2007

1.0 Background

The Foundation Trust constitution states that the Trust must hold an annual members' meeting within nine months of the end of each financial year - this year's meeting has been set for Thursday 20 September.

The constitution sets down requirements for the annual members' 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 (ie 2007/08)
- The Members' Council 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 Members' Council elections; announcement of any Non-executive Directors appointed.

Since the Foundation Trust came into existence in October 2006, the Trust must make its annual report and accounts for the first half of the year available.

The Trust plans to publish one annual report for 2006/07 with two sets of accounts to cover the first half of the year when it was an NHS Trust and the second half of the year when it was a Foundation Trust. This report will be available on September 20.

2.0 Aims and objectives

The overall aim of the annual members' meeting is to create a positive event which enables the Board and the Members' Council to set out the key achievements of the last financial year and plans for the current financial year.

Members should be able to ask questions of the Board and the Council and provide their feedback on the Trust's performance and future plans to create a genuine dialogue with Foundation Trust members.

3.0 Annual General Meeting 2006 - overview

Last year's AGM was held at 5.30pm on Thursday 7 September in the Restaurant on the lower ground floor of the hospital.

All Foundation Trust members were invited personally by letter to attend the AGM and a range of other events held during the day which included live music staged by Hospital Arts, a hospital food tasting, an exhibition of hospital services and seminars on both infection control and Hospital Arts.

Other publicity included an advert in the local press, a press release, information on the Trust website and internal publicity through the staff newsletter and posters.

The Chairman, Chief Executive and Directors of Finance gave presentations after which there was an open question and answer session.

4.0 Annual General Meeting 2006 - evaluation

Last year's AGM attracted a record attendance of approximately 300 people including patients, members of the public and Trust staff.

Feedback forms were distributed to everyone attending the AGM and their responses indicated that it was a positive event for the Trust:

- 88% said they heard about the AGM because they were sent a letter inviting them to attend personally as a Foundation Trust member – this indicates that direct mailing of members is an effective method of communication
- 80% rated the overall content of the AGM presentations by the Chairman, Chief Executive and Directors of Finance as either 4 or 5, on a scale of 1 to 5 with 1 as the worst and 5 as the best
- 64% said there was sufficient opportunity for questions to be answered during the question and answer section of the AGM

Anecdotally, the feedback was that the AGM was a much more positive event than in 2005. It was felt that the fact Foundation Trust members were invited personally to the AGM, and that many of these people have joined the Trust because they have had a positive experience of Chelsea and Westminster, contributed to this.

5.0 Annual General Meeting 2007

Council Members are asked to give their views on the AGM to be held on Thursday 20 September.

Issues for discussion include:

- **Time** – is 5.30pm a suitable time for the public meeting? This will require the regular 'business' meeting of the Council to start at c. 2pm rather than the usual 4.30pm start time which was chosen following consultation with Council Members
- **Venue** – last year's AGM was held in the Restaurant because it is the only venue in the hospital that is big enough to accommodate the number of people who attend. An option would be take the AGM off site to an alternative venue but this is likely to reduce attendance and would also mean that no other events could be run alongside the AGM (ie music, exhibitions)
- **Format** – should a series of related events be run on the AGM, as happened last year? Council Members and many Board members will not be able to be involved in these events because they will be required to attend the regular 'business' meeting of the Council in the afternoon
- **Speakers** – who should speak at the AGM on behalf of the Members' Council?
- **Theme** – this could relate to the proposed theme of this year's Trust annual report, which is the Trust's 10 corporate aims, or the AGM could provide the Trust with an opportunity to respond to key issues raised by the feedback exercise which is planned for the Open Day on May 12

I. Members Council Attendance Record

NAME	Attendance
Alexander , Mr James (elected Mar 06) Public – Hammersmith and Fulham 1	0
Arana , Ms Maria-Elena (elected Mar 06) Patient	0 (she was on sabbatical for 6 months and she wrote letter to this effect)
Arends , Ms Valerie (elected Mar 06) Public – Kensington and Chelsea 2	1
Blakeman , Cllr Judith (elected Mar 06) Public – Kensington and Chelsea 1	2
Blewett , Mrs Christine (appointed) Hammersmith and Fulham 2	2
Browne , Ms Nicky (appointed) Partnership – Royal Marsden NHS FT	1
Burrow , Ms Wendy (elected Aug 06) Public – Westminster 2	0
Delamare , Ms Alison (elected mar 06) Staff – Contracted	1
Fitzgerald , Mr Hugo (elected Mar 06) Patient	0
Foulkes , Mr Lionel (elected Mar 06) Public – Wandsworth 2	1
*Wood , Ms Vivian (appointed Mar 07) *Replaced Kirstie Galbraith PCT – Hammersmith and Fulham	0 (only appointed in Apr 07)
Gazzard , Prof Brian (elected Mar 06) Staff – Medical & Dental	2
Grant , Mr Nigel (elected Mar 06) Staff – Management	2
Harris , Mrs Sue (elected Mar 06) Staff – Nursing and Midwifery	2
Henry , Mr Michael (elected Mar 06) Patient	1

Hunt , Ms Jean (elected Mar 06) Patient	2
James , Ms Cathy (elected Mar 06) Staff – Support, Admin & Clerical	0
Jowett , Prof Sandra (appointed spring 06) Partnership – Thames Valley University	1
Kenworthy , Mr Andrew (appointed spring 06) PCT – Kensington and Chelsea	1
King , Miss Jane (elected April 06) Patient	2
Longworth , Ms Catherine (appointed Spring 06) PCT – Westminster	2
Macrae , Dr Duncan (appointed –Spring 06) Partnership – Royal Brompton NHS Trust	0
Mallet , Ms Sarah (elected Mar 06) Public – Wandsworth 1	1
Marshall , Cllr Harvey (appointed Apr 06) Local Council – Westminster	0
Maze , Prof Mervyn (appointed spring 06) Academic – Imperial	1
Pandit , Mr Juggy (appointed) Chairman	2
Pease , Miss Dorothy (elected Mar 06) Patient	2
Rawaf , Prof Salman (appointed) PCT – Wandsworth	0
Rowell , Mr Martin (elected Mar 06)) Patient	2
Smith , Mr Jim (elected Mar 06) Patient	2
Taylor , Cllr Frances (appointed) Local Council – Kensington and Chelsea	2
Thomas , Miss Elizabeth (elected Mar 06) Patient	0 (absence due to illness-but good to write a specific letter)

II. Current Situation and Proposed Action

- One third of the elected seats need to come off in year one making 7 seats in total (2 staff, 2 public and 3 patient)
- Four people have already stepped down (1 staff, 2 patient, 1 public)
- Three additional members need to come off in year one (1 staff, 1 public and 1 patient)
- Per the constitution, a person holding office shall immediately cease to do so if they miss three consecutive meetings without reasonable cause-for which the members' Council is the judge
- Write to all members who have missed three consecutive members to inform them that in accordance with the constitution their term of office will cease. Give them the opportunity to explain absence if they so wish.
- Send letter to all Council Members asking if anyone intends to step down
- If a further three seats are not vacated, we use the ERS calculation of votes for the patient seat (see below) and draw lots for public and staff

Transition Schedule

The transition schedule only applies to the first cohort of Council Members. The schedule stipulates that the first round of elections be staggered to ensure continuity on the Members' Council. The constitution states the following:

Not less than one third of the initial Patient Council Members who polled the highest votes will serve a term of office ending at the conclusion of the annual members meeting in 2009; not less than one third of the initial Patient Council Members who polled the next highest number of votes will serve a term of office ending at the conclusion of the annual members meeting in 2008; the remaining initial Patient Council Members will serve a term of office ending at the conclusion of the annual members meeting in 2007.

ERS has provided the below list of patient members elected in order of votes received:

1. HENRY, Michael
2. FITZGERALD, Hugo
3. ARANA, Maria Elena
4. CLAYTON, Ronald (replaced by Jane King)
5. SMITH, Jim
6. HUNT, Jean
7. ROWELL, Martin
8. LAMBERT, Angela Maria (New Candidate on 4 May)
9. THOMAS, Elizabeth Antonia
10. PEASE, Dorothy

Members' Council Meeting, 10^h May 2007

AGENDA ITEM NO.	2.9 /May/07
PAPER	National Inpatient Survey Results 2006
AUTHOR	Amanda Harrington – Patient Affairs Manager
LEAD	Andrew MacCallum – Director of Nursing and Patient Affairs
EXECUTIVE SUMMARY	<p>This paper links to two corporate objectives:</p> <ul style="list-style-type: none"> • Patient Experience • Clinical Governance and Safety. <p>The paper focuses on the key messages arising from the 2006 Inpatient Survey and identifies those areas the Trust will address in order to have the most positive impact on the patient experience.</p>
DECISION/ ACTION	<p>This paper is being brought to the Members' Council for information and to discuss any key issues that arise. Council Members are asked to express their interest in participating in a dedicated work shop to develop a trust wide action plan.</p>

Board Report on the Inpatient Survey 2006

1.0 Overview of Survey

The Picker Institute Europe was commissioned to facilitate the Trust's Inpatient Survey 2006. The survey is based on a sample of patients discharged from the Trust between June and August 2006. A total of 1821 patients were sent a questionnaire; completed questionnaires were returned by **783** patients, a response rate of **44%**. (The average response rate for Trusts surveyed by Picker was 55.3%).

2.0 Commentary on Survey

It is important to note that previously the inpatient survey has been undertaken on alternate years. However, this survey is a repeat of the inpatient survey undertaken in 2005 and published in 2006. As a result the cohort of patients taking part in the survey were inpatients before action plans responding to the previous survey were fully implemented.

Nevertheless, it is important to act on the results of this survey if we are to be a provider of choice and to ensure that the Trust has mechanisms in place to undertake patient surveys on a real time basis (linked to the marketing strategy).

Whilst it is disappointing that little improvement is reflected in the survey report and indeed is significantly worse in two areas, this in part relates to the timing issue referred to above. In relation to food this is evidenced in the disparity between feedback from PEAT surveys regarding food and the feedback in this survey.

Interestingly patients perception is that there are enough nurses on duty, this does not reflect the results of the staff survey which suggest that staff feel compelled to work long hours. This requires further exploration.

3.0 The Positive Message

The quality of care overall is rated by 82.5% of respondents as good, very good or excellent. Whilst, the Trust did not improve significantly on any questions when compared with the 2005 survey, we did perform significantly better than average on four questions:

- Nurses: sometimes, rarely or never enough on duty.
- Discharge: not fully told purpose of medications.
- Discharge: not given completely clear written information about medicines.
- Discharge: did not receive copies of letters sent between hospital doctors and GP.

4.0 Areas for Improvement

The Trust has performed significantly worse (when compared with both the 2005 survey and the national average) in two areas and these are key priorities to be addressed for service improvement:

- Admission: had to wait a long time for bed/ward
- Nurses: talk in front of you as if patient is not there.

Other areas we need to focus on in order to have the greatest impact on patient experience are those areas where more than 50% of respondents have reported a need for improvement. For this Trust these areas are:

- Discharge: delayed by 1 hour or more.
- Overall: not asked to give views on quality of care.
- Care: couldn't always find staff member to discuss concerns with.
- Planned admission: not given choice of admission date.
- Care: not enough chance for family to talk to doctors.
- Discharge: family not given enough information to help.
- Hospital food fair or poor

5.0 Action Plans

Whilst the quality of care overall is rated as good, very good or excellent, it is important that as a provider of choice we focus on developing an action plan that will facilitate a measurable improvement in the above areas. In addition, to facilitate local ownership, the Trust has worked with Picker to develop ward specific reports and has asked that all directorates develop their own ward improvement plans.

To this end, we propose to involve Council Members in the development of the organisational action plan as well as in its implementation and measurement of progress. We propose to hold one or more workshops, similar to the corporate plan workshops, to seek the views of Council Members. Individual meetings can also be arranged between Council Members and ward managers upon request.

6.0 Picker Executive Summary

The Picker Executive Summary for the Inpatient Survey 2006 is attached for further information.



Inpatient Survey 2006

Chelsea and Westminster Healthcare NHS Trust

Executive Summary

Inpatient Survey 2006

Chelsea and Westminster Healthcare NHS Trust

Executive Summary

How are your results reported?

The Picker Institute presents your survey results in the form of **problem scores**. The problem score shows the percentage of patients for each question who, by their response, have indicated that this particular aspect of their care could have been improved.

The questionnaire includes 58 questions which have been analysed in this way. A detailed explanation of how problem scores are calculated is provided in Section 1 of the full survey report, but the following should be kept in mind when looking at your results:

- **Lower problem scores are better**
- Problem scores highlight issues that need **further investigation**
- Problem scores are a **simple summary** measure used for comparison and for helping to focus on areas for quality improvement
- Problem scores are an **interpretation of the results** by the Picker Institute – the Healthcare Commission will not see the problem scores.

Inpatient Survey 2006

Chelsea and Westminster Healthcare NHS Trust

Executive Summary

Introduction

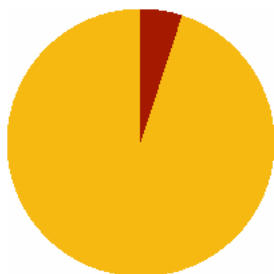
This document summarises the findings from the Inpatient Survey 2006, carried out by Picker Institute Europe, on behalf of Chelsea and Westminster Healthcare NHS Trust. The Healthcare Commission report is due for publication later in 2007.

Picker Institute was commissioned by 82 trusts to undertake the Inpatient Survey 2006. A total of 1821 patients from your Trust were sent a questionnaire, of which 783 returned a completed questionnaire, giving a response rate of 44.0%. The average response rate for the 82 Picker Institute trusts was 55.3%.

Your results at a glance

Have we improved since the 2005 survey?

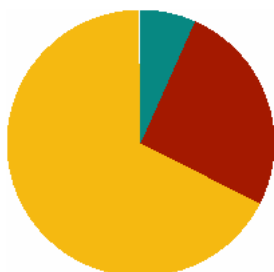
A total of 40 questions were used in both the 2005 and 2006 surveys. Compared to the 2005 survey, your Trust is:



- Significantly BETTER on 0 questions
- Significantly WORSE on 2 questions
- The scores show no significant difference on 38 questions

How do we compare to other trusts?

The survey showed that your Trust is:



- Significantly BETTER than average on 4 questions
- Significantly WORSE than average on 15 questions
- The scores were average on 39 questions

Inpatient Survey 2006

Chelsea and Westminster Healthcare NHS Trust

Executive Summary

Understanding your results


Survey results highlight areas that need improvement to provide a better service for patients. When deciding upon the improvements you would like to make there are a number of ways of looking at the results to decide which issues to focus on first.

Compare results over time - have you improved since the 2005 survey?

The Inpatient survey is currently repeated on an annual basis. Looking at trends over time helps to focus attention on improvements and on those areas where performance might be slipping.


Comparisons to the data from all previous years are available in Section 5 of the full report.

The Trust has improved significantly on the following questions:

Lower scores are better 

NONE

The Trust has worsened significantly on the following questions:

Lower scores are better 

	2005	2006
Admission: had to wait long time to get to room/ward/bed	27 %	37 %
Nurses: talk in front of you as if you're not there	23 %	29 %

Inpatient Survey 2006


Chelsea and Westminster Healthcare NHS Trust

Executive Summary

Compare results with others


The Picker Institute ran Inpatient surveys for 82 trusts nationwide in 2006. Your results are shown alongside the others to help you make comparisons against the average for all trusts where the Picker Institute implemented the survey. They will help you to focus on areas where your performance is poor compared to others and where there is plenty of scope for improvement, as well as highlighting your successes.

Your results were significantly better than the 'Picker average' for the following questions:

Lower scores are better 

	Trust	Average
Nurses: sometimes, rarely or never enough on duty	36 %	43 %
Discharge: not fully told purpose of medications	17 %	21 %
Discharge: not given completely clear written information about medicines	25 %	34 %
Discharge: did not receive copies of letters sent between hospital doctors and GP	36 %	56 %

Your results were significantly worse than the 'Picker average' for the following questions:

Lower scores are better 

	Trust	Average
Ambulance: crew not totally reassuring	14 %	9 %
Planned admission: admission date changed by hospital	24 %	17 %
Admission: had to wait long time to get to room/ward/bed	37 %	29 %
Patients sharing sleeping area with opposite sex	28 %	24 %
Patients in more than one ward, sharing sleeping area with opposite sex	28 %	18 %
Patients using bath or shower area who shared it with opposite sex	40 %	27 %
Hospital: bothered by noise at night from other patients	40 %	37 %
Hospital: food was fair or poor	53 %	45 %
Patients not offered a choice of food	26 %	20 %
Nurses: didn't always get clear answers to questions	40 %	35 %
Nurses: talk in front of you as if you're not there	29 %	22 %
Surgery: risks and benefits not fully explained	23 %	18 %
Discharge: was delayed	44 %	35 %
Discharge: not told who to contact if worried	25 %	22 %
Not given information on how to complain	80 %	76 %

Inpatient Survey 2006


Chelsea and Westminster Healthcare NHS Trust

Executive Summary

Setting priorities for action

Examining areas where your Trust's performance is above average **and** you have demonstrated improvements since last year provides a valuable opportunity to share good practice.


The Trust has positive results on the following questions:

Lower scores are better 

There were no questions where performance was both above average and there had been an improvement since the last survey.

In addition, focusing on the questions where your Trust's score is lower than average **and** performance has slipped since 2005 should help you to identify key priorities for service improvement.

The Trust has poor results on the following questions:

Lower scores are better 

	Average	2005	2006
Admission: had to wait long time to get to room/ward/bed	29 %	27 %	37 %
Nurses: talk in front of you as if you're not there	22 %	23 %	29 %

Areas where patients report most problems



Questions where more than 50% of respondents reported room for improvement are listed below. Focusing on these areas could potentially improve the patient experience for a large proportion of your patients.

NB. Questions where less than 50 patients answered the question have been highlighted with [-]

Inpatient Survey 2006

Chelsea and Westminster Healthcare NHS Trust



Executive Summary

-  scores significantly better than average
 scores significantly worse than average

Trust
Average

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

Lower scores are better

	Trust	Average	
Discharge: delayed by 1 hour or more	84 %	82 %	
Overall: not asked to give views on quality of care	82 %	85 %	
Not given information on how to complain	80 %	76 %	
Care: couldn't always find staff member to discuss concerns with	60 %	56 %	
Planned admission: not given choice of admission date	59 %	64 %	
Care: not enough chance for family to talk to doctors	57 %	54 %	
Discharge: family not given enough information to help	54 %	55 %	
Hospital: food was fair or poor	53 %	45 %	

Inpatient Survey 2006

Chelsea and Westminster Healthcare NHS Trust

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Next Steps

Communicating results and priorities for service improvement across the organisation and in your local area is key to ensuring that changes are implemented successfully. Patients and staff should be involved in developing an action plan and any resulting quality improvement activities.

Once priorities have been identified:

- Look at **internal benchmarks** (sites / specialties) – compare results within the trust to help identify problem areas
- Tie in with **other surveys**/PALS/complaints
- Look at **patient comments** for details and suggestions – available on-line (<https://www.picker-results.org>)
- Develop an **action plan**
- Raise awareness about the patient surveys – **publish** results and action plans
- **Additional analysis** available from the Picker Institute (including demographic / regional breakdowns)

We provide a range of tools to help you make best use of your patient survey results, including a database of good practice examples, educational guides and a range of factsheets. The Quality Improvement team can also be commissioned to run workshops or deliver presentations and information sessions that are tailored specifically to your trust's needs.

Further details of how to use your survey results, and links to these Quality Improvement tools are outlined in Section 2 of the full survey report (Effectively using your survey results).

If you need further assistance with understanding your results, or on any other aspect of the Inpatient Survey please contact **Bridget Hopwood** or another member of the survey team at the Picker Institute (Tel: 01865 208100), who will be happy to help you.

Full contact details are listed overleaf.

Inpatient Survey 2006

Chelsea and Westminster Healthcare NHS Trust

Executive Summary



Inpatient Survey 2006 Chelsea and Westminster Healthcare NHS Trust Executive Summary

Contacting Picker Institute Europe

For more information about your Inpatient Survey 2006 Report please contact the Project Manager, Bridget Hopwood or another member of the Picker Institute Survey Team.

Picker Institute Survey Team:

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Sheena MacCormick
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Website: www.pickereurope.org
Results website: <https://www.picker-results.org>

Members' Council Meeting, 10 May 2007

AGENDA ITEM NO.	3.1/May/07
PAPER	Slides from FT Governors Network
AUTHOR	Katy Steward, Program Director, Kings Fund, National Governors Forum
LEAD	Katy Steward, Program Director, Kings Fund, National Governors Forum
EXECUTIVE SUMMARY	Attached are the slides from the first Kings Fund National Governors Forum
DECISION/ ACTION	The Members' Council is asked to note the slides and oral feedback for Council Members who attended the meeting.

DRAFT
Members' Council Meeting, 8th February 2007
Minutes

Present:

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

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

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

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

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

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

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:
Valerie Arends (VA), Public – Kensington & Chelsea 2
Marilyn Frampton (MFr), Vice-Chair, Foundation Trust Board of Directors
Elizabeth Thomas (Patient)
Mervyn Maze (MM), Imperial College
Alison Delamare (AD), Staff – Contracted
Richard Kitney, Non-Executive Director
Nicky Browne (NH), Royal Marsden NHS Foundation Trust
Sarah Mallet (SM), Public – Wandsworth 1
Lionel Foulkes (LF), Public – Wandsworth 2

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

1.2 Register of Interests

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

1.3 Minutes of the Previous Meeting Held 8th February 2007

The following amendment was made to the minutes:

Item 2.2

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

Item 3.3

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

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

Item 3.5, final paragraph.

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

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

1.4 Matters arising

Register of Interests (1.3/Nov/06)

The register was circulated at the meeting.

Chairman's Report (1.4/Nov/06)

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

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

JC reported that no queries had been received.

Finance Report (3.4/Nov/06)

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

Disability and Equality Scheme (3.8/Nov/06)

JC confirmed that a list had been forwarded to JB.

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

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

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

No comments were received.

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

Other Matters Raised

JB asked for an update on MRSA (item 1.4 from minutes). AP said that the Dept. of Health (DoH) is not willing to reconsider the MRSA target as they are committed to have a maximum of a fixed number of cases. She said we will continue to lobby for the DoH

to consider 'rate of infection'. AP explained that the common target is a 50% decrease from the 2004 baseline. As we had a low number of cases that year, we now have a difficult target as a result. She said that our target is 22 cases and that we are on target at the moment.

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

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

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

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

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

JC

1.5 Chairman's Report

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

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

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

AP

2. ITEMS FOR DECISION/APPROVAL

2.1 Ratification of Appointment of External Auditor

JP asked the Members' Council to confirm the auditors for this year and he recommended that their appointment be reviewed in September at the AGM. JP reported that Deloitte has been doing a satisfactory job. LB stated that normal practice would be to maintain a contractor for a period of between 3-5 years, and that the Audit Committee would make a recommendation to the Members' Council. FT asked if Deloitte was expensive. LB explained that the Audit Commission sets the range of rates and that they were within this range. The contract is market tested at regular intervals.

Agreed: The Council approved the continuation of Deloitte as the Trust financial auditor.

2.2 Communication Sub-committee Update

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

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

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

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

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

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

2.3 Nominations Committee Update

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

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

JP suggested that the Nominations committee focus on appointing a chair person and then the chair could be involved with the selection of the new NED. JP then gave an overview of the recommended levels of remuneration with Chairs at 40,000, Chair of the Audit Committee at 18,000 and NEDs at 12,000. . He explained that under the NHS

the levels had been relatively the same for 10 years and that PCTs had recently done a review and raised levels significantly.

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

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

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

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

N.S.C.

2.4 Members' Council Development Needs

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

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

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

JC

Action: Inform Kings Fund of our decision to join

JC

2.5 Vacancies on the Members' Council

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

Action: Make formal proposal for succession planning

JC

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

JC/JP

3. ITEMS FOR INFORMATION

3.1 Corporate Plan 2007/08 Update

LB informed the Council that a session had been held for Council Members to share

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

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

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

THE FURTHER AMENDMENTS WERE AGREED.

4.1 Finance Report

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

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

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

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

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

LB

4.2 Performance Report

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

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

She explained that on governance we had an amber rating due to MRSA rates being considered high. She referred the group to the Dashboard on page 6. She explained

that we had had some breaches in maximum outpatient waits but that there had been none in the last quarter. She stated that on MRSA we had done well against target and that we had recovered our position. She stated that the other area of risk was the 18 week milestone. She stated that we are looking at admissions and first outpatient appointments, and we are looking to work with the PCT around this area. JB inquired whether deaths involving MRSA were coded as such.

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

4.3 Disability and Equality Scheme

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

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

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

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

QUESTIONS FROM THE PUBLIC

There were no questions from the public.

5. ANY OTHER BUSINESS

5.1 Substitutes

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

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

5.2 Congestion Charge

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

AP explained that the charge was certainly a huge issue for staff and patients. She said that the Trust was trying to keep all affected parties informed. She explained that if the patient had an exemption that they would be reimbursed by the hospital cashier and that we would

then recoup from DoT. She assured the council that we would be monitoring the effects of the congestion charge from all aspects e.g. shift changes.

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

5.3 Open Day

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

6. DATE OF THE NEXT MEETING

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



the audit commission

auditor of choice for foundation trusts

trust practice

tip

Foundations of Good Governance

22 March 2007



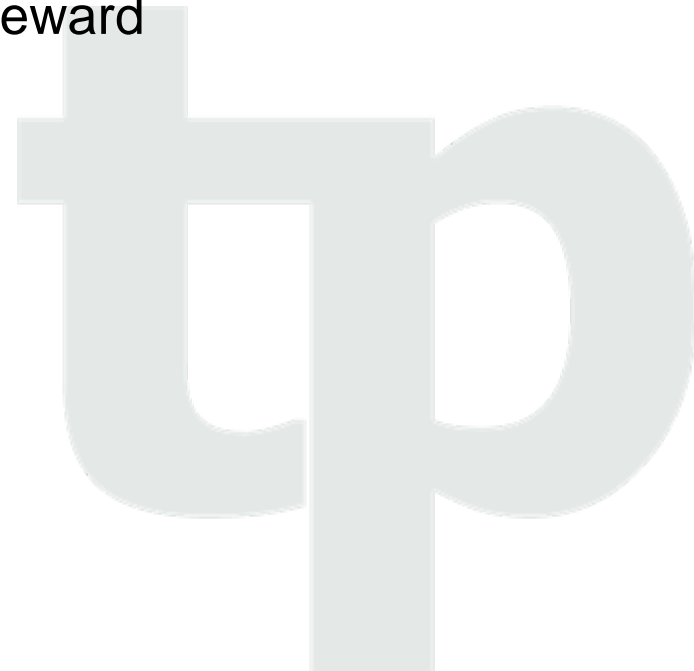
Foundations of Good Governance

- Welcome
- Governance Overview
- Governors and Governance
- Discussion
- Refreshments & Networking

Brian Willmor

Mark Hodgson

Katy Steward



the audit commission

auditor of choice for foundation trusts

trust practice

**Governance ...
A New
Beginning !!**

tp

Purpose

- Summarise the key principles and importance of effective governance
- Summarise and discuss Monitor's Code of Governance for Foundation Trusts
- Identify key challenges and issues for improving governance arrangements
- Share experiences and solutions in discussions

Governance a brief history !

- **Cadbury Report - December 1992**

Principles of good governance identified as integrity, openness and accountability

- **Nolan Report – July 1997**

Principles of public life identified as selflessness, integrity, openness, objectivity, accountability, honesty and leadership

- **Higgs Report – January 2003**

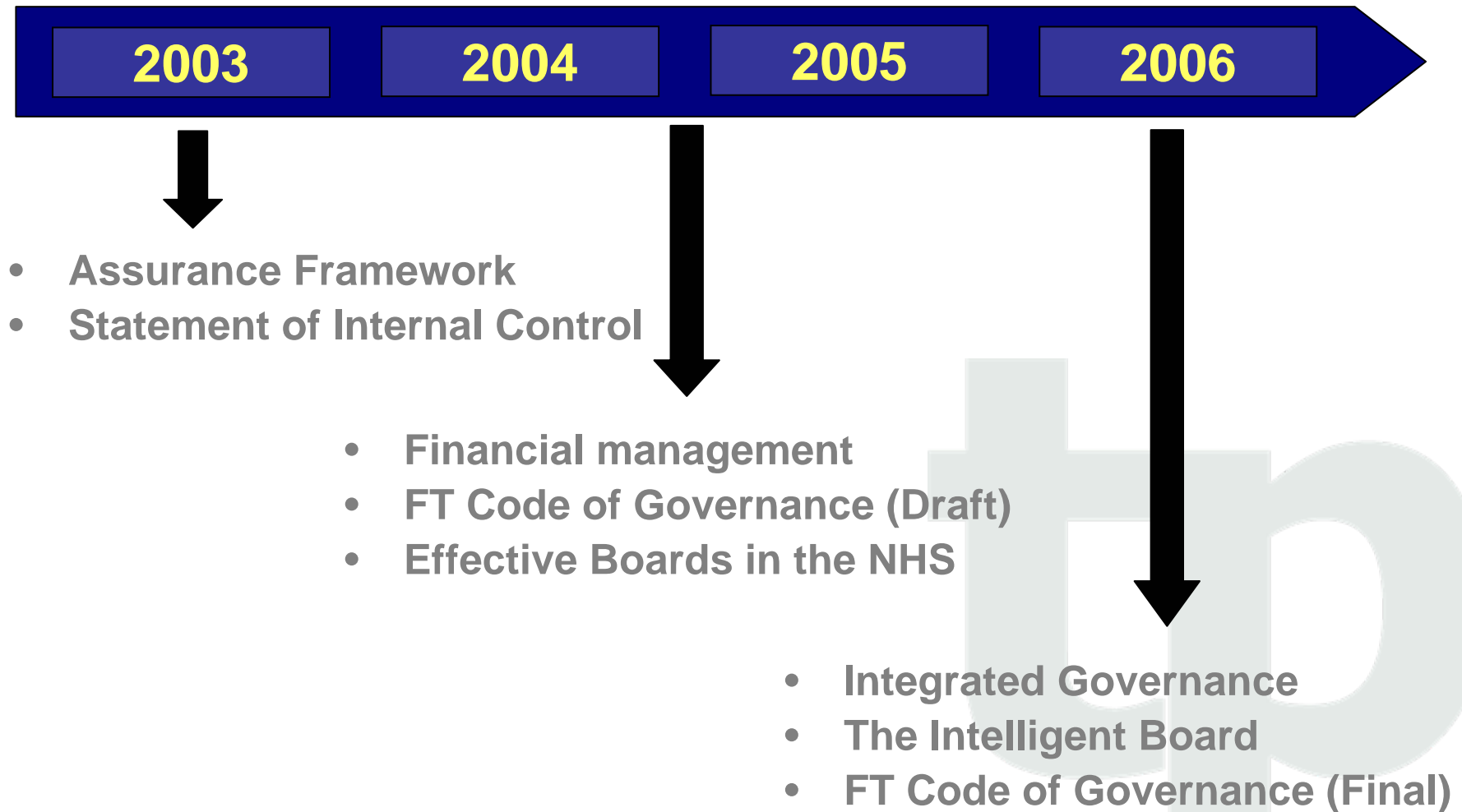
Role of the Board and non-executive directors

- **Smith Report – January 2003**

Role of Audit Committees



Key governance developments in the NHS



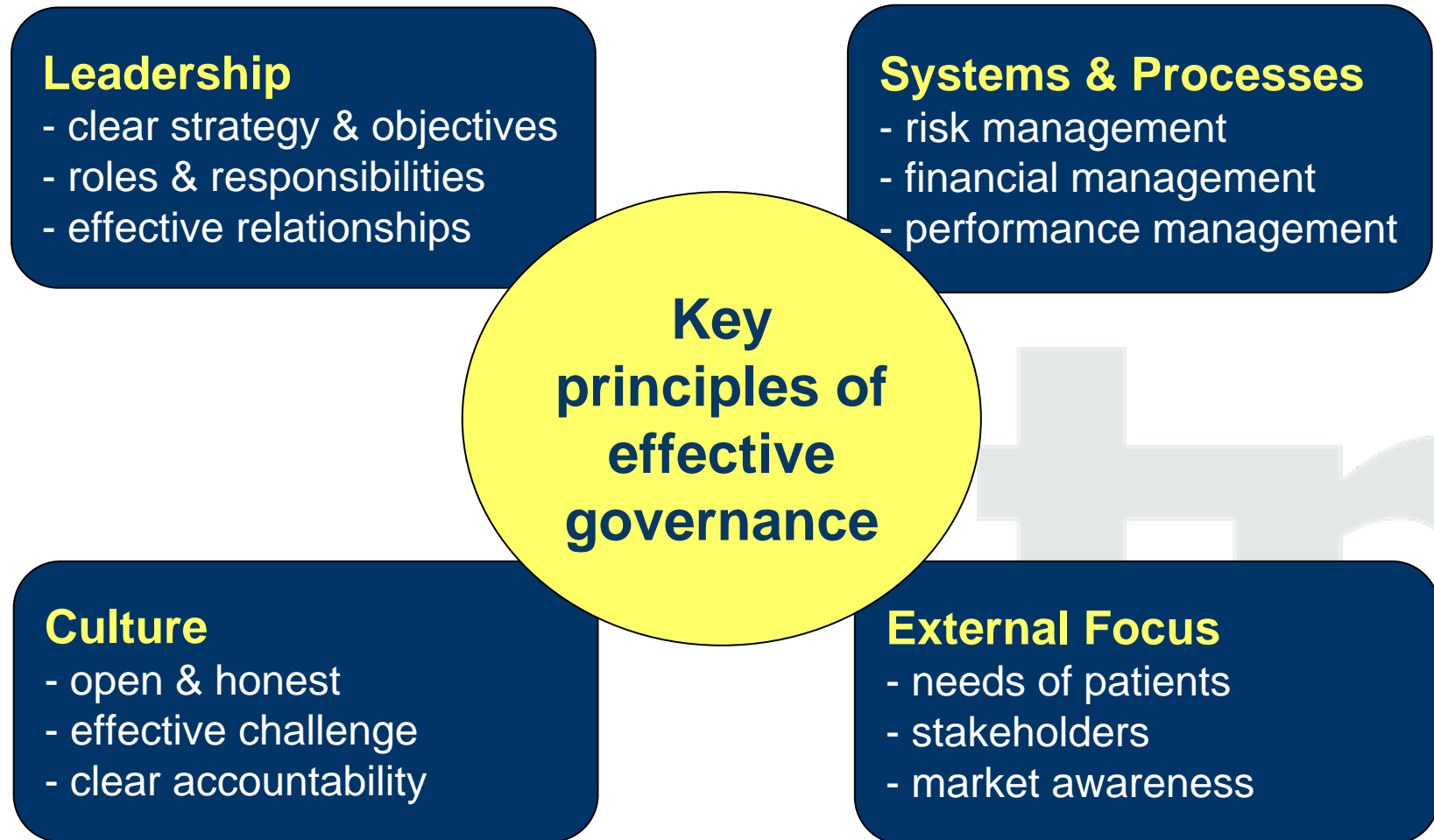
There is certainly no shortage of guidance

- The Good Governance Standard for Public Services (2004)
- The Intelligent Board (2006)
- The Integrated Governance Handbook (2006)
- Monitor's Code of Governance (2006)

The Good Governance
Standard for Public Services

The Independent Commission
for Good Governance
in Public Services

... but there are some common themes



Leadership

- clear strategy & objectives
- roles & responsibilities
- effective relationships

Systems & Processes

- risk management
- financial management
- performance management

Key principles of effective governance

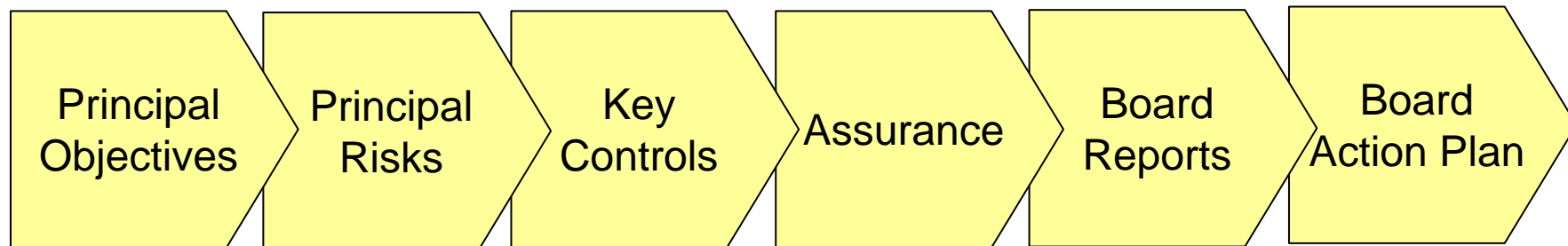
Culture

- open & honest
- effective challenge
- clear accountability

External Focus

- needs of patients
- stakeholders
- market awareness

... and the assurance process is simple !



- **Effective and focused management of principal risks**
- **Evidence to support Statement on Internal Control**
- **Simplified reporting to the Board**
- **Prioritisation of effort and actions**
- **Allows for effective performance management**

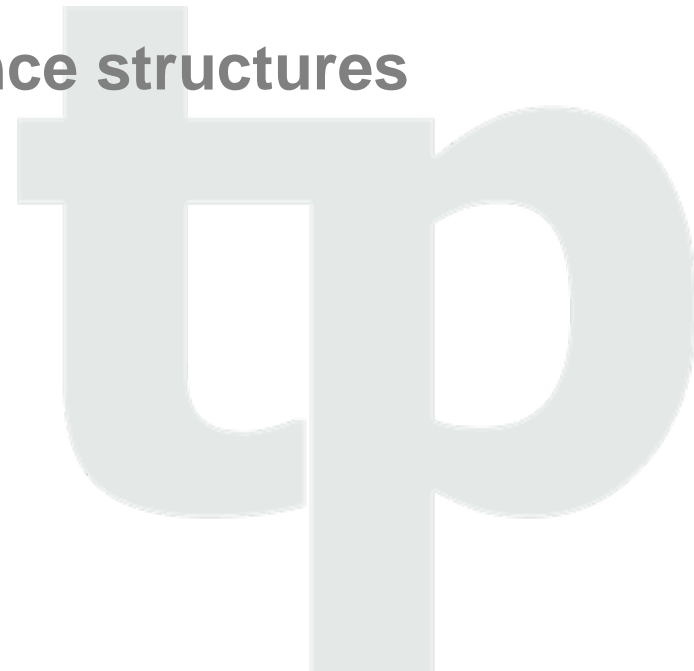
Monitor's Code of Governance

- “Comply or explain”
- High quality information
- Appointment of a senior independent director
- Committee structures and roles
- Performance evaluation of board, committees and directors
- Purpose and outcome of relationships with other stakeholders



Common challenges and issues

- **Lack of focus and attention on key risks**
- **Everything is a priority**
- **Information overload**
- **Complicated or unclear governance structures**
- **Lack of effective challenge**



Possible solutions

- Clear agreement on key risks (internal and external)
- Shaping agendas around 'risk' and 'assurance'
- Risk management is embedded as a way of thinking
- Forward work programmes for Board and committees
- Summary and exception reporting
- Post-meeting effectiveness reviews
- Ongoing performance appraisal and training

Key issues for discussions

1. How do you see your role as a Governor fit to your FTs overall Governance arrangements?
2. Have you appointed a senior independent director or a company secretary?

Have you begun to see this working in practice?

Governors, Governance and the National governors forum

Katy Steward

Programme Director
National Governors Forum
The Kings Fund

King's Fund



Background to the National Governor forum

- Dates back to 2006
- Spearheaded by FT Network and Kings Fund
- Management of the programme awarded to the Kings Fund in 2006
- Kings Fund is independent policy organisation

Why a forum is needed

- Governors role is new and Governors are still getting their feet under the table
- A safe place to debate aspects of the role that are unclear: eg. what happens if governors step outside their statutory duties? who do I turn to?
- Beginning to test their powers and share successes
- Learning about personal and group skills about how to secure influence over issues beyond statutory role or when credibility wanes

Soft skills and knowledge are required for the role

- Consider the strengths of the team: regard yourself as a group
- Influencing and credibility: how to get your point across individually and as a group
- Act with credibility and demonstrate an understanding of complexity
- How to act when credibility wanes?
- Key relationships – clinicians, Chair, other non-executives
- What skills are involved in canvassing public opinion

Much stronger sense of purpose for some earlier trusts

- How they play their role is their choice:
 - Patient experience
 - Governance
 - Engaging the local community and public consultation
 - Local issues eg transportation
- Aware of the need to add value and make themselves useful to the hospital
- Performing statutory roles with greater confidence

Governors role still lacks clarity

- It has taken a while to learn that the Act intends Governors to represent patients and public but not to be democratically accountable to them
- Governors who earlier thought they automatically had a foot in the strategy camp have had to learn how to influence
- There is still confusion over how to perform certain aspects of their statutory duties
 - can they **not** approve the Chief Executive and other executives?
 - how to assess chairs performance?
 - Insufficient understanding of accounts to give informed approval
- Many struggle with how to be effective outside their statutory function
 - Too wide a constituency for meaningful representation
 - Do members really care?

Genesis of the FT Governance Code: implications for governors

- Non-executives are no longer appointed because they represent the community; governors role
- The code is based on private sector principles of proper governance
- FT Code doesn't go beyond the Act in its interpretation of the governors' role but does spell out some implications of the Act

Members' Council Meeting, 10 May 2007

AGENDA ITEM NO.	3.2/May/07
PAPER	Finance Report for year to 31 st March 2007
AUTHOR	Lorraine Bewes, Director of Finance and Information
LEAD	Lorraine Bewes, Director of Finance and Information
EXECUTIVE SUMMARY	<p>This report summarises the financial position for the year to the 31st March 2007. Chelsea and Westminster achieved a surplus of £4.6m for 2006/07, a favourable variance of £3.1m against the planned surplus of £1.5m.</p> <p>The report also includes an overview of the NHS London and local PCT financial context as requested at the last meeting.</p>
DECISION/ ACTION	The Council is asked to note this report.

MEMBERS COUNCIL MEETING, 10th MAY 2007

FINANCE REPORT FOR THE YEAR TO 31ST MARCH 2007

Summary of C&W Financial Position

Chelsea and Westminster achieved a surplus of £4.6m for 2006/07, a favourable variance of £3.1m against the planned surplus of £1.5m. The overall income and expenditure results are shown in Form F1. The results are driven by:

- Good control over pay budgets – pay was under spent by £0.9m
- Some one off savings in HIV drugs spend and slippage on planned developments - £2.8m
- Interest on cash balances - £0.4m
- Higher than planned cost per case income - £0.8m

This was despite having to absorb a cut in training income of £1.1m, lower general private patient activity than planned and significant pressures in non pay, particularly on pathology costs, which remains a key pressure for next year.

The Trust's 5 year Service Development Strategy was for a smooth take off in its first years of Foundation Trust Status. However the Board will now review its medium to long term plans for investment and debt reduction. The £4.6m surplus has been banked towards financing those future developments and cash at bank remains healthy at £25m at the end of the year (See Balance Sheet – Form F6).

Update on NHS London Financial Position

The overall financial strategy for London is to achieve financial balance or better across London, in the context of the overall national objective of £250m surplus.

In 2005/06 the NHS in London incurred a total deficit of £174 million. In 2006/07, the plan was to reduce the deficit to £90m. The latest forecast for 2006/07 shows that there has been a significant improvement with a projection of £55m deficit. Whilst the overall position has improved, there remain a number of organisations which have still to turn around their financial position.

PCTs in London were top sliced 3% in 2006/07 and will be top sliced 2.5% in 07/08. After the top slice the average PCT uplift will be 9.5% in 07/08 compared to an average uplift of 5% after top slice in 06/07. The central spending review for the next 3 years from 08/09 has not yet been confirmed but NHS growth is expected to drop back to c 3 to 4%, although this should be mitigated with the repayment of the top slices back to PCTs from 08/09. The rate at which top slices can be returned to PCTs will depend upon the rate of improvement in deficit organisations to deliver surpluses to pay this back.

Update on Local PCTs' Financial Position

An overview of the financial position in our key local PCTs, which account for 45% of our commissioner based income is summarised in the following table. The information is based on discussions with the Directors of Finance and published reports by NHS London.

In summary the local position looks positive. Neither Hammersmith and Fulham nor Westminster has debt recovery issues. Whilst Wandsworth has a c/f deficit of £10m this is resolved through a land sale. Kensington and Chelsea remains the tightest financially and will need to generate substantial surpluses over the next 2 years to repay their cumulative deficit of £25m. However they have made good progress on recovery in 06/07.

	Kensington & Chelsea	Hammersmith and Fulham	Westminster	Wandsworth
Contract Value (07/08 Plan)	£40m	£24m	£15m	£16m
2006/07 Outturn	£2.7m surplus (includes £2.35m technical surplus)	£4m surplus	Small surplus	£12m surplus inc land sale of £11m
2007/08 Plan	£10.3m surplus to part repay debt	Break even	£3m surplus	£2.1m surplus
Growth 07/08	8.9%	9.3%	8.8%	9.0%
Debt Payback	£25m deficit carried forward from 05/06 – plan to repay £10.3m in 07/08 and balance in 08/09	Not applicable	Not applicable	£10m deficit c/f from 05/06 – plan to repay in 07/08 via land sale
Key Issues	18 week wait Demand Management Reprovision of St Charles services	NWL service strategy Uncertainty re topslicing policy and rebasing	PBC implementation Academic Health Science Centre for St Mary's and Hammersmith	18 week wait Positive financial outlook

For 2007/08, contracts have been agreed with all London Commissioners. Nearly 99% of planned PCT income (£210m) has been agreed, with only 3 contracts outstanding to the value of c£3m.

Lorraine Bewes
Director of Finance and Information
25th April 2007

Members' Council, 10th May 2007

AGENDA ITEM NO.	3.3 /May/07
PAPER	Performance Report
AUTHOR	Nick Cabon – Head of Performance and Information
LEAD EXECUTIVE	Lorraine Bewes – Director of Finance and Information
EXECUTIVE SUMMARY	The purpose of this report is to provide information about the Trust's performance for the period ending March 2007.
DECISION/ ACTION	The Members' Council is asked to note this report.

PERFORMANCE REPORT FOR THE PERIOD APRIL 2006 – MARCH 2007

1. PURPOSE

- 1.1.1. The purpose of this report is to provide information about the Trust's performance from April to March 2007. The Trust Board is asked to note the report and conclusions.

2. CONTENT OF PERFORMANCE REPORT

- 2.1.1. The report comprises of the written report and the following components:

- **External Dashboard – pg 6**
- **Internal Dashboard – pg 7**
- **Analysis of Breaches of Targets – pg 8 - 10**
- **Appendices**
 - **Activity Summary – pg 11**
 - **Efficiency and Resources Summary – pg 12**
 - **Access Summary – pg 12**
 - **HR Summary – pg 13**
 - **SLA Performance Summary – pg 14**

- 2.1.2. Unless otherwise indicated year to date performance is to the 31st March 07.

3. SUMMARY

- 3.1.1. The Trust has met all of the Monitor targets for 2006/7.
- 3.1.2. The Trust has met all of the Health Care Commission targets including seven additional targets that are not assessed by Monitor that relate to this organisation.
- 3.1.3. The Trust is performing well against 6 of the internal indicators and in particular against the hospital cleanliness and better hospital food indicators. However the trust is performing less well against the following indicators:
- The area of patient complaints is marginally below the threshold.
 - The indicator on deaths following selected surgical procedures is above the Healthcare Commission benchmark. The directorates routinely audit all deaths on a monthly basis and no untoward incidents have been identified. The trust is reviewing the relevance of this target to ensure that the appropriate construction is applied.
 - For C difficile, a local target of 1.5 cases per 1000 bed days has been agreed with the host PCT from 07/08 and the incidence in 2006/07 was 1.93 so an action plan must be devised and implemented early in 2007/8 in order to ensure that the necessary progress is made.
- 3.1.4. Activity is largely performing ahead of the capacity plan except for emergency inpatient spells (-3%) and A&E attendances (-2%).
- 3.1.5. SLA performance (year to date month 11) shows the Trust is £134k ahead of plan.
- 3.1.6. Efficiency and use of resources – the Trust is under-performing in a significant number of areas related to efficiency and use of resources. Particular attention is required on day case rates for the Audit Commission basket of procedures; day of surgery admissions; the recording of outpatient outcomes; average non-elective inpatient length of stay; diagnoses per episode; and diagnosis coding within 7 days.
- 3.1.7. The Trust performed well against HR indicators in 2006/7 with improvements in all of the indicators compared with the previous year. However Bank and Agency usage increased in March 2007 along with unplanned turnover.

4. MONITOR INDICATORS – page 6

- 4.1.1. The dashboard highlights the Trust position against the indicators Monitor will use to assign a risk rating and against all other Healthcare Commission targets. Monitor indicators are rated either achieved or not achieved.
- 4.1.2. The Trust met all twelve of the Monitor indicators. However, A&E and MRSA targets were only just achieved in 2006/7 and will require renewed vigilance in 2007/8.

4.2. TOTAL TIME IN A&E

- 4.2.1. The Trust achieved this indicator in 2006/7. However, performance against the Total Time in A&E fell below the 98% threshold in March 2007, and the Trust needs to ensure that performance in the early months of 2007/8 is above the standard otherwise it will be difficult to make up the lost ground.

4.3. MRSA

- 4.3.1. The Trust had 3 cases of MRSA in March 2007 and therefore just achieved the trajectory of 23 cases for the whole year. The target is going to be tighter in 2007/08 so it is important that all protocols relating to infection control are followed.

5. OTHER HEALTHCARE COMMISSION TARGETS – page 6

- 5.1.1. The other Healthcare Commission indicators are also shown on the dashboard. The Trust has achieved the top rating in each of the seven indicators that apply to this Trust

6. INTERNAL INDICATORS – page 7

- 6.1.1. The Trust is on track to achieve all of the internal indicators with the exception of the following
 - 6.1.1.1. Deaths following selected non-elective surgical procedures. The performance in the financial year is 2.3% compared with 1.8% in 2006. The directorates routinely audit all deaths on a monthly basis and no untoward incidents have been identified. Surgical procedures are defined broadly and include, for example, endoscopic procedures. We have a large endoscopy unit and we are investigating whether this is a contributing factor as we carry out procedures as a palliative measure for some patients. We are also reviewing whether there are more appropriate/beneficial patient safety indicators to track e.g. preventable deaths.
 - 6.1.1.2. A local target of 1.5 C difficile cases per 1000 bed days has been agreed with the host target for next year. The C difficile rate (1.93) leaves the Trust needing to make significant improvement in order to achieve the target.
 - 6.1.1.3. Patient complaints received in 2006/7 and responded to within 25 days has continued to improve and is currently marginally below the 90% target at 89.9%. This indicator is reported a month in arrears and it is anticipated that the 90% target will be achieved at year-end.

7. ACTIVITY SUMMARY – page 11

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

7.1.2. The following areas saw more activity than planned:

- New outpatient attendances are significantly 6% above plan and above the 2005/6 outturn. Follow-up attendances are also ahead of plan (by 1%) but are lower than last year's outturn.
- Elective inpatient activity was 5% above the plan in 2006/7, and day case spells were 1% above plan.
- Adult A&E attendances were 2% above plan

7.1.3. The following areas saw less activity than planned:

- Emergency spells were below plan throughout the year and the outturn position was 3% behind target.
- In total A&E attendances were 1.6% below plan - paediatric attendances were 8% lower than the plan for the year. Over the previous 3 years the Trust had seen significant growth in paediatric attendances and had predicted similar growth in 2006/07, but the full extent of this increase did not materialise.

8. EFFICIENCY AND USE OF RESOURCES – page 12

8.1.1. The efficiency and use of resources summary shows the Trust's performance against targets that were derived from the capacity plan, Dr Foster national averages, CHKS benchmarks or from the average Trust performance for the previous year.

8.1.2. The Trust continues to meet the overall new to follow-up rate for outpatients; however, rates for Surgery and W&C directorates are above their respective targets. The plan for each PCT has been set at specialty level. Income may be at risk because we did not achieve the individual specialty target – we will not be allowed to offset missing the target in one specialty through good performance in a different specialty. Consequently directorates will need to continue to focus on their specialities that are breaching the agreed rate in order to ensure that income is not at risk.

8.1.3. The number of outpatient attendances with an outcome recorded continues to rise month on month, however the rate of increase has slowed to just 0.3% between months eleven and twelve. The year end position was 93.6% against the Trust target of 100%.

8.1.4. The average non-elective length of stay (3.66 days) remains higher than the target set for the Trust (3.18 days).

8.1.5. The Trust achieved an overall day case rate of 72% in March 2007 and the rate for the full year was 72.6% which is marginally below the target of 73%. For the Audit Commission basket of procedures the Trust is currently treating 64.9% of patients as day cases, this is significantly lower than the weighted overall target using the upper quartile for individual procedures of 74.2%. This suggests there should be scope to improve our overall rate by focusing on the basket of procedures.

8.1.6. The percentage of elective inpatients admitted on the day of surgery during the final month of the year was 68.7%. During the course of the year the rate improved by over 18% and the average pre-operative length of stay dropped from 0.88 days to 0.65 days.

8.1.7. The new efficiency indicator assessing coding completed within 7 days shows that currently the Trust codes 32% of notes within the timescale. This is a lower rate than in previous months and has been caused in part by a technical problem that meant that coded records were not being saved on some occasions. A trajectory and plan for improvement has been worked up by the Clinical Coding Manager for the Data Quality Group and now needs to be delivered.

- 8.1.8. The average depth of coding in month 11 was 1.96 per episode compared with a target of 2.25. The average for the first 11 months was 2.01 diagnoses per episodes.

9. HR – page 13

- 9.1.1. The staff headcount and WTEs (Whole Time Equivalents) have increased slightly during 2006/7 compared with the previous year. The vacancy rate continues to drop. At the end of March 2007 it was 11.7% and the average for the year was 12.9 – both are 1.6% lower than the corresponding period last year.
- 9.1.2. Bank and agency usage were both higher in March than in February, but are significantly lower than in 2005/6.
- 9.1.3. Sickness rates fell in February, but have been higher in 2006/7 than in the previous year.
- 9.1.4. There has not been a significant difference in the rate of unplanned turnover between 2005/6 and 2006/7, but the profile of turnover shows peaks and troughs at different times of the year.

10. SLA PERFORMANCE – page 14

- 10.1.1. The SLA performance summary shows the year-to-date income and activity performance against commissioned plans, along with a year end forecast.
- 10.1.2. The Trust's SLA income including provisions is ahead of plan by £134k after the first eleven months of the year. The areas which are behind plan include elective inpatient activity & excess bed days and A&E attendances.
- 10.1.3. The case mix of A&E attendances is less complex than expected, resulting in income being well below the plan. An exercise was undertaken to ensure that all tests/investigations that are carried out are recorded on the Lastword system; the tests can now be recorded on Lastword. Initial analysis suggests that the complexity of the case mix has increased and we should expect higher income in the future.
- 10.1.4. The deficit in elective activity is seen across all PCTs; a similar picture is seen at Directorate level, with deficits across all areas with the exception of HIV.
- 10.1.5. Overall the Trust is ahead of plan for day-case, non-elective activity, outpatient activity and critical care activity.
- 10.1.6. Critical care activity is significantly ahead of plan due to increased cot capacity in NICU (4 further cots), and an increase in local PCTs' activity. In addition, in 2005/06 2 ITU beds were blocked for a long time by individual patients, but this capacity has been available this financial year.

11. CONCLUSION

- 11.1.1. The Trust's year end performance report shows a healthy position. All of the external indicators that apply to this organisation were met. Overall the Trust is predicting a rating of green against the new Monitor method of assessment and green also for both existing and new Healthcare Commission indicators.
- 11.1.2. Our SLA position is circa £134k ahead of plan at the end of month eleven. This position takes a conservative view and accounts for provisions for the full year.

- 11.1.3. Further work is required to meet the internal indicators of average diagnoses per episode, average non-elective length of stay, and seven day coding of patient notes. Furthermore, the Trust needs to maintain its focus on performance against all targets in order to ensure that they are delivered throughout the year. In particular the poor performance in March with respect to the A&E and MRSA targets needs to be turned around.

Nick Cabon
Head of Performance and Information
26th April 2007

Members' Council Meeting 10th May 2007

AGENDA ITEM NO.	3.4/May/07
PAPER	Gender Equality Scheme
AUTHOR	Priti Bhatt, Human Resources Manager
LEAD EXECUTIVE	Amanda Pritchard, Deputy Chief Executive / Director of Integrated Service Delivery and Modernisation
EXECUTIVE SUMMARY	<p>The Equality Act 2006 amends the Sex Discrimination Act 1975 to place a statutory 'general duty' on all NHS organisations, when carrying out their functions, to have due regard to the need:</p> <ul style="list-style-type: none"> • To eliminate unlawful discrimination and harassment • To promote equality of opportunity between men and women. <p>As part of the duty organisations are also required to have due regard to the need eliminate unlawful discrimination and harassment in employment and vocational training, for people who intend to undergo, are undergoing or have undergone gender reassignment.</p>
DECISION/ ACTION	The Members' Council is asked to note the Gender Equality Scheme.

Gender Equality Scheme

2007 -2010

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

1. Introduction

The Equality Act 2006 amends the Sex Discrimination Act 1975 to place a statutory 'general duty' on all NHS organisations, when carrying out their functions, to have due regard to the need:

- To eliminate unlawful discrimination and harassment
- To promote equality of opportunity between men and women.

As part of the duty organisations are also required to have due regard to the need eliminate unlawful discrimination and harassment in employment and vocational training, for people who intend to undergo, are undergoing or have undergone gender reassignment.

Alongside the general duty, there are also a number of 'specific duties' that apply to NHS organisations and they are:

- To prepare and publish a gender equality scheme, showing how it will meet its general and specific duties and setting out its gender equality objectives.
- In formulating its overall objectives, to consider the need to include objectives to address the causes of any gender pay gap.
- To gather and use information on how the Trust's policies and practices affect gender equality in the workforce and in the delivery of services.
- To consult stakeholders (i.e. employees, service users and others, including trade unions) and take account of the relevant information in order to determine its gender equality objectives
- To assess the impact of its current and proposed policies and practices on gender equality.
- To implement the actions set out in its scheme within three years, unless it is unreasonable or impracticable to do so.
- To report against the scheme every year and review the scheme at least every three years.

The first scheme must be published by 30 April 2007.

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

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Acknowledgements

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

In particular, thanks are given to The Gender Trust, Men's Health Forum, Women's Health London and the Terence Higgins Trust.

A special thanks is also given to the following individuals for their contributions, they are, Claire Bellone, Mary Griffin and Victoria Clinic nursing staff.

3. Background

3.1 Chelsea and Westminster Hospital NHS Foundation Trust

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

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

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

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

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

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

The Trust is also:

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

3.2 Trust staff

Data from our workforce information department confirms the Trust workforce is made up of 76% (2056 employees) female and 24% (662 employees) male and the table below shows a breakdown of male and female staff by staff group and the percentage of men and women in each staff group out of the total male or female staff employed by the Trust. For example, 114 administrative and clerical posts are occupied by men, this equates to 17.22% of the total male workforce; whereas 380 women hold administrative and clerical posts and this represents 18.48% of the total female workforce.

Initial screening of salary data shows that more men (124, which equates to 18.73% of total male workforce) are earning £70,000 and above compared to (63, 3.06% of the total female workforce) women. This is attributed to the fact that more men hold consultant positions. In comparison analysis of lower paid workers shows that there is a proportionately equal number of men (91 employees, which equates to 13.75%) and women (279 employees, which equates to 13.57%) earning less than £20,000 based on the total male and female workforce.

The data also suggests that some occupations attract more women than men and it will be worthwhile exploring this further; linking in with colleges and Further/Higher Education establishments.

Our workforce data has no record that we employ transgender men or transgender female staff.

Staff Group	Male		Female	
	Number	%	Number	%
Administrative & Clerical	114	17.22	380	18.48
Allied Health Professionals (Registered)	26	3.93	148	7.20
Allied Health Professionals (Support)	1	0.15	9	0.44
Medical	277	41.84	235	11.43
Consultants	119	17.98	56	2.72
Junior Doctors	133	20.09	157	7.64
Other	25	3.78	22	1.07
Nursing & Midwifery (Registered)	117	17.76	957	46.55
Nursing & Midwifery (Support)	36	5.44	129	6.27
Other	11	1.66	32	1.56
Scientific, Therapeutic & Technical (Registered)	21	3.17	55	2.68
Professional & Technical (Registered)	37	4.08	52	2.53
Professional & Technical (Support)	8	1.21	18	0.88
Senior Manager	24	3.63	41	1.99

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

The areas principally served by the Trust are Westminster, Kensington and Chelsea, Hammersmith and Fulham and Wandsworth Primary Care Trusts (PCTs). Key statistics relating to these four boroughs are summarised below in table 1:

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

Table 2 below shows the mid 2005 population estimates for the four boroughs served by the Trust. Figures are from the National Office of Statistics and are showing a further increase in the projected population.

	K&C	H&F	Westminster	Wandsworth
Men	96,100	89,500	122,700	136,700
Women	100,100	90,300	121,700	144,700
Total	196,200	179,900	244,400	281,400

4. Gender Equality Policy Statement

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

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

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

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

1. All staff and patients regardless of gender have the same opportunities to access the services of, and any events organised by, Chelsea and Westminster Hospital NHS Foundation Trust.
2. All staff regardless of gender have the same opportunities at all stages of the employment cycle at Chelsea and Westminster Hospital NHS Foundation Trust.
3. All patients/service users regardless of gender receive the same level and quality of service from the staff of the Trust.
4. All staff/patients regardless of gender have the same opportunity to feedback their experience and views to the Trust.
5. All staff employed by Chelsea and Westminster Hospital NHS Foundation Trust should be entitled to equal pay for work of equal value regardless of gender.
6. Chelsea and Westminster Hospital NHS Foundation Trust will ensure that there is equal access to senior positions regardless of gender.

5. Development of the Gender Equality Scheme

5.1 Responsibility for the planning process

A small Gender Equality Scheme (GES) Action Group was established to oversee the development of the GES, comprising two Directors and two Trust employees. Following ratification on of the Gender Equality Scheme at the Foundation Trust Board in April 2007 the Action Group will become an overarching Gender Group. Membership will be extended to ensure the Group is representative of all stakeholders and has the requisite skills and knowledge to effectively oversee the development, implementation, review and evaluation of the plan.

5.2 Community consultation process

In 2007, the Trust developed a draft GES, building on national and local good practice and informed by existing knowledge of barriers and potential solutions for staff, patients and the public to access information, services and facilities at the Trust identified as part of the Trust's Equality and Diversity work. We undertook to review our GES proposals in consultation with key stakeholders and produce a revised GES as a result. We also undertook to maintain active consultation beyond the 30th April 2007 to ensure that the Action Plan is subject to regular review and update.

The process included:

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

Specifically, we undertook the following actions:

- **Staff consultation:** We emailed the draft GES action plan to all staff and invited all staff to comment and offer suggestions, by e-mail, phone or face to face meetings.

- **Staff engagement forum:** In April 2007 several meetings were held with Senior Managers and employees to discuss the barriers that men and women experienced in accessing information and services of the Trust, and the strategies that could address these.
- **Develop a questionnaire:** A questionnaire was made available at the Trust's reception areas. Patients and visitors were asked to identify any problems they had using services.
- **Consultation with community groups:** The draft GES Action Plan was sent to a number of community groups for review and feedback including The Gender Trust, Men's Health Forum and Women's Health Concern.
- **Collaboration with the PCT:** The Trust and Kensington and Chelsea PCT sent out a joint questionnaire to patients and community groups to identify any problems they had using the local services.
- **Personal Contacts:** Individual Directors and Trust employees made contact with a number of staff to discuss the barriers they experience in accessing services and activities.

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

- **Maintain active engagement with community groups and public sector partners:** This will include attending meetings with individuals and groups to identify further barriers to obtaining information, services and facilities at the Trust.
- **Consultation with Members Council:** The GES Action Plan will be presented at the Members Council and Members will be invited to provide feedback by e-mail, phone or face to face meetings.
- **Consultation with PPI Forum:** The GES Action Plan will be sent to members of the PPI forum for review and feedback.
- **Engage staff:** The Trust will continue to hold a number of staff forums to engage staff in identifying strategies.

5.3 Findings of the consultation

The preliminary review and consultation noted that on the whole, staff did not perceive any gender inequality with regards to employment. Although some staff raised the issues listed below:

- There is a need to change people's attitudes and perceptions with regards to women, transgender staff and/or patients and parents/carers.
- There is a perception that flexible working is predominantly taken up by female staff and perhaps this should be explored with male staff to ascertain any barriers,
- There is a need to look at ways to ensure the safety of lone workers,

- It would be helpful to explore the need for positive action schemes,
- It would be helpful to explore term-time working for mothers/single mothers,
- There is a need to provide male staff with more occupational health advice.

Initial feedback from patients and service users noted the following points:

- The Trust should explore whether chaperoning should be made available to all,
- The Trust should consider introducing a mechanism for patients to request to be seen by clinicians of the same sex,
- The Trust should look into the possibility of separate waiting rooms for men and further separate male and female patients on the wards,
- The Trust should audit the Trust oncology services to ensure that all patients regardless of gender have equal access to these services,
- It would be helpful to produce Well Man/Woman leaflets and information for patients,
- The Trust should review the provision of mental health care for men,
- It would be helpful to introduce 'one-stop shop' examinations for men and women,
- It would be helpful to look at the current maternity services provided to first-time mothers as some often feel left alone,

This feedback has been incorporated into the action plan to ensure where possible.

5.4 Responsibility for implementing the GES

It is a requirement of the Gender Equality Duty that a public authority must take all practical measures to ensure that the GES is implemented by its officers, employees, agents and contractors.

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

5.5 Communicating the plan to staff and the community

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

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

Staff, patients and our community will be advised through the local media, Trust News and other internal communications routes that the plan is available

on the website and that copies are available in alternative formats if required, including standard and large print hard copy, electronic format, audio format on cassette or CD and in Braille.

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

5.6 Monitoring, review and evaluation mechanisms

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

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

- The Gender Action Group will meet every quarter in the first year, and as required thereafter, to review progress on the implementation of the strategies identified in the GES. This group will report to the Equality and Diversity Steering Group, which reports through the General Matters Executive Group to the Board
- The review of the Trust's GES will be included in the GES 2010-2013. The report will outline what has been achieved under the Trust's GES 2007-2010.
- The Gender Action Group will prepare a report each year on the implementation of the GES, which will be presented to the Trust Board.

In addition:

- Once a year, prior to 31 October, the Trust will update the Member's Council on the implementation of the GES and seek feedback on the effectiveness of strategies. This will inform the further development of the plan.
- In seeking feedback the Gender Action Group will engage staff, patients and community groups. As part of the process, the group will seek to identify additional barriers that were not identified in the initial consultation.
- The Gender Action Group will use some of the consultation processes used during the initial consultations including: questionnaires, meetings with staff and organisation phone-ins.

- Trust Directors and employees will also be requested to provide feedback on how well they believe the strategies are working and to make suggestions for improvement.
- Implementation Plans will be amended based on the feedback received and copies of the amended GES, once endorsed by Board, will be available to staff and the community in alternative formats.

5.7 Reporting on the GES

The Equality Act sets out the minimum reporting requirements for public authorities in relation to GESs.

The Trust will report on the implementation of its GES through its Annual Report and provide a report for the CEHR by 31 October each year.

6. Strategies Towards Gender Equality

As a result of the consultation process the following overarching strategies to improve access to Trust services, buildings and information from 2007-2010 have been identified. They have driven the identification of specific tasks, as reflected in the Action Plan (Appendix 2). The six desired outcomes provide a framework for improving access and inclusion for all staff and service users at the Trust.

Outcome 1: All staff and patients regardless of gender have the same opportunities to access the services of, and any events organised by, Chelsea and Westminster Hospital NHS Foundation Trust.

	Strategy	Timeline
1a	Establish a Gender Action group to guide the implementation of Gender Equality Scheme (GES) activities.	April 2007
1b	Ensure that all people are provided with an opportunity to comment on access to services.	July 2007
1c	Monitor the Trust's GES to ensure it supports equitable access to services by all people throughout the various functions of the Trust where appropriate.	August 2007

1d	Develop links between the GES and other Trust plans and strategies and use the GES to inform Trust plans and strategies.	June 2008
1e	Ensure that Trust staff and agents and contractors are aware of the relevant requirements of the Gender Equality Duty.	October 2007

Outcome 2: All staff regardless of gender have the same opportunities at all stages of the employment cycle at Chelsea and Westminster Hospital NHS Foundation Trust.

	Strategy	Timeline
2a	Ensure that all HR policies and practices take account of the specific needs of men, women or transgender staff.	December 2007
2b	Implement on-going monitoring of HR policies/processes so that changes can be made to ensure staff are not disadvantaged because of their gender.	December 2008

Outcome 3: All patients/service users regardless of gender receive the same level and quality of service from the staff of the Trust.

	Strategy	Timeline
3a	Improve staff awareness of gender/transgender issues and improve skills to provide a good service to all people.	March 2010
3b	Improve the awareness of new employees and new Members about gender/transgender issues.	June 2008
3c	Carry out impact assessments on all existing and new Trust policies and procedures that are relevant to ensure that they do not disadvantage on grounds of gender/transgender.	March 2010

Outcome 4: All staff/patients regardless of gender have the same opportunity to feedback their experience and views to the Trust.

	Strategy	Timeline
4a	Improve community awareness about consultation processes in place.	July 2007
4b	Commit to ongoing monitoring of the GES to ensure implementation and satisfactory outcomes.	December 2007
4c	Seek a broad range of views on our services from people of all genders across the local community.	October 2007

Outcome 5: All staff employed by Chelsea and Westminster Hospital NHS Foundation Trust should be entitled to equal pay for work of equal value regardless of gender.

	Strategy	Timeline
5a	Ensure equal pay between male and female staff doing work of equal value.	July 2009

Outcome 6: Chelsea and Westminster Hospital NHS Foundation Trust will ensure that there is equal access to senior positions regardless of gender.

	Strategy	Timeline
6a	Ensure that there is equal access to senior positions regardless of gender.	July 2009

Appendix 1 – Progress to Date

Progress against the Equality and Diversity Action Plan

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

1. All staff and patients regardless of gender have the same opportunities to access the services of, and any events organised by, Chelsea and Westminster Hospital NHS Foundation Trust.

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

2. All staff regardless of gender have the same opportunities at all stages of the employment cycle at Chelsea and Westminster Hospital NHS Foundation Trust.

- Equality and Diversity employment statistics are monitored and reported to the Trust Board
- The E-recruitment Working Group is currently looking at updating the equal opportunities monitoring form to include transgender male and transgender female.
- The Trust has a free, confidential counseling service available for all staff regardless of gender.

3. All patients regardless of gender receive the same level and quality of service from the staff of the Trust.

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

actions which informed the development of the DES.

- The Trust has an established Equality and Diversity induction presentation and this is delivered to all new staff.

4. All staff/patients regardless of gender have the same opportunity to feedback their experience and views to the Trust.

- The '1000 ideas' initiative gave all staff the opportunity to suggest improvements to any aspect of the Trust's operations.
- All staff were invited to contribute towards the formulation of the Trust's business plan.
- All staff are also invited to attend the Q&A sessions hosted by the Chief Executive or other Executive Directors to put forward questions or suggestions about improving Trust practices.
- A questionnaire was sent to all staff for their comments, views and feedback regarding the Gender Equality Duty. Suggestions were also sought through the GES Forum.

5. All staff employed by Chelsea and Westminster Hospital NHS Foundation Trust should be entitled to equal pay for work of equal value regardless of gender.

- The Trust has successfully implemented the new national pay/grading system, Agenda for Change.

6. Chelsea and Westminster Hospital NHS Foundation Trust will ensure that there is equal access to senior positions regardless of gender.

- All HR policies and procedures promote fairness and equity regardless of gender to ensure men and women have equal access to the same opportunities in the Trust.

Appendix 2 – Action Plan

Action Plan

The Implementation Plan itemises what the Trust will do in 2007-2010 to improve access to its services, information and facilities for people regardless of their gender.

The Implementation Plan is presented using a table to outline:

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

As outlined in the Trust's GES, many of the broad strategies will not be completed in 2007-2008; however individual tasks to support the achievement of those strategies may well be undertaken in part or whole in 2007-2008 through the Implementation Plan.

Broad strategies that will not be achieved in 2007-2008 will be supported by tasks outlined in future Implementation Plans.

	Strategy	Task	Task Timeline	Responsibility
1a	Establish a Gender Action group to guide the implementation of GES activities.	<ul style="list-style-type: none"> • Head of Equality and Diversity (to be appointed) to draft a proposal (including terms of reference, meeting schedule, membership) for the establishment of a Gender Action Group. • Publicise the Gender Action Group and call for members to participate. 	April 2007	Head of Equality and Diversity
1b	Ensure that key stakeholders are provided with an opportunity to comment on access to services.	<ul style="list-style-type: none"> • Head of Equality and Diversity to develop a strategy for ongoing engagement with staff, patients and voluntary sector groups. • Establish a gender network for the Trust • Use articles in Trust News, staff forums, questionnaires and other communication routes to promote gender/transgender awareness and encourage staff to contribute their ideas and experiences. • Develop a range of mechanisms for staff to contribute ideas • Gender Action group to develop a mechanism for gathering ongoing feedback on services from people. 	<p>July 2007</p> <p>July 2007</p> <p>August 2007</p> <p>August 2007</p> <p>July 2007 and ongoing</p>	<p>Head of Equality and Diversity</p> <p>Head of E&D</p> <p>Head of E&D & Head of Comms</p> <p>As above</p> <p>Head of E&D</p>
1c	Monitor the Trust's GES to ensure it supports equitable access to services by people throughout the various functions of the Trust where appropriate.	<ul style="list-style-type: none"> • Use data, including feedback from staff, patients and the public to monitor the implementation of the action plan and impact of actions taken. For example, explore equal access to oncology services. • Publish findings and develop the GES in response. 	August 2007	Gender Action group

	Strategy	Task	Task Timeline	Responsibility
1d	Develop links between the GES and other Trust plans and strategies.	<ul style="list-style-type: none"> • Identify appropriate strategic business planning documents, budget processes and all other relevant plans and strategies requiring alignment with the GES. • Incorporate the objectives of the GES into Trust's strategic business planning, budgeting processes and all other relevant plans and strategies (for completion by June 2008). 	June 2008	Head of Equality and Diversity Director of Strategy & Planning
1e	Ensure that Trust staff and agents and contractors are aware of the relevant requirements of the Gender Equality Duty.	<ul style="list-style-type: none"> • Promote the Trust's policy and procedures regarding the Gender Equality Duty's requirements around agents and contractors through Trust News and the induction process for new employees. 	October 2007	Head of E&D GM for Estates and Facilities/Director of Procurement

	Strategy	Task	Task Timeline	Responsibility
2a	Ensure that all HR policies and practices take account of the specific needs of men, women and transgender applicants/staff.	<ul style="list-style-type: none"> • Audit HR policies and practices to ensure they take account of the specific needs of all staff/applicants. ▪ Carry out impact assessments on all HR policies and practices • Review data on the number of male/female applicants vs. successful appointments and consider what more (if anything) needs to be done to encourage applications from or men or women. 	<p>December 2007</p> <p>March 2010</p> <p>October 2007</p>	HR Director
2b	Implement on-going monitoring of HR policies/processes so that changes can be made to ensure staff are not disadvantaged because of their gender	<ul style="list-style-type: none"> • On-going monitoring of HR records e.g. take up of flexible working ▪ Consult with staff to ascertain whether adjustments need to be made to any HR policies or processes. 	June 2008	HR Director

	Strategy	Task	Task Timeline	Responsibility
3a	Improve staff awareness of gender/transgender issues and improve skills to provide a good service to all people.	<ul style="list-style-type: none"> • Review the information provided on Equality and Diversity at staff induction to ensure it promotes a positively diverse culture. • Conduct a survey of all employees to determine training needs in order to produce a training programme that raises staff awareness of gender related issues. • Provide regular information in Trust News. 	March 2010	Head of Equality & Diversity HR Director
3b	Improve the awareness of new employees and new Members about gender/transgender issues.	<ul style="list-style-type: none"> • Prepare information and training as part of the induction of new employees and Members 	June 2008	HR Director
3c	Carry out impact assessments on all existing and new Trust policies and procedures that are relevant to gender/transgender people to ensure that they do not disadvantage them.	<ul style="list-style-type: none"> • Identify and review all policies and procedures that are relevant and undertake an impact assessment. • Ensure an impact assessment is carried out on all new policies and procedures that are relevant as part of the development process. 	Mar 2010 Feb 2008	Head of Equality & Diversity Relevant Directors Deputy CEO

	Strategy	Task	Task Timeline	Responsibility
4a	Improve community awareness about consultation processes in place.	<ul style="list-style-type: none"> Promote the existence, role and activities of the Trust's Gender Action group. Gender Action group to meet regularly (as per proposal in action 1) to provide strategic advice and direction. Ensure Gender Equality Scheme is tabled/discussed at the Members' Council 	<p>July 2007</p> <p>July 2007</p> <p>May 2007</p>	<p>Head of Comms</p> <p>Head of Equality and Diversity</p> <p>Deputy CEO</p>
4b	Commit to ongoing monitoring of the GES to ensure implementation and satisfactory outcomes.	<ul style="list-style-type: none"> Gender Action group to regularly monitor the implementation and impact of the GES. Consult with people in a range of different consultation mediums, eg focus group, interviews, surveys as part of this process Develop a register of experienced persons to provide comment on access and inclusion issues on request, who may not be members of the Gender Action group. 	December 2007	Gender Action group
4c	Seek a broad range of views on our services from people of all genders across the local community.	<ul style="list-style-type: none"> Include appropriate questions about access and inclusion in general surveys and consultation events. Gender Action group activity to seek the views of people on a wide range of issues in a timely manner 	<p>December 2007</p> <p>October 2007</p>	<p>Head of Communication</p> <p>Gender Action group</p>

	Strategy	Task	Task Timeline	Responsibility
5a	Ensure equal pay for work of equal value between male and female staff	<ul style="list-style-type: none"> ▪ Implement the Agenda for Change policy/handbook effectively and ensure it is reviewed. ▪ Review and compare male and female pay by staff group, and explore whether any action needs to be taken to redress any imbalance. 	July 2009	HR Director

	Strategy	Task	Task Timeline	Responsibility
6a	Ensure that there is equal access to senior positions regardless of gender	<ul style="list-style-type: none"> ▪ Review the existing recruitment and selection policy. ▪ Look at the need to implement any positive action programmes to redress the balance. For example in the Therapies or Maternity departments. 	July 2009 and on-going	HR Director