

Support Services Partnership
South West London

Quarter 4
Internal Performance Report
April 2009 and Year End



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Introduction

The SSP's aim is to offer:

“High Quality and Cost Effective
Support Services to our clients”

(Including; Croydon, Kingston, Richmond and Twickenham, Sutton & Merton and Wandsworth Teaching Primary Care Trust (PCTs) and NHS London)

This is the Final performance Report for 2008/09. As always, we ask that you take some time to consider the contents of this report and comment on whether it provides you with the information you need. We do appreciate your comments on this report or any of the previous reports as we want to continue to improve both our performance and the reporting of it.

Our aim is to enable us all to work together on building a shared service organisation that is fit for the future, which provides excellent services to its Customers and a supportive and exciting place of work for its staff.

It is hoped that the KPIs will enable you to better understand the Services we provide and judge how well we are providing them.

Tony Griffiths
Acting Joint Chief Operating Officer

Grace Bishop
Acting Joint Chief Operating Officer

This report is produced for our partners and SSP staff: We hope that you find it informative and relevant. Should you have any comments please e-mail to sspperformance@swlondonssp.nhs.uk or via post to: Corporate Operations Directorate, The Wilson, Cranmer Road, Mitcham, Surrey, CR4 4TP



Performance Report: SSP's Balanced Scorecard Dimensions

The SSP's Balanced Scorecard Dimensions are outlined below:

- Financial Dimension: Offer Value for Money to our clients.
- Client Dimension: Understand and deliver what the client wants and foster positive long-term relationships.
- Internal Process Dimension: Focus resources on improving internal processes (tools) and performance, which will add value to the services we offer our clients.
- Organisational Learning and Development: how we can continue to improve and create future value

Performance Coding

Each of these perspectives is composed of a set of indicators, which are assigned traffic light performance colour codes according to the following principles:



Green: Performance standard has been achieved.



Amber: Slight under performance against the standard



Red: Adverse under performance against the standard

How are we doing?

Where applicable, to indicate the trend in performance for activities we have added arrows depicting direction of travel since the last report.

New KPI



Improved performance from last Report



Performance at same level as last Report



Performance worse than last Report



SSP Balanced Scorecard: KPI Summary Qtr4 2008/2009

Key Performance Indicator	Core STD	Lead Report	Performance		
Financial – Value for Money					
F1 : SSP & PCT Finance Budget	C7	Corporate Operations	●	G	=
F2 : SSP Procurement Group Return on Investment	C7	Corporate Operations	●	G	=
F3 : Financial Performance Improvement	C7	Contracting Services	●	G	=
F4 : PCT Savings Achieved	C7	Contracting Services	●	G	=
Clients – Delivering Client needs					
C1 : SSP Domestic Services	C4	Operational Services	●	G	↑
C2 : SSP Estates Maintenance Response to Request	C20	Operational Services	●	G	↑
C3 : SSP Accident/Incident Reporting	C20	Operational Services	●	R	=
C4 : PCT Unwanted Fire Signals	C20	Technical Services	●	G	=
C6 : PCT Fire Training	C11	Technical Services	●	G	=
C7 :PCT Security Surveys	C20	Technical Services	●	G	↑
C8 : SSP Helpdesk	C20	Operational Services	●	G	↑
C9 : SSP Minor Capital Projects	C20	Operational Services	●	G	↑
C10 : Project and Partnering Projects Review	C21	Projects & Partnering	●	G	↑
C11 : SSP Contract Cleaning Standards Compliance	C4	Contracting Services	●	G	↑
C12 : SSP Contracting Services Report against Workplans	C20	Contracting Services	●	G	=
C13 : SSP Contracting Services Client Satisfaction Survey 2008/09	C20	Contracting Services	●	G	↓
Internal Processes – Improving our tools					
P1 : SSP Sickness Absence Indicators	C20	Corporate Operations	●	G	=
P2 : SSP Mandatory and Non Mandatory Training	C8,C11	Corporate Operations	●	G	↑
P3 : SSP Personal Development Reviews	C8	Corporate Operations	●	G	↑
Organisational Learning and Development					
L1 : SSP Supervision	C8	Corporate Operations	●	A	↓

*Support Services Partnership Organisational Chart 2008/09 on page 96

Financial Summary

The SSP year end position is break even as required overall but there are significant variances between the PCTs and between services.

- Richmond and Twickenham and Kingston PCTs broke breakeven.
- Wandsworth PCT has an agreed under spend as a result on non pay estates and facilities services.
- Sutton and Merton PCT made significant savings arising from the Orchard Hill transition programme.
- CPCT had a small under spend on waste that was refunded to them

The SSP internal budgets were slightly under spent which contributed to offset over spends which were within services.

Year End Risks

The year end pressures for the SSP are in line with PCTs in the early closure of accounts and ensuring that all month 12 expenditure was accrued for correctly. Increased communications with managers and proactive financial management in March meant this was achieved. Any differences to the actual expenditure will have a knock on effect which may be favourable or adverse for 2008/09.

Overall Financial Position at Month 12

The overall financial position of the SSP to month 12 is breakeven as the under were allocated back to the relevant PCT. The significant variances are:

- An under spend within the management budgets of the SSP in relation to non recurrent items.
- Redundancy costs of £229k were paid for in 2008/09 by Sutton & Merton PCTs in relation to SSP staff at Orchard Hill, which were accrued in 2007/08. Further redundancies took place in March in line with the overall programme after significant work with staff on redeployment. Savings from the retraction of the site continue to be made for SMPCT.

Significant contribution to the PCTs to ensure compliance and to meet their planned objectives on:-

- Substantial work during the year with the London Procurement Programme to implement a new compliant waste contract within the PCTs.
- The sector decontamination contract at the beginning of 2008/09 was implemented across the South West London PCTs to meet Health Care Commission standards on use of single instruments.
- Increased number of projects delivered for PCTs in relation to their strategic plans such as completion of St John's variation, progress of the Whitton business case.
- Supporting commissioners in world class commissioning with procurement and projects to meet PCT procurement policies.

There was a small favourable shift from month 11 forecast outturn position to month 12 which related to the net effect of specific areas:

- Retraction at Orchard Hill
- Energy expenditure being less than budgeted over a number of sites.

Contributions to PCTs Financial Positions

The SSP has contributed to the PCTs financial plans by cost reductions or planned developments across a number of areas in 2008/09. These areas are not reflected in the financial envelop of the SSP SLAs with PCTs and demonstrate the added value of the SSP.

- Additional revenue and capital costs associated with the capital programmes of the PCTs were directly recharged to the PCTs. The majority of this related to WPCT and SMPCT redecoration programme.
- South West London Shared Services Procurement work streams have achieved savings on a variety of areas
- Assisting with ongoing non pay controls by the Supplies Department.

SSP Summary Budget Position

Support Services Partnership

Summary Budget Position

	08-09 - Full Year		
	Budget (£k)	Actual (£k)	Variance (£k)
EXPENDITURE:			
Staff & Agency Costs			
SSP Overheads & COO	158	137	-21
Head of Operations	598	428	-170
Head of Services	139	138	-1
Head of Projects & Partnering	835	817	-19
Contracting Services	897	831	-66
Tech and Strategic Estates Services	556	534	-22
Head of Operational Services	1,760	1,881	120
Operational Estates Services	0	0	0
Technical Estates Services	0	0	0
Facilities Services	2,122	2,153	30
TOTAL	7,066	6,918	-148
Non-Staff Costs			
SSP Overheads & COO	829	734	-95
Head of Operations	13	151	138
Head of Services	4	2	-3
Head of Projects & Partnering	628	656	28
Contracting Services	35	117	82
Tech and Strategic Estates Services	135	194	60
Head of Operational Services	320	333	13
Operational Estates Services	1,569	1,714	145
Technical Estates Services	6,407	6,205	-202
Facilities Services	683	941	257
TOTAL	10,624	11,047	423
Total Net Expenditure			
SSP Overheads & COO	987	871	-116
Head of Operations	611	579	-32
Head of Services	143	139	-4
Head of Projects & Partnering	1,463	1,472	9
Contracting Services	933	948	16
Tech and Strategic Estates Services	691	728	37
Head of Operational Services	2,080	2,214	134
Operational Estates Services	1,569	1,714	145
Technical Estates Services	6,407	6,205	-202
Facilities Services	2,806	3,093	287
TOTAL EXPENDITURE	17,690	17,965	275
INCOME:			
SSP Overheads & COO	-215	-189	26
Head of Operations	-272	-265	7
Head of Services	0	0	0
Head of Projects & Partnering	-1,714	-1,640	74
Contracting Services	-1,186	-1,195	-9
Tech and Strategic Estates Services	-625	-639	-14
Head of Operational Services	-2,699	-2,828	-128
Operational Estates Services	-1,572	-1,717	-145
Technical Estates Services	-6,407	-6,205	202
Facilities Services	-2,998	-3,288	-290
TOTAL INCOME	-17,690	-17,965	-275
Total	-0	-0	0

F2: SSP Procurement Group Return on Investment Qtr 4

G

The Procurement Group within the Shared Services Review has a continuing workplan to realise savings from collaborative procurement across the South West London health sector. This year savings will come from contracts negotiated on behalf of our clients for Enteral Feeds, Wound Drainage, Telecoms lines discounts, Education and Training and a complete range of agreements covering temporary staff – Admin and Clerical; Health Science Services; Allied Health Professionals; and Medical Locums. Uptake of the London Procurement Programme (LPP) initiatives will also be monitored.

Goal: To maximise the value of the service offered by the Procurement Group within the Shared Services Review to our clients.

Key Performance Indicator: The benefits (realised savings) offered by the Procurement Group within the Shared Services Review should significantly outweigh the cost of providing the service to the client.

Target: Overall, the PCTs should receive more than 200% Return on Investment (ROI) as an aggregate; which means that in addition to the amount contributed to the cost of providing the service an equal amount of saving had been made.

Performance: See below for a summary of the SWL PCTs' performance.

Quarter 4 Return on Investment Employed 2008/9

Primary Care Trust	Qtrly Fee	Vernacare Rebate	A&C Agency	AHP & HSS Agency	TelecomsB T PV10	BT Accumulate	Postal	Total Savings	Total Benefit
	£	£	£	£	£	£	£	£	£
Wandsworth	3,000	152	6,564	13,781	16,003	3,585	757	40,842	37,842
Sutton & Merton	3,000		7,852	16,399	21	887		25,159	22,159
Richmond & Twickenham	3,000	10		6,335	396	935		7,676	4,676
Kingston	3,000	177	9,662	4,147	1,843	1,027		16,856	13,856
Croydon	3,000	2		2,963	2,746			5,711	2,711
Total For PCT's	15,000	341	24,078	43,625	21,009	6,434	757	96,244	81,244

Wound Drainage Therapy:

Framework now finalised and we are in the process of discussing with Trusts on the best way forward for them. There are significant differences in the pricing - KCI pumps are double the price of all other three suppliers, with their consumables costing 50% more on average. We currently have three Trusts changing from KCI to S&N, Bromley (Princess Royal) Queen Marys (Sidcup) and Sutton & Merton PCT early indications are that the product adequately serves the purpose, is producing the same if not better results and the service and training package offered is excellent.

We are currently in the process of extending our interim contract for 6 months with KCI to allow Trusts more time to undertake evaluations. It is our intention to ensure that the best volume banding is achieved to ensure optimum savings for the remaining Trusts concerned.

Enteral Feeds:

OJEU is due out at the end of April and dieticians are currently working on the specification and weighted evaluation documents we are also checking usage figures with the incumbant supplier Nutricia. Our next meeting will be on 5th May.

Agency Staffing:

Currently working on the AHP & HSS new framework a number of Trusts in SW London have signed up to extend the MV agreement with Pulse for a further 6 months. We will be assessing during this period to ensure that fill rates are being achieved, payrates have increased on the new framework so we are hopeful that the framework suppliers will now be able to attract staff away from the non-framework companies.

The contract for A&C staffing is now being re-tendered and is not anticipated to be awarded until the Autumn, we therefore need to review with Trusts the best way forward.

Discussions will soon begin with Acute and Mental Health Trusts to review and set up SLA's for the supply of Medical Locums.

The requirement to demonstrate value for money underpins all PCT activities. Most procurement undertaken is placed via SSP Procurement route (part of Contracting Services Division). This enables best value to be monitored, and ensures compliance with Trust Standing Financial Instructions or other procurement legislation (eg. OJEU) Procurement will monitor SBS and JFSD reports to determine where goods or services are procured outside such routes to establish further potential savings/risk mitigation for PCT clients.

Goal: Demonstrate potential further savings achievable by PCTs and offer advice on how to access potential future savings.

Key Performance Indicator:

Target: Identify 100% of expenditure not procured through SSP Procurement routes

Qtr 4 performance:

The chart below shows the value of goods and services purchased through the procurement team (with a purchase order or influenced by SSP procurement) and the estimated value of spend that could potentially be influenced by the procurement team.

PCT	Description			
	Spend with purchase order or influenced by SSP procurement	Estimated spend that could be influenced	% influenced in Qtr 4	% point increase since Qtr 1
WPCT	£3,316,213	£7,262,213	45.6%	7.2
SMPCT	£1,891,446	£4,229,446	44.7%	15
RTPCT	£946,296	£1,349,296	70.1%	36.5
KPCT	£1,009,746	£1,378,746	73.2%	30.8
CPCT *	£704,299	£1,227,299	57.4%	26.5 *

(* increase against Qtr 3 as service to CPCT only commenced in Sep 08)

Commentary:

The procurement team have analysed non-pay invoices each quarter to identify areas where it could influence expenditure and ensure compliance with SFI's and procurement legislation as well as delivering further savings. The chart above shows that during year the procurement team has managed to significantly increase the level of influencable spend and subsequently increase savings delivered to PCTs (see KPI F4 – Savings achieved).

To support the procurement team it is important that Trusts actively promote the use of purchase orders to ensure that all procurement is compliant with Trust policies and procedures, relevant legislation and achieves best value for the PCT.

F4: PCT Savings Achieved Qtr 4

G

The requirement to demonstrate value for money underpins all PCT activities. SSP Procurement (part of Contracting Services Division) works on behalf of PCTs to negotiate or secure access to national, sector-wide or volume contracts for both goods and services. SSP Procurement will measure savings achieved, recurrent and non-recurrent, as a result of procurement through such contracts.

Goal: Demonstrate increased savings made through local, national and sector wide/volume contracts.

Key Performance Indicator: The table below illustrates savings achieved through the procurement department.

Target: Overall saving of 5% for goods/services purchased through the Procurement Team.

Qtr 4 performance: The table below illustrates savings achieved.

Commentary:

The target of 5% saving has been achieved for all PCTs in QTR 4. These have been achieved through a combination of the delivery of projects from the workplan, buyer negotiation, tenders/quotations, use of OGC/PASA/LPP framework agreements and include the following;

- tender for diagnostic medical equipment saved £37k for WPCT
- tender for print material saved £11k for CPCT via OGC framework
- buy-in to the LPP framework for IT hardware and software has delivered savings of over £28k across all PCT's
- joint quotation for network telephony equipment saved £13k for WPCT/SMPCT/KPCT
- LPP framework for mobile communications saved £10k for KPCT
- new LPP agreement for secure mobile media saved £3.5k for SMPCT
- quotation for patient chairs saved £10k for KPCT and £4k for CPCT
- quotations for diagnostic medical equipment saved £17k for SMPCT

Table: PCT Savings Qtr 4

Savings achieved	PCT				
	WtPCT	SMPCT	RTPCT	KPCT	CPCT
Description					
Total spend through procurement	£2,114,113	£1,891,446	£946,296	£1,009,746	£704,299
Savings achieved	£134,913	£102,219	£55,051	£64,713	£35,273
% saving	5.82%	5.40%	5.82%	6.41%	5.01%

C1: SSP Domestic Services Qtr4



The National Standards of Cleanliness for NHS Hospitals was introduced in 2001 and updated in 2003. The standards are a framework in which to measure performance outcomes irrespective of service provider.

In the absence of specific standards for Primary Care premises the SSP have adapted these to assess and improve the patient environment within the remit of the SSP. The elements of the standards are formally audited according to risk group which varies from weekly to annual audit frequency.

Goal: To ensure patients experience high standard of cleanliness

Key Performance Indicator: Scores for cleanliness audits for all sites managed by the SSP for Quarter 3 2008/09.

Target: 88% average Audit score

Qtr 4 performance: SMPCT – 92%, RTPCT – 95%, WPCT – 89%

Commentary/Narrative: The cleanliness standard scores for quarter 4 increased in all 3 PCTs from the scores recorded for quarter 3. All 3 PCT overall cleanliness scores are above the required 88% national standard.

In SMPCT 3 sites fell marginally below the national standard of 88%. The SMPCT Domestic Supervisors will be targeting these sites to ensure the scores return above 88% in quarter 1 of 2009.

Three WPCT clinics fell below marginally below required 88% audit score required. The main reasons for these low score scores are;

- Wandsworth redecoration project in numerous clinics creating additional workload for domestic staff

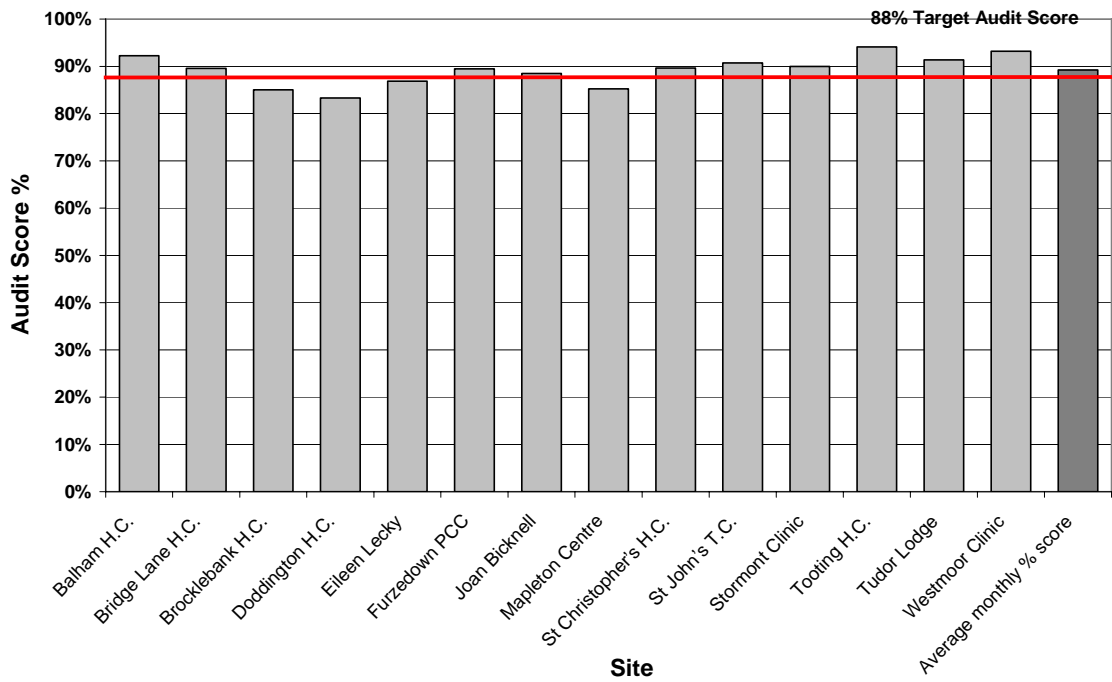
In RTPCT all sites achieved scores above the required 88% cleanliness standard. Teddington Memorial Hospital achieved a cleanliness score of 95% for quarter 4.

Table:

Quarter	Trust		
	WPCT	RTPCT	SMPCT
1	89	96	96
2	89	95	95
3	87	94	91
4	89	95	92
Overall	89	95	94

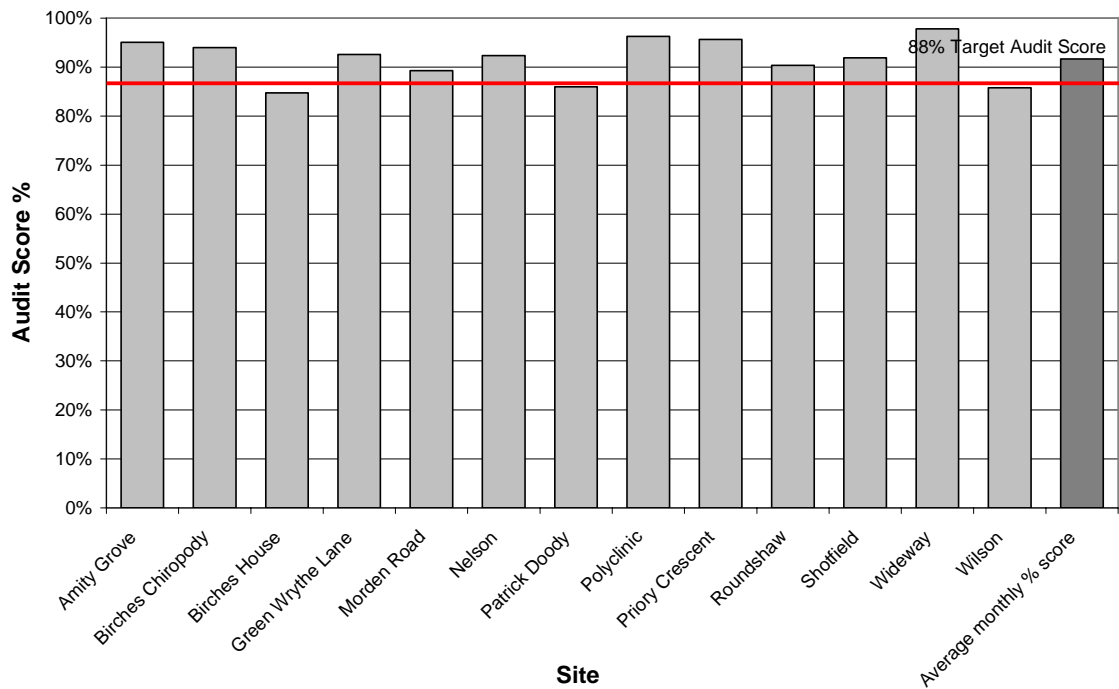
WPCT Cleanliness Scores by Site

Quarter 4 2008/09



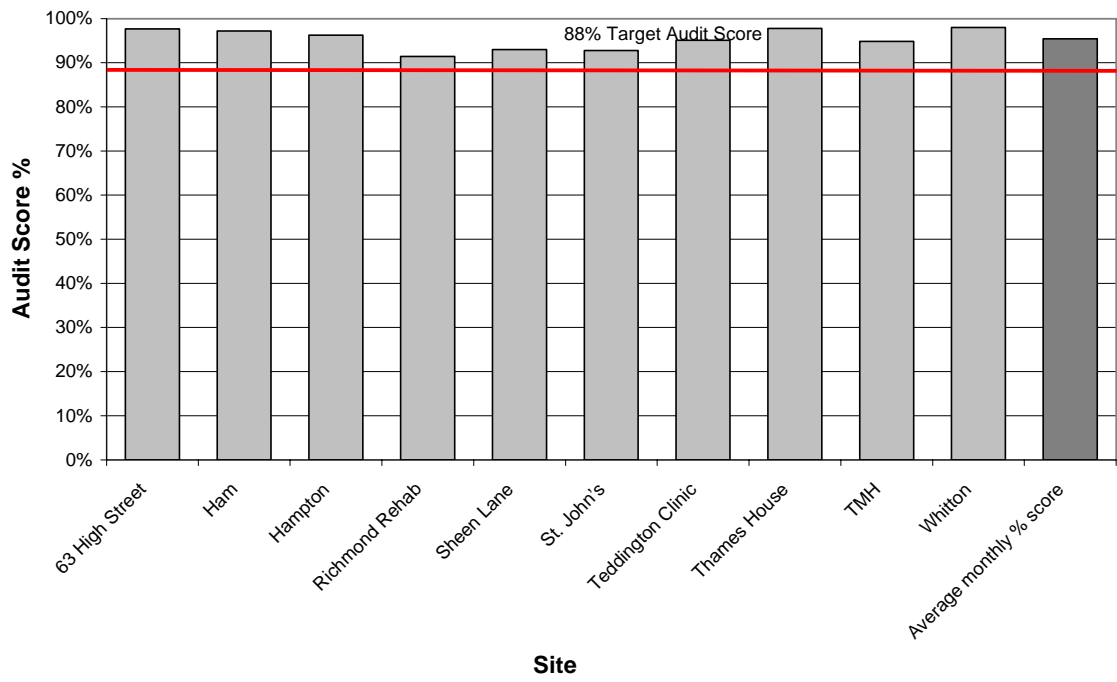
SMPCT Cleanliness Scores by Site

Quarter 4 2008/09

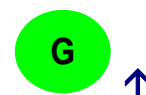


RTPCT Cleanliness Scores by Site

Quarter 4 2008/09



C2: SSP Estates Maintenance Response to Request Qtr 4



The Estate Department provides a range of maintenance and estates support to four PCTs and St Georges Mental Health Trust.

Goals:

1. To provide a cost effective and efficient maintenance and repair service.
2. To carry out statutory and routine Planned Maintenance.
3. To provide a readily available telephone requisition service with a means of controlling and monitoring the response times.
4. To respond to all estate calls within the specified time scale (i.e. immediate response for emergency calls; 3 days response for in-patients calls, 5 days to respond for general calls).
5. To provide an effective out-of-normal hours service to meet the requirements of the user.

Key Performance Indicator:

- a. To monitor the total number of calls to the Helpdesk and response times.
- b. Indicate percentage time spent on requisitions, call-outs, minor works and planned maintenance to measure reactive maintenance.
- c. To show the percentage of completed PPM jobs.

Target: Respond to 85% of all requests within the appropriate time interval.

Performance: Overall performance is as follows:

- 96% Maintenance
- 99% PPM

Qtr 4 performance:

The table below details the number of work orders carried out for each PCT/Trust. The table illustrates the split between maintenance requests, call-outs, minor works and planned maintenance (PPM) jobs including PPM jobs not completed.

Reactive Maintenance

- The SSP completed 96% of all reactive maintenance jobs within the response times.
- The target figure of 85% was achieved for all response times.
- The total number of maintenance requests is down on the last the quarter for all PCT's due to the retraction of the Orchard Hill site and site closures in KPCT.

Pre Planned Maintenance

- The SSP completed 99% of all pre planned maintenance jobs.
- The total number of PPM jobs carried is up for S&MPCT due to an increase in fire alarm testing at Orchard Hill, down in KPCT due to site closures and down in WPCT due the removal of the benchtop sterilizers. This service is now provided centrally

Breakdown Activity

- To improve the reporting activity we have separated, call-outs, minor works and PPM from maintenance, the percentage on each is as follows:

Maintenance requests	39.2%
Minor Works	3.5%
Call outs	1.8%
PPM	55.5%

Quarter	Trust		
	SMPCT	WPCT	KPCT
1	95	91	92
2	96	97	97
3	96	95	95
4	95	97	97
Overall	96	95	95

PCT MAINTENANCE REQUESTS FROM 01-12-2008 TO 28-02-2009																		
	Maintenance Requests (Emergency)			Maintenance Requests (3 days)			Maintenance Requests (5 days)			Total Number of Maintenance Request			Call Outs	Minor Works Jobs	PPM Jobs			Total Number of Maintenance Request & Jobs
	Number Requests	Number Pass	% Pass	Number Requests	Number Pass	% Pass	Number Requests	Number Pass	% Pass	Total Number Requests	Number Pass	% Pass			Number Call Outs	Number Minor Works Jobs	Number PPM Jobs carried out	
Sutton & Merton PCT	16	15	94%	364	338	93%	536	516	96%	916	869	95%	65	66	1500	6	99%	2547
Wandsworth PCT (inc Westmore Hostel)	4	4	100%	62	58	94%	662	643	97%	728	705	97%	16	73	839	1	99%	1656
Kingston PCT				39	35	90%	241	236	98%	280	271	97%	6	34	350	13	96%	670
Kingston Hospital Trust															32	3	91%	32
TOTAL ALL	20	19	95%	465	431	93%	1439	1395	97%	1924	1845	96%	87	173	2721	23	99%	4905

Introduction:

The SSP Health and Safety Committee monitors the accidents and near misses affecting SSP staff in order to identify trends and ensure the safety of our staff. This performance indicator is derived from AIR forms that are copied into the SSP's Executive Office, irrespective of the trust in which the accident happened.

Goal: Zero SSP staff injuries.

Key Performance Indicator: Number of SSP staff injuries reported.

Target: Year 1: No greater than 2 injuries within a year.

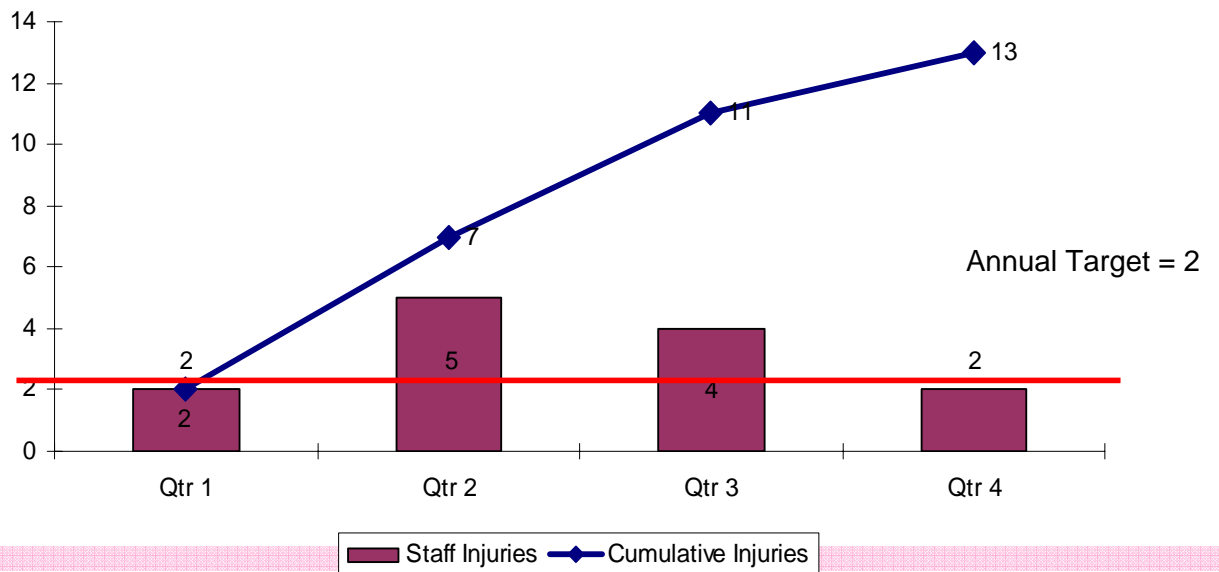
Qtr 4 performance: Two injuries were reported in the quarter, one of which was reported as a RIDDOR incident, although the circumstances may be such that RIDDOR did not apply technically.

Commentary/Narrative:

The first injury reported in the quarter was for a member of estates staff who was making his way into work at the Orchard Hill Site (Sutton and Merton) during the period of adverse weather (snow). The individual slipped and injured their leg. Although they were making their way into work, it was during exceptional circumstances, and it has been reported via RIDDOR.

The second injury was to another member of estates staff, whilst inspecting a roof space at Cedar lodge (Sutton and Merton), knocked their head against a rafter and sustained a mild graze and bruising. Bump caps are being supplied to staff and a programme of risk assessments are being carried out across the sites where Estates staff work.

SSP Staff Injuries 2008/9



Many hospitals and health care premises have significant numbers of Unwanted Fire Signals (UwFS) from automatic fire detection systems. Fire and Rescue Authorities (FRAs) are increasingly recognising that this may be evidence of non-compliance with the requirements of the Fire Safety Order 2005 in that it may be an indication that:

- The fire warning system is not fit for purpose (standard and design) or
- The premises/system are not adequately managed & maintained

Many FRAs are taking a firmer line with regard to dealing with premises with high numbers of UwFS in terms of both fire safety enforcement and operational response options. Consequently, this may be an additional reason for hospital premises to attract audit, inspection or even enforcement action by FRAs.

The figures included in this report are for UwFS reported to the Fire Advisors within the reporting period. The graphs downloaded from the EFM (Estates Facilities Management) website for inclusion in this report reflect the current calls reported. Calls reported late will still be added and will have an effect on the period's result. We have noted that the late reporting of calls has had a significant affect on previous quarterly reports; consequently the information included here is not definitive.

UwFS are fire alarms that have been activated and the Fire Brigade has attended. This does not mean that an actual fire has taken place.

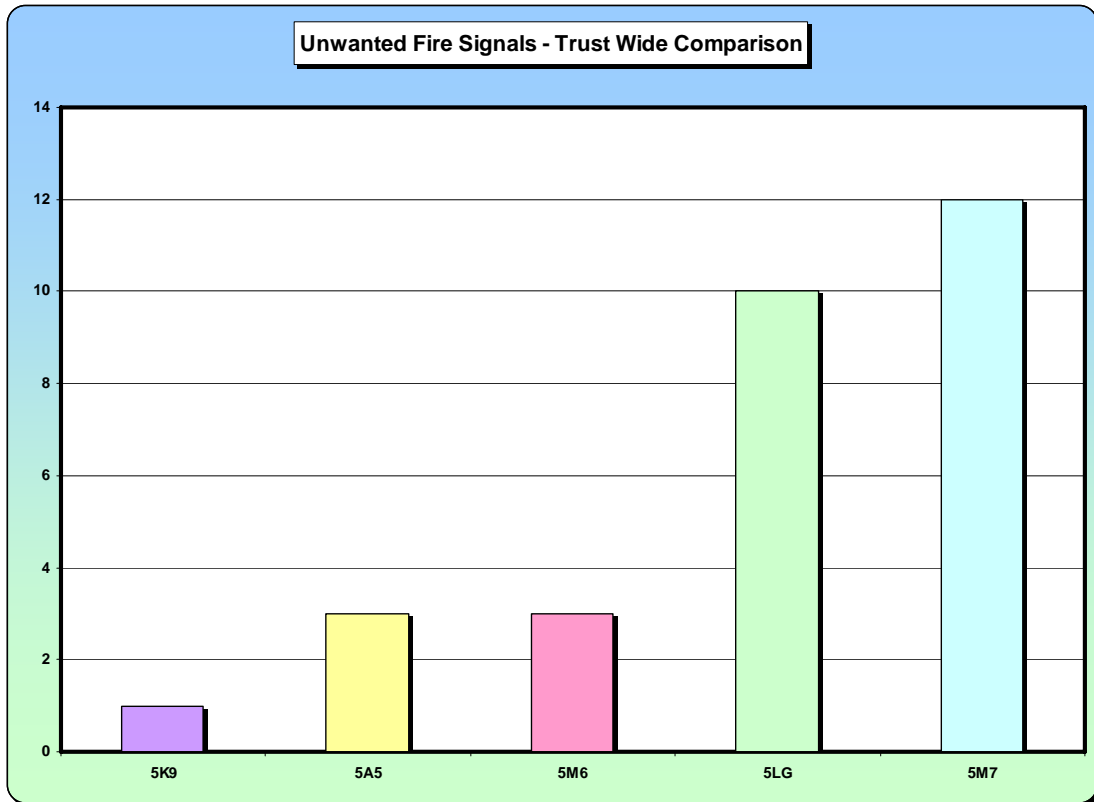
Many of the fire alarms are attached directly to a monitoring service that receives an email when the alarm is activated; they then phone the fire brigade.

Each premise has an appointed person that calls the fire brigade in the event of a fire alarm activation thus giving a 'double check'.

Target: 100% of Unwanted Fire Signals (UwFS) reported to the Fire Advisors within the period have been recorded centrally.

Performance:

From 1st April 2009, Unwanted Fire Signals will cease to be reported via the efm information website, but instead go directly to those departments/individuals responsible for collection of this information. This remains unchanged for the PCT's that use SSP to manage their fire safety information.



Trust	No. of Signals
CROYDON PCT	1
RICHMOND AND TWICKENHAM PCT	3
WANDSWORTH TEACHING PCT	10
SUTTON AND MERTON PCT	12
KINGSTON PCT	3

CPCT have had one activation this quarter, this was due to a system fault.

By far the greatest number of activations this quarter is from SMPCT. Twelve activations in total have occurred at various sites; however, most causes were due to system faults and contractors carrying out work on these sites.

We are monitoring the system faults to see if there is a trend or recurring fault, or whether they are genuine one-off faults.

WPCT had ten activations this quarter. Nearly all activations occurred from steam and burning food. A couple of activations were caused by contractors.

A fire occurred at Queen Mary's Hospital on the Mental Health floor this quarter. A waste bin caught light and was promptly dealt with.

Richmond & Twickenham PCT had three activations this quarter, all due to contractors carrying out works at Teddington Memorial Hospital.

KPCT have had three activations this quarter, at various site and mainly due to a burnt food.

There was a fire at Hook Road Clinic in an outside wheelie bin that local youths set fire to. The situation was dealt with promptly.

C6: SSP Fire Safety Training Qtr 4



Fire training is a mandatory requirement ensuring all staffs are aware of the general fire safety procedures, the requirements of their employer and of themselves. Each member of staff must attend a Fire Lecture every 12 months.

Courses are demand led, with the Trust booking sessions in advance. The SSP provides capacity to meet demand but cannot control attendance, therefore it is up to the PCT and their Managers to ensure all employees attend each year.

Key Performance Indicator: Booked Fire Training Lectures, including induction and fire warden courses booked between the period 1st January to the 30th of March 2009 and those courses that were actually delivered.

Target: 100% of booked Fire Lectures delivered on time.

Overall Performance:

The table below shows the number of fire lectures booked by each PCT and those cancelled by the PCTs and the SSP for Qtr 4. Two lectures were cancelled by the SSP at QMH due to lack of applications received, thus 97.5% of all booked lectures planned were delivered.

PCT	No. of Fire Lectures Booked	No. cancelled by PCT	No. cancelled by SSP
CPCT	5	1	0
WPCT	23	0	2
R&TPCT	7	0	0
S&MPCT	46	3	0

Fire Lecture Attendees

Fire training is a mandatory requirement ensuring all staffs are aware of the fire safety procedures within their premises.

Courses are demand led, with each Trust booking sessions in advance. The SSP cannot influence attendance, but provides capacity to meet demand.

Trust	Attendees					WTE 2007/8	% of staff Attendance
	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total to Date		
WPCT	143	289	259	201	892	1300	68.62%
S&MPCT	277	235	378	327	1217	1500	81.13%
R&TPCT	34	69	115	86	304	621	49.00%
SSP	54	27	34	6	121	203	59.61%
CPCT	58	172	168	56	454	900	50.44%
Total	566	792	954	676	2988	4524	66.04%

The chart above shows attendance for each PCT for the final quarter of this financial year (1st Jan – 30th March 2009).

Numbers of fire lectures offered this year have been higher than previous years, however, PCT's are not utilising these sessions to their full potential. Managers must utilise all future sessions and make a concerted effort to send their staff on mandatory fire lectures this coming year 2009/10.

In quarter 4 of last year SMPCT managed to train 515 employees. Unfortunately that same drive didn't happen this year and as the figures show, significantly less employees were trained in this quarter compared to last year.

Although it is mandatory to train all employees in fire safety, to date no PCT has managed this.

There have been two incidents of actual fires at a couple of PCT's this quarter, emphasising the importance of attending Fire Lectures.

Security Surveys are an essential part of creating a safe environment for staff and patients. The Technical Services department undertakes surveys and provides advice against programs agreed with each Trust.

Target

100% of booked Security Surveys is the target to complete by year-end.

Performance

Approximately 75% of the agreed 2008/09 SLA has been completed, however, due to the changing security environment three additional security surveys have been completed at the Arton Wilson site and two for Putney Hospital, this combined with the ad-hoc requests has resulted in the allocated SLA hours being exceeded and the short fall in the SLA programme.

Additional to the SLA agreement, eleven security assessments have been undertaken for the Homeless Refugee and Asylum Team, as requested by Wandsworth PCT, these are, however, managed by Wandsworth Borough Council.

Wandsworth PCT

The number of hours spent on providing security support to Wandsworth PCT is 13% in excess of what had been agreed for this year – effectively we had provided all the security capacity for the year in the first three quarters. Naturally, ad-hoc requirements will fluctuate over the course of the year; however, as we have seen, these ad-hoc requirements have continued to be sustained at a high level over all quarters which has lead to insufficient time in the SLA's to cover all the security needs of the Trust.

In this quarter, there have been a number of specific issues, over and above the routine, that have necessitated a greater amount of input than usual.

1. Putney hospital continues to be a security hot spot, and a great deal of supervision and working with the security provider is still required (see Site Specific Issues).
2. The closure of Arton Wilson House generates many security issues, which needs close supervision, (see Site Specific Issues).
3. A full review of existing security systems at Brocklebank Health Centre was undertaken, following the reported serious untoward incident (SUI). A member of the SSP domestic staff reported being threatened with a gun as they parked their car in the car park. To address the concerns expressed by the domestic staff following this incident, a Security Awareness/Lone Working presentation was conducted with personal panic alarms and Security Booklets issued to the majority the SSP domestic staff based at NHS Wandsworth locations.
4. A review of the existing security at St John's Health Centre was undertaken as a result of the following security incident:
 - A drunken patient arrived to see the St Georges Mental Health Team based at the health centre. He did not live in the area and was told he couldn't be seen. He was escorted out of the mental health reception and as he was walking down the slope he fell and hit his head.

- The ambulance and Police were called and the porters were left to deal with the gentleman. The ambulance staff refused to take him as he is known to be violent so the Police escorted him away from the building.

The porters feel very vulnerable due to their reception desk being sited adjacent the mental health team's main entrance and are concerned that this type of problem seems to be spilling into the foyer and is not being contained in the mental health team. The porters are employed by St George's Health Care Trust and are based at St John's following the transfer of services from Bolingbroke Hospital.

The Provider Services Committee were briefed with the details of the incident and agreed to progress a solution in conjunction with the St Georges H.C.T Security Manager.

We await news on the Arton Wilson disposal and Putney redevelopment. If the sites remain within the Trust's ownership, there are insufficient hours left in the SLA to cover the ongoing management needs on these sites, as well as any other issues that may arise.

In addition to the above, the following work has also been undertaken.

Clinics requesting advice this quarter:

Brocklebank Clinic	Balham Health Centre	Mapleton Centre
Bridge Lane HC	St John's Therapy Centre	Eileen Lecky Clinic
Tudor Lodge Health Centre		

The services provided were: general security advice, attendance of meetings, CCTV advice, review lone working and security requirements, carry out security surveys, liaising with Brocklebank HC following a SUI.

We are concerned that the ad-hoc demands have impacted on the planned work which is intended to create a safer environment for staff and patients in the long term. We would like to discuss how these two requirements can be satisfied in next year's SLA.

Sutton & Merton PCT

Approximately 65% the 2008/09 SLA has been completed. The changing security environment at the Orchard Hill site has resulted in two additional security surveys, this combined with the ad-hoc requests have contributed to the short fall in the agreed SLA programme.

There is a degree of confusion as to how this years SLA should have been delivered as the Trust had appointed an independent LSMS in addition to the SLA agreement with the SSP.

Security issued raised over quarter four include:

1. A member of staff was seriously assaulted at Amity Grove. Visiting the site on two occasions for support to the individual concerned and also to re-emphasise personal safety, issuing personal panic alarms and security booklets. A security survey was carried out.
2. Provision of advice and recommendations following a fly tipping incident at 6 Birches Close.

Richmond & Twickenham PCT

The number of hours spent on providing security support to Richmond & Twickenham PCT is 13% in excess of the agreed SLA hours for the year. The hours have been used as the work plan required a number of security audits to be completed across the trust before the end of December.

In this quarter, the only site-specific issue was theft of lead from the roof of Thames House; a security survey has since been carried out.

The following work has been undertaken:

- Security advice including a review of lone working and advising on the update for Lone Working Policy.
- In accordance with the 2008-9 Service Level Agreement the following security surveys have been completed:

Centre House	Richmond Royal
St John's HC	Ham Clinic
Hampton Medical Centre	Whitton Clinic
T.M.H	Teddington Clinic

Kingston PCT

Hours completed for this quarter are 148, which is far in excess of the 40 hours allowed for in this year's SLA.

All work has been carried out in accordance with the 2008/09 SLA. The request for five security surveys additional to the SLA and the ad-hoc requests have resulted in the allocated SLA hours being exceeded.

In this quarter, there have been no site-specific issues, over and above the routine.

The SSP continues to monitor the amount of security support used and check whether the current SLA is adequate for the Trust's needs.

Waste

Waste

Waste data is collated at the end of each quarter; therefore, some figures were unobtainable for March 2009 at the time of the collation of this document.

WPCT

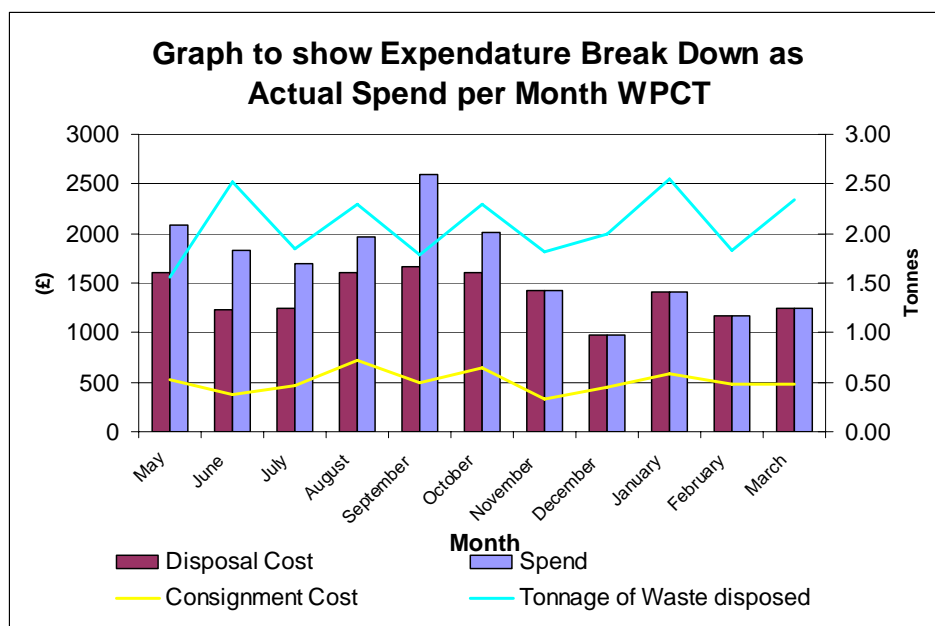
There has been limited data for this trust based on the monitoring and invoicing methodology of the contractor, however, information has been extrapolated to indicate the following;

- it would appear that the peak for the year has been September

The graph shows that following detailed analysis of this period's activity, it has become clear that the trust is receiving better value for money.

The graph shows a higher volume of waste was disposed of at a lower cost. A large proportion of this can be attributed to the fact that the trust no longer pays for bin rental charges and has better rates of disposal through the LPP contract.

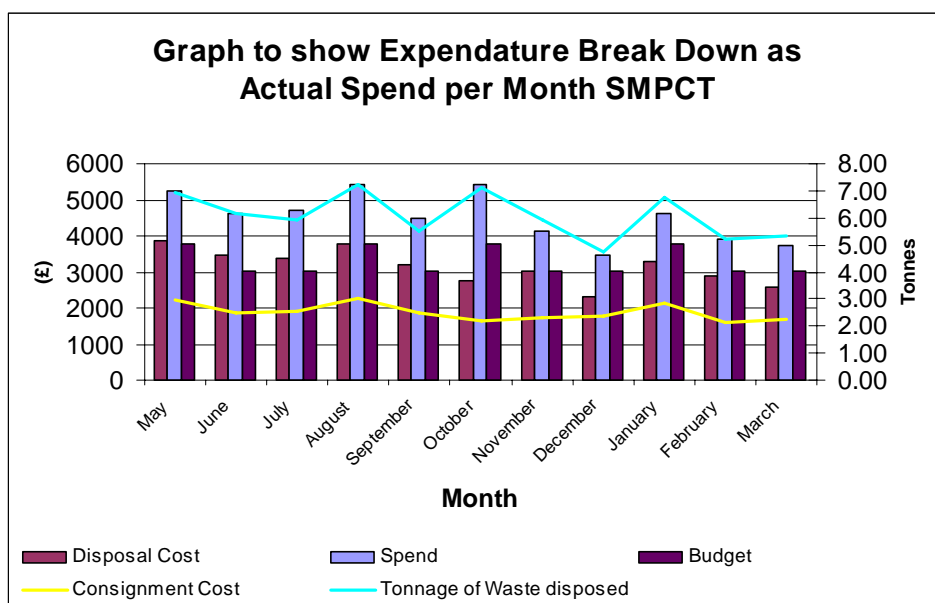
Segregation is still an issue, however, there are opportunities for improvements in cost minimisation.



S&MPCT

This quarter (1st January 2009 – 31st March 2009) has been a steady period for the trust in terms of disposal costs versus volume of waste disposed of.

The 2008 budget only reflected disposal costs and did not include storage charges and consignment note charges therefore; the actual budget was exceeded this year. As with other Trusts, a recycling initiative is likely to come into effect in mid 2009, resulting in decreases in all variables measured here, i.e. improve segregation, reduce waste volumes, and get better value for money. This is not withstanding the positive environmental impact.



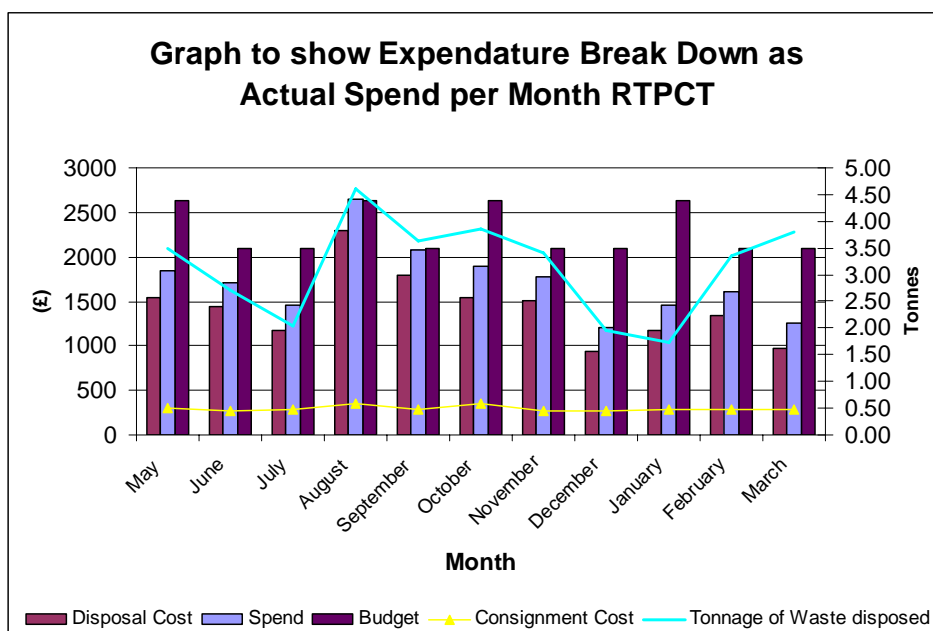
R&TPCT

Through accurate monitoring from the contractor and industry standard weights, RTPCT has a fairly precise analysis of 'waste versus costs'.

The graph shows the first month of this period having a decrease in the volume of clinical waste disposed of; however, this rose sharply in the second and third months due to the contractor not providing costs nor waste volumes for waste disposed of as offensive waste. This will be corrected by the next report. The consistency of the contractor has been excellent this month with no reported missed collections.

It is also clear that on each occasion the cost has only once exceeded the budget by £25.15 and has remained below for the remainder.

With the introduction of recycling, the figures can only decrease, further giving rise to sustainability matters.

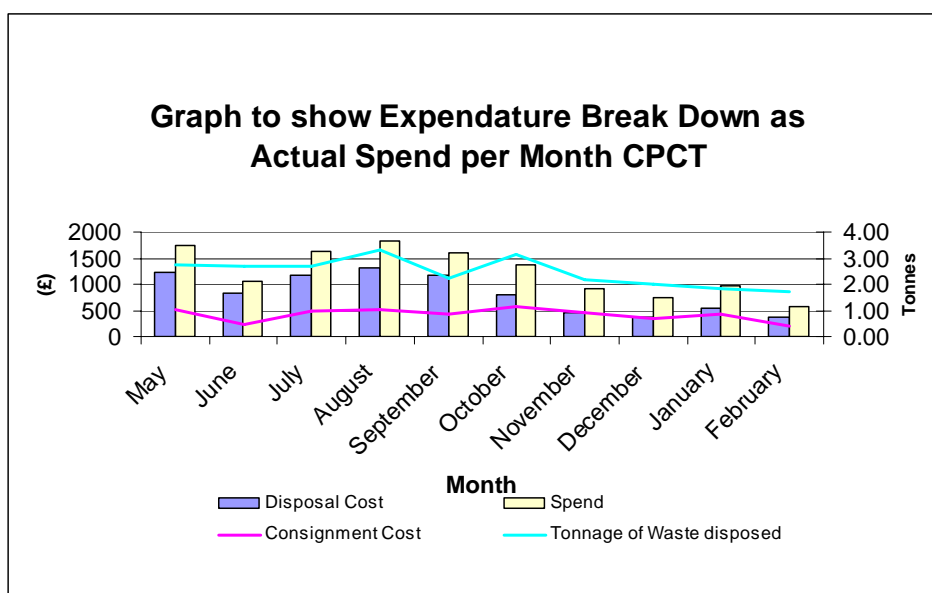


CPCT

There has been a gradual trend for this period, showing a measured decrease in the volumes of clinical waste produced. A proportion of this can be attributed to decontamination contracts for various items such as those used in podiatry.

Unfortunately an accurate conclusion cannot be drawn from this information as the SSP is still awaiting March's data from the contractor.

Due to the possibility of recycling being introduced in mid 2009 the volumes of clinical waste should decrease resulting in a lower frequency of collections.

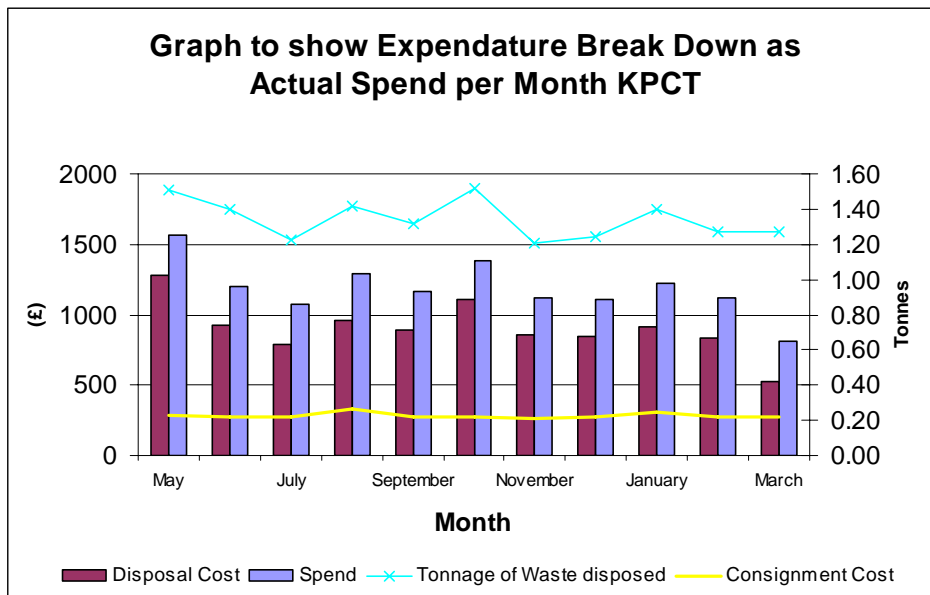


KPCT

With accurate monitoring from the contractor, a clear picture of the state of waste can be mapped.

The final month of this period shows a dramatic change in culture. The graph shows that the disposal costs have decreased by 28% although the same volume of waste has been disposed of.

This could be due to increased segregation resulting in less bulky waste being placed in clinical waste bags and may only be a temporary decrease, however, there is a great deal of work being done to implement a recycling initiative which will strengthen segregation.



C8: SSP Help Desk Qtr 4



The Help Desk is based at the Wilson and provides a service to manage client calls on estate maintenance issues, domestic cleaning, pest control, grounds & gardens, disposal of WEEE waste and window cleaning. SSP Transport service calls are now being incorporated in the Helpdesk. The service the Helpdesk provides has expanded over the last year and this will continue.

Goal: To provide an efficient, cost effective and customer focused Helpdesk.

Key Performance Indicator: Overall number of calls recorded through the Helpdesk for this quarter is 2204. The Helpdesk received 317 calls from Kingston Primary Care Trust sites relating to estate issues.

Target: Reduce all calls not routed through the Helpdesk helpline.

Reporting of Transport Requests

Transport receives calls regarding patient transport, relocations, office equipment moves, removals and disposals, vehicle maintenance, authorised driver applications, insurance enquiries, accidents and incidents and general transport enquiries.

Calls relating to Orchard Hill client transport are declining due to the transfer of clients from the residential bungalows. During quarter 4 Transport received 845 calls.

Waste: Commercial, Clinical and WEEE

Due to increased legislation and the monitoring thereof not excluding the introduction of the Department of Health's 'Health Technical Memorandum 07-01: Safe management of healthcare waste' each trust has had the obligation to increase activity in the management of its own waste. To aide this the London Procurement Programme (LPP) through the OJEU system of tendering requested interested contractors tender for the provision of waste disposal services for each member trust of the LPP. Croydon, Wandsworth, Sutton & Merton, Richmond and Twickenham and Kingston PCT's had all agreed to take part.

Through the process four of the Trusts gave board approval to Cliniserve (Clinical waste) and Veolia Environmental Services (Commercial waste and Recycling) for a 5 year contract for the provision of waste disposal services. The remaining Trust has not yet reached a decision. Several of these trusts have gone through the planning and implementation stages and are settling very well to the changes. As part of this implementation each trust was asked to log any calls involving waste with the helpdesk so that the contract could be monitored.

Calls received regarding waste are detailed within each PCT section of this report.

Richmond & Twickenham Primary Care Trust

The SSP In-House Domestic Team are contracted to clean RTPCT clinics and Teddington Memorial Hospital. Calls regarding this service have been dealt with through the Helpdesk. The chart shows calls received by the Helpdesk for the 4th quarter.

Rentokil provide pest control services to RTPCT Clinics and Teddington Memorial Hospital and this contract is monitored by the SSP. Call numbers for quarter 4 have declined.

The commercial waste provider for RTPCT is now Veolia, the clinical waste provider Cliniserve remains unchanged.

RTPCT Helpdesk Calls – Qtr 4

Cleaning	5
WEEE	1
Commercial Waste	0
Clinical Waste	8
Grounds	0
Pest Control	1
Estates	0
Window Cleaning	0

Sutton & Merton Primary Care Trust

From 1st October 2007 the SSP In-House team were contracted to clean all SMPCT sites. The helpdesk received 9 calls relating to cleaning during quarter 4.

Rentokil provide pest control services to SMPCT Clinics and Orchard Hill, this contract is monitored by the SSP. Calls have significantly decreased in quarter 4.

ISS Waterers Landscapes was successful in tendering for the Grounds & gardens contact and this contract became operational in October 2007. Calls have remained static in quarter 4.

The commercial waste provider for SMPCT is now Veolia, the clinical waste provider Cliniserve remains unchanged.

SMPCT Helpdesk Calls – Qtr 4

Cleaning	9
WEEE	2
Commercial Waste	0
Clinical Waste	5
Grounds	4
Pest Control	3
Estates	1084
Window Cleaning	0

Wandsworth Primary Care Trust

The SSP In-House Domestic Team are contracted to clean WPCT clinics. Calls regarding this service and are dealt with through the Helpdesk. The chart shows calls received by the Helpdesk have increased in the 4th quarter.

Rentokil provide pest control services to WPCT Clinics and this contract is monitored by the SSP. Calls have increased in quarter 4.

ISS Waterers Landscapes was successful in tendering for the Grounds & gardens contact and this contract became operational in October 2007. There were no calls regarding Grounds & Gardens calls in quarter 4.

The clinical waste provider for WPCT is now Cliniserve, the commercial waste provider Veolia remains unchanged.

WPCT Helpdesk Calls – Qtr 4

Cleaning	12
WEEE	2
Commercial Waste	0
Clinical Waste	5
Grounds	0
Pest Control	8
Estates	725
Window Cleaning	0

Helpdesk Service Improvement

The knowledge and skill base of the Helpdesk staff has been enhanced through training opportunities. The Helpdesk staff are kept informed of changes and improvements to the services the SSP provide with support from the Helpdesk Team Leader.

The computer operating system used at present is Planet FM, this system is to be superseded by Planet Enterprise. Once Enterprise is operational, the information regarding the properties the SSP service and monitor will be enhanced, therefore providing a more expert and efficient service. It is envisaged in the near future, that work instructions will be delivered electronically to SSP In-House maintenance and domestic teams.

Calls direct to the Helpdesk have increased covering In-house and contracted out services therefore giving a clearer picture of the services provided.

The SSP website has now been launched and NON URGENT requests can be made via the helpdesk page – www.sspswl.nhs.uk please follow the link to the helpdesk page. The helpdesk is now the central contact for the reporting of commercial and clinical waste problems or queries, security advice enquiries and unwanted fire signals.

C9: SSP Minor Capital Works Qtr 4



The SSP provides a Minor Capital Project management Service for four SW London PCT's and aims to complete all projects as requested.

Goals: To Complete all schemes on budget and in agreed timeframes.

Key Performance Indicator: Number of projects completed within time and budget.

Performance: See table below.

Project Initiation Progress for Quarter 4

Trust	Total number of projects completed in quarter 4	Total Number of Projects completed within Budget and within Time Scale	Value of Projects completed within Budget and Time Scale
Wandsworth PCT	4	4	£246,825
Kingston PCT	6	6	£356,515
Sutton & Merton PCT	7	7	£192,647
Croydon PCT	9	7	£255,787
Total	26	24	£1051,774

In Qtr 4 24 projects were completed on time and within budget which was an excellent performance.

Two projects for Croydon PCT upon completion were over budget due to additional works authorized by Croydon PCT

C10: SSP Projects & Partnering Review & Primary Care Development



Projects and Partnering Department aims:

- To provide a full range of project management services to both internal and external clients to meet customer requirements, agreed budgets and Service Level Agreements (SLAs). To ensure that the SSP financial plan and targets are met as well as pro-actively contributing to all client financial recovery plans.
- To identify, tender and advise Boards on the selection as appropriate suitable partners for LIFT/PFI/Primary Care Development and other types of Major Capital Projects e.g. architects, planning advisors, construction professionals etc.
- To manage the acquisition and disposal of estates properties, land etc as directed by clients to meet service needs, financial plans and service deadlines.
- To ensure best practice and value for money is achieved in the delivery of services and to ensure the division is seen as a centre of expertise and source of professional and technical advice.

Currently the Department provides services across SWL London on a variety of projects.









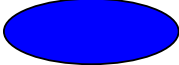
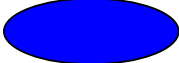

Target: The review of the Projects is based on the SSP Executive team and Projects Team assessment of each project. The following are considered for each project:

- Project Initiation Document
- Progress against Project Plan
- Performance against Budget
- SSP/Fees/Revenue/ Capital
- Qualitative Issues
- Risk Management
- Project Governance

Performance: Each project will be given one of the following ratings:

Green	Progress is according to plan
Amber	Progress is delayed
Red	Progress is delayed with significant issues
Blue	Project completed

SSP Projects Performance Review to 31st of March 2009

Sutton & Merton Projects & Partnering		
Orchard Hill Land Disposal		
Non LD Orchard Hill - Decommissioning		The changes in the programme identified last quarter are being managed and funded appropriately. Delays in the overall programme for Campus re-provision (which are not within our scope of control) continue to have knock on impacts to the timetable.
Community LD - Decommissioning		Overall approach and clarification of roles and responsibilities between respective partners now in place and improvement in working output enhanced.
NHS Campus sites		Business cases on target.
SMPCT GP led Health Centre. * new project		Relocation and reconfiguration of Green Wrythe Lane Portakabins to the Wislon to form the basis of a GP Led Health Centre.
Robin Hood lane		Project handed over to operations Department – on time and on budget.
SMPCT Redecoration Project * new project		SSP commissioned at Christmas to identify and carry out £300k redecoration of two Clinics in SMPCT – completed on time on budget
Wandsworth Projects & Partnering		
St John's Therapy Centre Service Reconfiguration		Complete - Handover to contracting department took place on time following the completion of minor snagging issues to take place in February.
WPCT new offices for 15 people * new project		Complete
WPCT provider service – bid support for GP led Health Centre * new project		Complete
Arton Wilson Disposal		Delays in reaching agreement with the preferred bidder have meant that we are now seeking an independent valuation with a view to returning to the market. <i>As this is</i>

WPCT Redecoration Project

Green

Work progressing according to plan. PCT continues to make additional requests but in order to meet the deadlines we have proposed no more work this year however the additional items may be used for a bid next financial year.

Battersea and North Wandsworth

Green

The first Programme Board to be held in mid January. In the meantime work is progressing to realign the business case approved last June to the PCT Commissioning Strategy Plan and it is anticipated that a Gateway Review will subsequently take place from February through to April.

Work has also begun to assess the feasibility of different build options for Bridge Lane, Grant Road and Doddington.

Implementation of the proposed federated model by the PCT has been slow. The SSP is reviewing how it may support the PCT.

Sector Wide Project

None currently

LIFT – New Builds

Putney Redevelopment

Amber

Business Case approved by PCT Board and issued to NHS London. Progress on the legal aspects of the Section 106 is slow. The hoarding is up in preparation for demolition

Parkway &

Amber

PCT reviewing affordability and has decided to review the TR again to ensure compatibility with GP led health centre.

Whitton Clinic

Green

Whitton Business case approved by NHS London. Design phase starting

Primary Care

Primary Care

The SSP continues to advise on about 30 primary care development related issues across the PCTs. Key areas this quarter are

Green

- HUDU advice on large scale developments, particularly in Wandsworth. Also discussions with LB Richmond regarding their S106 policy.
- Working with other SSP colleagues on production of condition surveys for primary care premises in SMPCT and CPCT
- Assisting CPCT regarding their GP led health centre strategy
- Increased input to the LIFT projects in Croydon and Richmond
- Working with SMPCT on non recurrent GP premises improvement funding
- Input into a number of individual Primary Care development business cases
- Continuing work on business rates refunds/reductions for GP premises
- WPCT redecoration input
- Input to WPCT primary care strategy for Roehampton

3 PD developments in WPCT, RTPCT and SMPCT

General

It should be noted that the SSP has been asked to take on a number of new projects which will require resourcing

These include

Offices for 50-70 WPCT staff
Offices for 50 staff for SE Cardiac network
GP led health centre in Croydon
Accommodation for 16 intermediate care team beds for WPCT
New accommodation for training Dept – WPCT
SMPCT GP premises improvement

C11: SSP Contract Cleaning Standards Compliance Qtr 4

G

Cleanliness is one of the main focus areas within Patient Environment, and the subject of National Standards of Cleanliness 2007 and Health Act 2006 Code of Practice for the Prevention & Control of Healthcare Infections ref. 2008. At present, PCTs have in place domestic cleaning contracts that may reflect earlier requirements. SSP Contract monitoring team will be monitoring performance against contract, and undertake work to identify any shortfall between current contracts and National Standards of Cleanliness 2007.

Goal:

- (1) Evaluate standards of cleanliness achieved against contract.
- (2) Provide an overview of differences between prevailing contract & National Standards of Cleanliness 2007.

Key Performance Indicator: Independent audits validating contract performance.

Target: Overall 88.75% compliance with Contract.

Qtr 4 performance: The graphs illustrate audits performed.

Croydon PCT

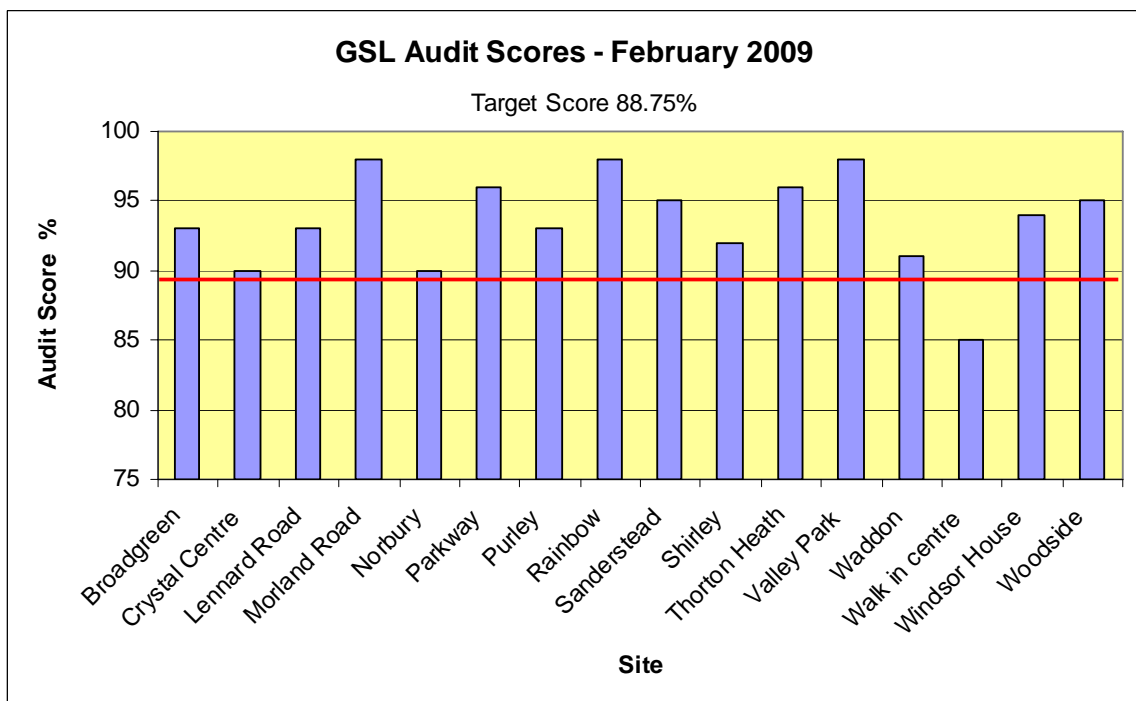
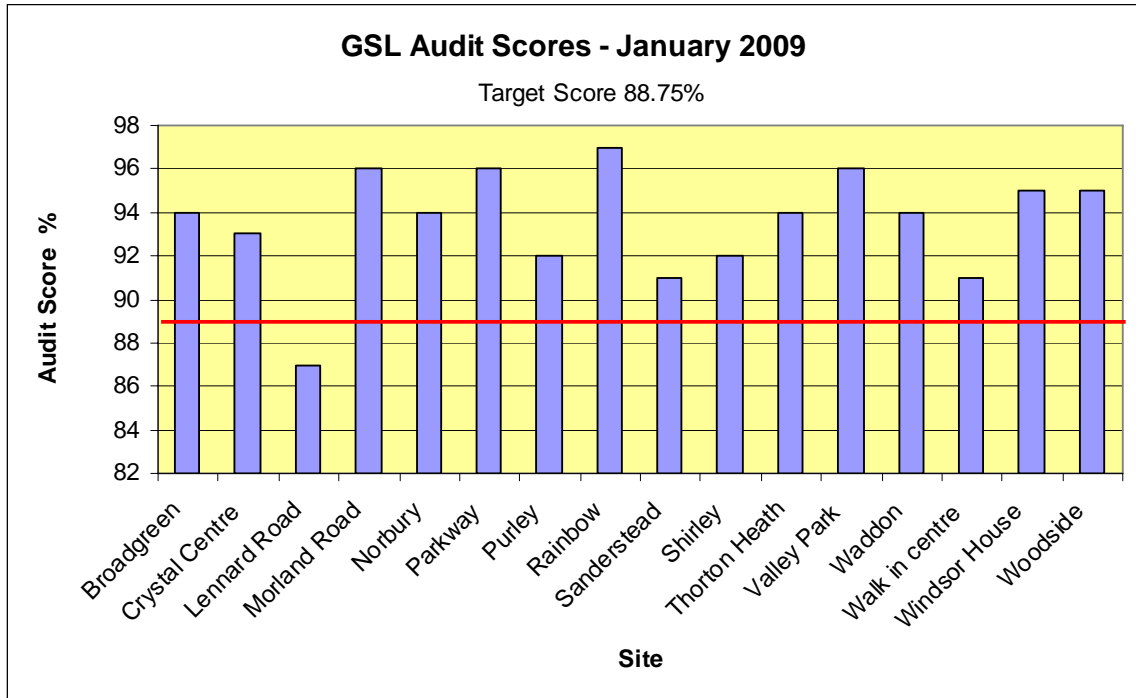
Contracting Services Division provides general support & advice on the performance of the contract and attends the monthly Service Provider contract review meetings chaired by the PCT.

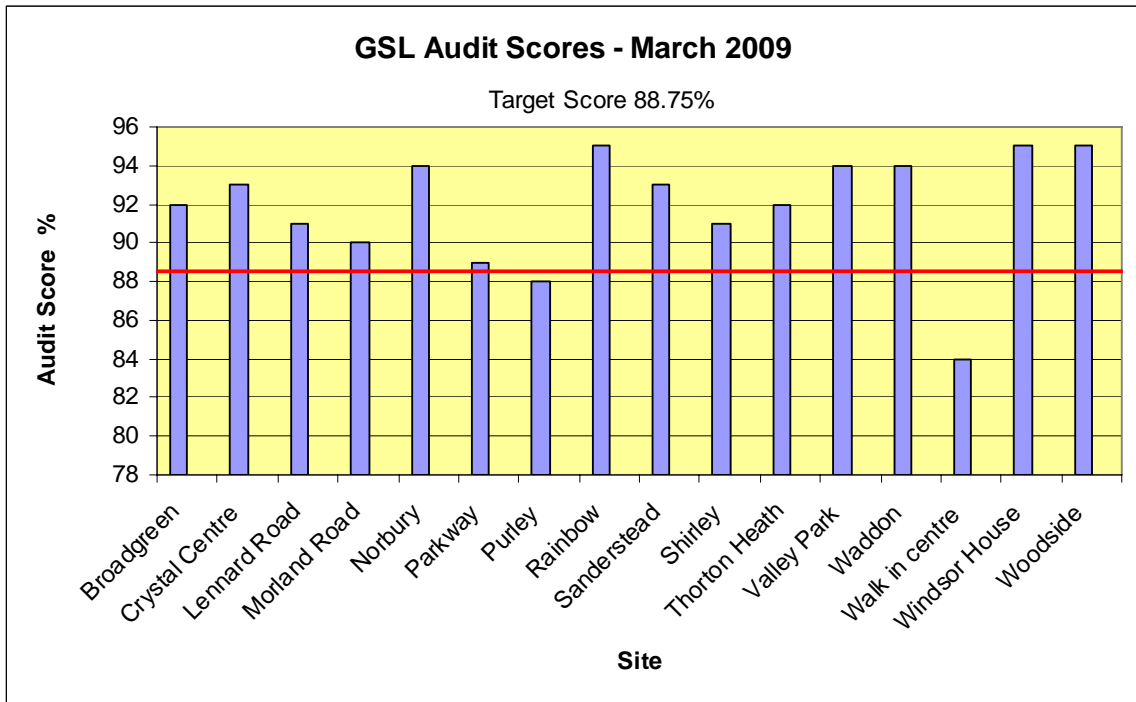
The Contracting Services Division has submitted a report to the PCT which makes recommendations on actions to bridge any current non-compliance between the current domestic cleaning contract specification, the revised guidance National Specifications for Cleanliness 2007 and the Health Act Code of Practice 2008.

The Service Provider (GSL) is auditing in line with the 49 elements as in the NHS National Cleaning Specifications for Cleanliness in the NHS 2007. Each premise is jointly audited and signed off by the Service Provider and PCT premises manager. A copy of the audit is retained at each site and includes actions and responsibilities.

Below graph indicates audit scores provided by Service Provider and agreed by the PCT across the premises for Jan, Feb and March 2009.

Overall target to achieve 88.75%





An action plan is in place to ensure further contract compliance, general improvement and understanding between the respective parties. The plan is reviewed, updated and agreed at each monthly review meeting. Monthly reports and scores are tabled at review meetings.

Sutton & Merton PCT

Infection Control

Contracting Services Division attended the PCT infection control committee and requested some amendments to the infection control policy in relation to domestic services issues. To date the Contracting services Division are unaware of any amendments.

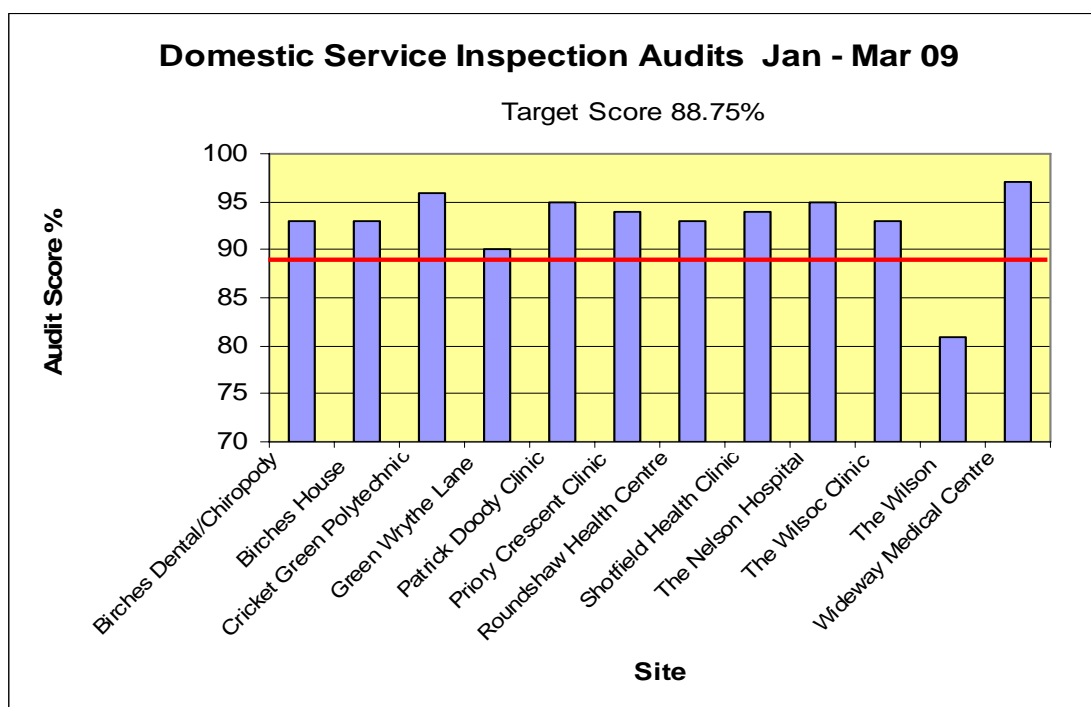
Domestic Cleaning

The Contracting Services Division has submitted a report to the PCT which makes recommendations on actions to bridge any current non-compliances between the current domestic cleaning contract specification, the revised guidance National Specifications for Cleanliness 2007 and the Health Act Code of Practice 2008.

Service Inspection Audits

Contracting Services Division has undertaken 81 Service Inspection audits across 12 premises between January - March 2009. Based on the audit scores attained action plans, where necessary, were issued to the PCT and Operational Services.

The results are detailed below



In addition to undertaking Service inspection audits, Contracting Services Division's Monitoring officer chairs a monthly meeting with Operational Services to review audit scores and completion of action plans.

WtPCT

Infection Control

Contracting Services Division attended the PCT infection control committee and requested some amendments to the infection control policy in relation to domestic issues.

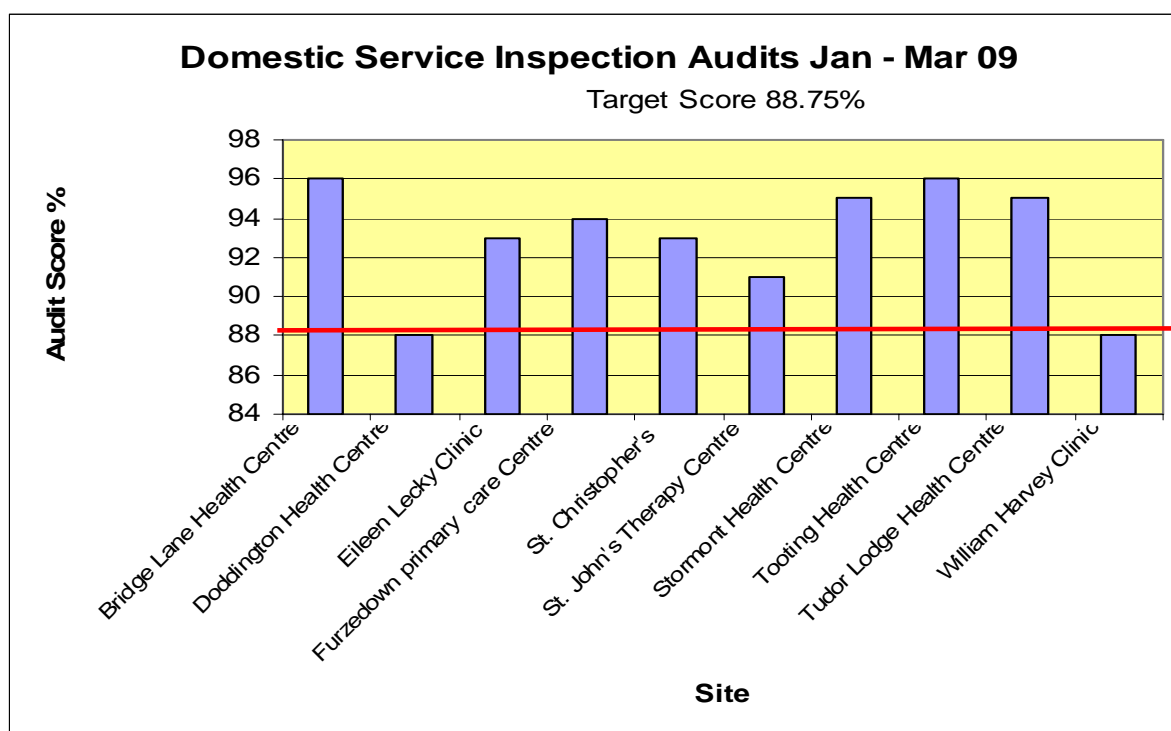
Domestic Cleaning

The Contracting Services Division has submitted a report to the PCT which makes recommendations on actions to bridge any current non-compliances between the current domestic cleaning contract specification, the revised guidance National Specifications for Cleanliness 2007 and the Health Act Code of Practice 2008.

Service Inspection Audits

Contracting Services Division has undertaken 63 Service Inspection audits across 10 premises between January - March 2009. Based on the audit scores attained action plans where necessary were issued to the PCT and Operational Services.

The results are detailed below



In addition to undertaking Service inspection audits, Contracting Services Division's Monitoring officer chairs a monthly meeting with Operational Services to review audit scores and completion of action plans.

PFI QMH

Domestic Cleaning

The domestic cleaning contract (delivered by Sodexo) continues to be monitored by the SSP Contracting Services Division against the original contract requirements, and any subsequent contract variations. These are measured against a hybrid of the 2001 (enshrined in the PFI contract and against which the service was tendered) and 2004 National specifications for cleanliness. Contracting Services Division secured a zero additional cost at the time of change from 2001 to 2004 hybrid (saving c. £34K), but the differential between 2001 and 2007 will attract additional charges.

In conjunction with Infection Control, Contracting Services Division has reviewed the requirements of 2007 standards in terms of room risk ratings and the resulting cleaning frequencies required. Initial proposals from Sodexo were in the region of £184K to meet the revised requirements. However this was renegotiated by SSP to £97K initially with a further reduction pending the outcome of Sodexo's final evaluation of the changes.

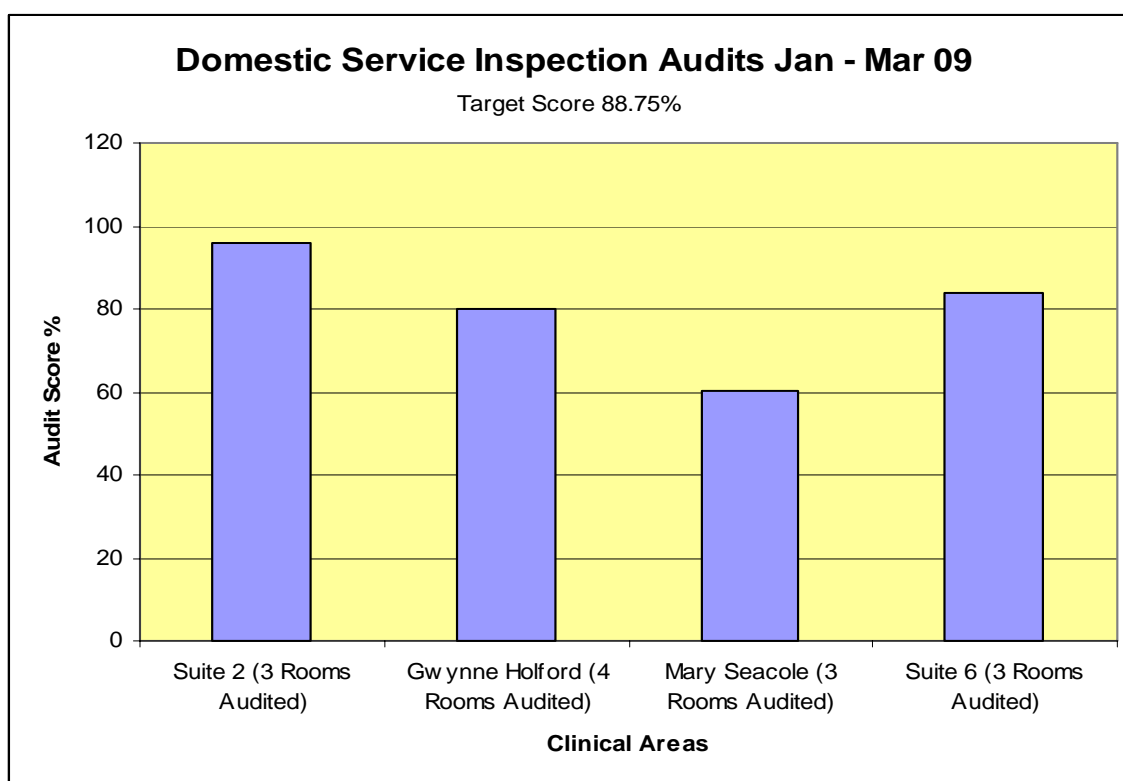
The Contracting Services Division has submitted a report to the PCT which makes recommendations on actions to bridge any current non-compliance between the current domestic cleaning contract specification, the revised guidance National Specifications for Cleanliness 2007 and the Health Act Code of Practice 2008.

Service Inspection Audits

SSP Contracting Services Division has undertaken 13 service Inspection audits with scores ranging between 60% and 96%. These audits were carried out in the lower ground floor in-patient wards and some of the suites. As a result of these audits 51 action plans were raised and passed to the service provider for rectification.

All the soft FM issues were rectified within 3 working days; the hard FM action plans have timescales of up to a month for rectification.

The results are detailed below



In addition to the day to day Management and supervision of the cleaning contract, Sodexo also carried out 180 of their own cleaning audits with an average score of 85%. This score is lower than previous audits. (Sodexo`s audits were historically undertaken at point of clean i.e. just after the cleaning has taken place. Sodexo has now agreed that their audits will fall in line with SSP Contracting audits methods by taking place at random times. This will result in a lower but more realistic score.) Contracting Services Division technical audits either validate or challenge those scores.

In addition to undertaking Service Inspection audits, SSP chairs a monthly User Group meeting with key department heads and representatives of Sodexo Hard and soft FM. This is an additional opportunity for the Trust to discuss with the Service providers any issues or concerns they may have with the current cleaning standards or look to discuss any improvements.

To further validate Sodexo's scores a monthly joint cleaning audit is carried out between the Modern Matrons and SSP Contracting Services Division. Action plans and cleaning responsibilities are discussed and agreed.

Fortnightly walkabouts attended by SSP Contracting, Catalyst and both hard and soft FM are also used to validate Sodexo cleaning standards and present an opportunity for clinical staff to discuss any cleaning related issues they may have.

A Cleaner hospital group which is also chaired by SSP Contracting meets bi monthly and is a forum dedicated to improving cleaning standards at QMH and is attended by department heads, Sodexo soft FM and Wandsworth Infection control adviser. This group discusses cleaning audits, healthcare changes and current legislation.

PEAT

The annual PEAT audit was carried out in February. Scores awarded by the audit team (including patient representative) were predominantly 5 (max score); the validated results are due in July. To ensure that Queen Mary's Hospital achieves a consistently high standard and scores a quarterly PEAG (Patient Environment Action Group) group will meet to discuss the patient environment, it is intended a patient representative will be invited to these meetings.

C12: SSP Contracting Services report against workplans Qtr 4



SSP Contracting Services Division has produced work plans in support of its SLA obligations. Each quarter work planned activities will be reviewed to ensure that each PCT client is receiving the services and support it has funded. Achievement of some areas within work plans will depend on input from PCT clients which represents a variable that is outside SSP control.

Goal: To provide evidence that work agreed within SLA's is being performed and delivery is on target within agreed schedules

Key Performance Indicator: Comparison of planned works against actual achieved.

Target: Achieve 85% of planned works (excluding client variation)

Qtr 4 performance: The table below illustrates activity levels against planned activity.

Contracting Services – Work activities across the team have either met or exceeded the target.

KPCT – Slight over performance is due to additional contract management on decontamination service.

RTPCT – Slight over performance is due to additional contract management required for the PHS contracts.

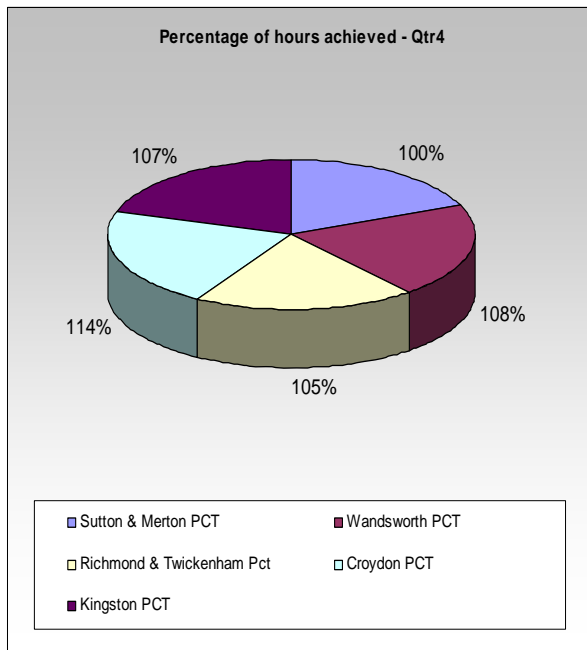
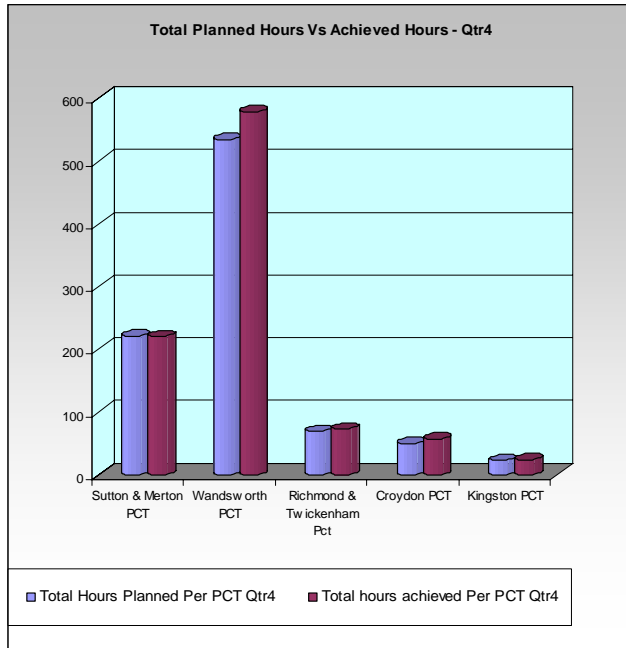
CPCT - Over performance reflects additional work on Norland's estate maintenance contract and decontamination service issues.

WtPCT – Slight over performance is due to additional contract management on decontamination service for Wandsworth.

SMPCT - Performance target has been met.

Table: Achieved works against planned hours – Qtr 4

Contracting - Qtr 4	PCT				
	WPCT	SMPCT	RTPCT	CPCT	KPCT
Description					
Contracting services percentage activity against planned activity (hours)	108%	100%	105%	114%	107%



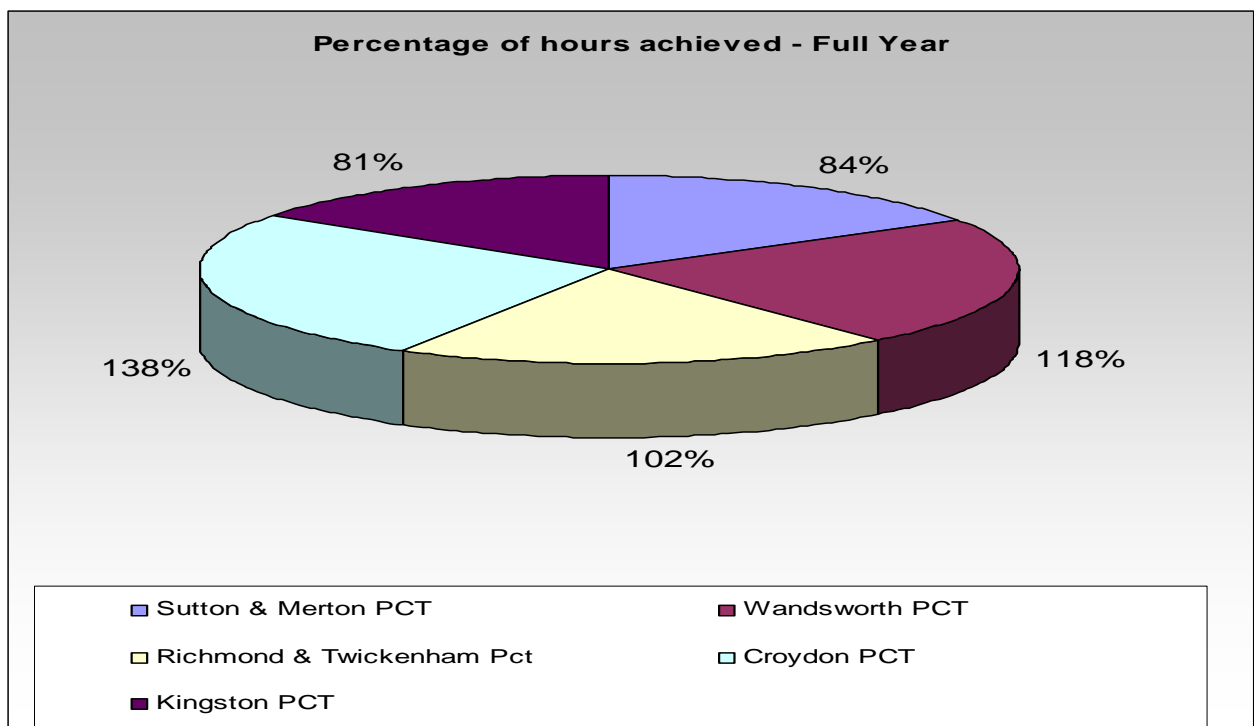
Full year performance 08/09

Target: Achieve 85% of planned works (excluding client variation)

Table: Achieved works against planned hours – Full Year

On the whole planned hours against workplans have exceeded the 85% target. The only exceptions being a fewer amount of hours required to manage the Decontamination contract for KPCT and a number of planned hours allocated to a SMPCT Telecoms Consolidation project which didn't materialize.

Contracting – Full Year	PCT				
Description	WPCT	SMPCT	RTPCT	CPCT	KPCT
Contracting services percentage activity against planned activity (hours)	118%	84%	102%	138%	81%



Procurement – All projects within each PCT procurement workplan have been delivered including new in-year projects using workplan contingency hours.

Procurement - Qtr 4	PCT				
Description	WPCT	SMPCT	RTPCT	CPCT	KPCT
% projects delivered or commenced	100%	100%	100%	100%	100%

Projects delivered during Qtr 4 include:

- IT malware - Implementation of LPP framework
- Framework agreement for vacuum pressure dressings
- Internal Audit tender for KPCT/RTPCT/SMPCT
- Commissioning procurement consultancy tender
- Tender for provision of water coolers
- Implementation of NHSSC dental sundries contract

Procurement workplans have been drafted for 09/10 and are currently being shared with the procurement leads of each PCT.

C13: SSP Contracting Services Client Satisfaction 2008/09



SSP Contracting Services on behalf of its PCT clients monitors and manages a range of services from contract management to procurement as part of its SLA obligations. In order to achieve continuous improvement of services delivered it is vital to obtain regular feedback from clients. To this end surveys will be conducted half yearly on both Procurement & Contract Monitoring.

Goal: To deliver client satisfaction with services delivered within the SLA using a regular survey mechanism whereby clients' views on service can be established, and problems identified.

Key Performance Indicator: Ensuring surveys are carried out within the specified timescales.

Target: 85% Client Satisfaction with SSP Contracting Services' performance.

Qtr 4 performance: 88.5%

Contracting Services Division conducted its half yearly questionnaire in February 2009, seeking views on the performance of its contract monitoring and management services. 85% of those approached responded, which resulted in 88.5% client satisfaction. The strongly disagrees and the majority of disagree responses were from 1 PCT who wasn't clear what the Contracting Services Division does for their PCT. The Contracting Services Division is following up on surveys where total satisfaction has not been met.

Contracting Services Division – contract monitoring/management survey

Target Audience

The survey was sent out to 13 PCT leads and we received 11 responses in total.

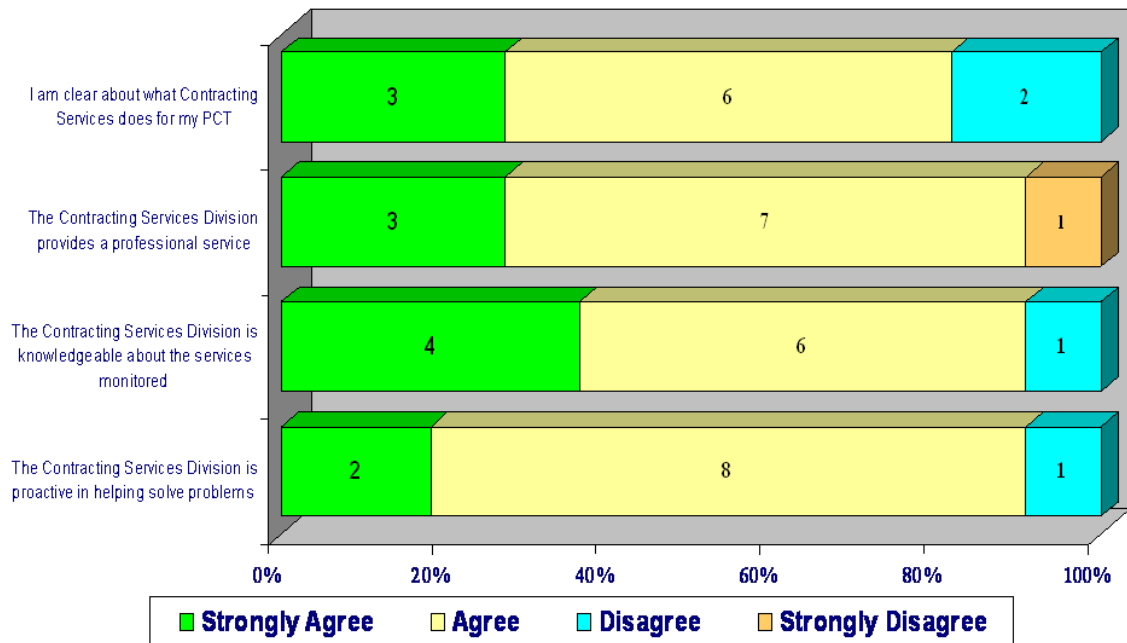
Questions & Results

The survey consisted of 8 questions with a rating of either

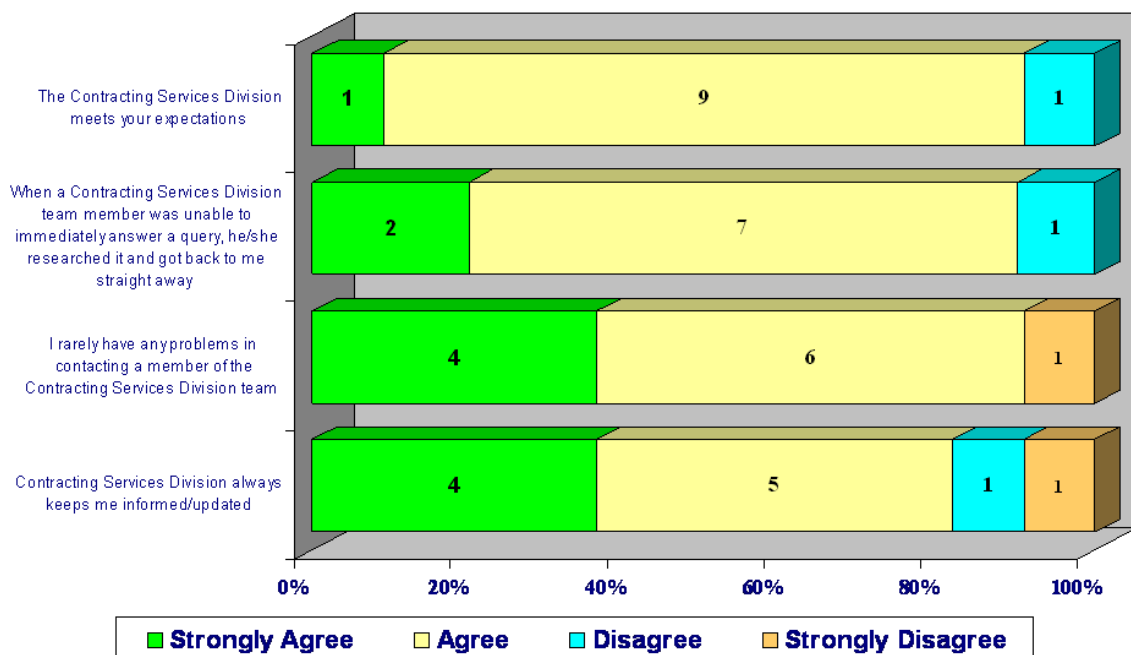
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

In total we received 87 out of a possible 88 questions answered.

Results are as below graphs.(full report is available by contacting Pete Black)



Contracting Services Division –Overall feedback



P1: SSP Sickness Absence Indicators Qtr 4



The SSP is responsible for providing a quality service to its partner organisations. Sickness absence of employees can have a great effect upon the continuity, quality and cost of the service provided. Therefore the SSP will work to reduce sickness absence whilst following good practice and procedures.

Goal: To reduce the level of sickness absence within the SSP and to implement policy and manage long and short term sickness.

Key Performance Indicators:

HR 1 The Sickness Absence Rate identifies the number of working days lost due to sickness, expressed as a percentage of the total number of permanent employee working days per year, per quarter.

HR 2a/b Short and Long Term Rate identifies the number of working days lost due to sickness, expressed as a percentage of the total number of employee working days per year for the quarter.

HR 3 Sickness Absence Cost identifies total lost hours (days) per month and is calculated by the average salary per month per department. Reporting absence costs is useful in estimating lost costs for the department.

HR 4 Frequency rate is the average number of absences per employee, Expressed as a percentage. This includes long term and short term sickness

HR 5 Bradford factor identifies persistent short-term absence for individuals, the high figures are due to excessive odd 1 days off work and for the purpose of this report any figure more than 100 has been identified as excessive.

Target: To meet the national average of 4.2% (NHS Survey: Average Sickness rate for the PCTs within the SWL Strategic Authority area, based on weighted averages taking into account number of full time equivalent staff working as of September 2005). (Note that the analysis is based on 306 calendar days).

Qtr 3 performance: This report is based on a headcount of 207 staff. Please see below for sickness absence rates. (The Qtr 3 sickness absence report was based on a total of 207 staff.)

HR 1 SSP continues to manage sickness effectively. Overall Sickness absence rate has increased from 4.2% in Qtr 3, to 4.51% in Qtr 4 and is above the national average target rate of 4.2% within SWL.

SSP % sickness absence by service area for Qtr 4

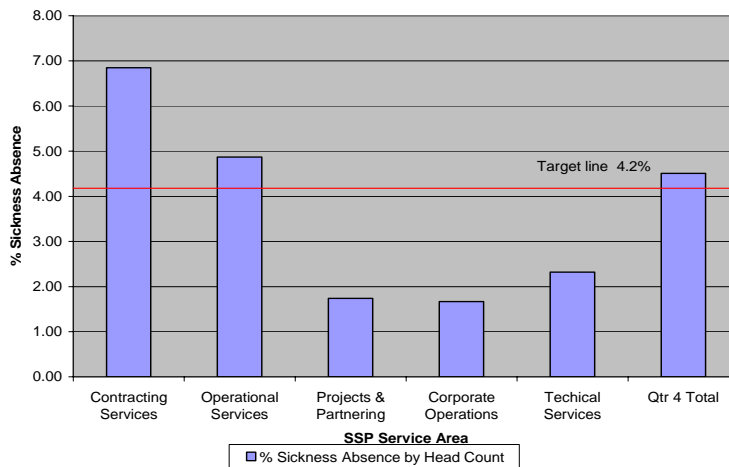


Table: SSP Sickness Absence Days Lost By Service Area

SSP Service Area	Head Count	Under 28 days	Over 28 Days	Overall Sickness Absence	% Overall Sickness Absence by Head Count
				Days	
Contracting Services	17	21	90	111	6.85%
Corporate Operations	11	15	0	15	1.67%
Operational services	152	323	343	666	4.87%
Projects & Partnering	16	25	0	25	1.74%
Technical Services	11	19	4	23	2.32%
Grand Total	207	403	437	840	
Absence rates	207	2.16%	2.35%		4.51%

There is an increase in sickness within Operational Services' in Qtr4. 666 sickness absence days were lost in Qtr 4 compared to 505 days lost in Qtr 3.

The Contracting Services department has reduced their sickness absence days lost from 155 in Qtr 3 to 111 in Qtr 4. Corporate Operations has also reduced their sickness absence at 96 days in Qtr 3 to 15 days lost in Qtr 4.

HR 2 Sickness Absence days lost including short and long-term rates

Overall performance and sickness days lost has increased from 765 in Qtr 3 to 840 days lost in Qtr 4.

HR 2b Short term

There has been a significant increase in sickness days lost at 264 at Qtr 3 to 403 days lost at Qtr 4.

The sickness absence rate for absence under 28 days has increased in Qtr 3 from 1.39% to 2.16% in Qtr 4.

Long-term Sickness

The number of days lost to long-term sickness has reduced from 483 in Qtr 3 to 437 in Qtr 4. Sickness reduced in by 46 days.

HR 3 Sickness Absence Cost

The SSP lost 799 days to sickness absence in Qtr 3 at a cost of £29,188.44. The days lost has increased to 840 at a cost of £38,743.83 in Qtr 4. There is an increase to the cost and this is due to staff working in higher paid bands.

The costs are a total of the amount paid to staff whilst off sick, including part time staff, it does not include the costs of back filling of staff.

HR 4 Frequency Rate

The absence frequency performance rate increased from 34.65% in Qtr 3 to 51.69% in Qtr 4.

HR 5 Bradford factor

In Qtr 3, four staff exceeded the Bradford factor (BF) trigger point for SSP and remained off work due to their ill health. There was three staff working within Operational Services who had the highest Bradford factor scores, within Qtr 4.

Bradford factor trigger is 100			
Service	Sickness Days Lost	No Of Episodes	Bradford factor score
Operational services			
	7	4	112
	13	3	117
	21	3	189
Total	41	10	418

SSP Sickness performance action

There is a slight increase to the SSP headcount. The overall absence rate at 4.51% in Qtr 4 has increased from Qtr 3. There is a significant increase in short term absence compared to that of long term absence. However, SSP are still working at managing the frequency of absence, there is a sickness plan to focus on the number of episodes of sickness and a revised sickness policy in consultation currently. New managers are receiving training on sickness management on 27th April 2009.

Managers continue to receive quarterly sickness reports and the aim is to increase the regularity of reporting to monthly. Coaching meetings have been put in place to facilitate managers in carrying out sickness management meetings and to assist managers in using the revised policy.

P2: SSP Mandatory and Non Mandatory Training Qtr 4

G

The SSP is responsible for providing a quality service to our partner organisations. Training and Development enhances skills and abilities, however specialist training will enhance competencies for our specialist managers.

Goal: SSP to be Health and Safety (H&S) compliant in accordance to the Health Care Commission (HCC) standards. To develop an H&S plan to train staff to a high level and develop competent staff.

Key Performance Indicators: Mandatory Training received by staff is expressed as a percentage and is the total number of courses attended, divided by the total number of courses that have to be attended:

- Display Screen Equipment,
- Fire Safety,
- Health and Safety for Staff or Managers
- Moving and Handling training,
- Information Governance
- Local induction
- Infection Control

Targets: SSP's Mandatory Training target is to achieve 85% staff attendance over Qtr 1, 2, 3 & 4. It is expected that at least 22% of staff, each quarter, should receive Mandatory Training, in accordance with the HCC standards. (The annual target is 85% for all training, however demonstrated throughout the year to meet target, SSP should achieve approximately 22 % per quarter.)

Each Training area has a different Mandatory attendance requirement, see below:

- Display Screen Equipment – once, however if work station has been moved staff will be required to complete another learning or assessment.
- Fire – attendance once a year
- Health and Safety for staff or Managers- once only
- Moving and handling training – staff moving heavy objects regularly must attend every year and non – manual workers attend every 2 years.
- Information Governance - once only
- Local induction – for all new starters
- Infection Control - All staff in contact with patients need to attend training once in 12 months

4th Qtr - Training performance

Mandatory Training

Mandatory Training by Function in Qtr 4	Sum of Heads	DSE (based on 106 staff)	Information Governance (based on 207 staff)	H&S for Managers (Based on 39 Managers)	Moving & Handling (based on 207 staff)	Fire Safety (based on 207 staff)	Infection Control (based on 107 staff)	Total sum of Training Attended
Operational Services	156	0	98	2	0	3	23	126
Technical Services	11	0	2	0	0	0	1	3
Projects & Partnering	13	0	0	1	1	0	10	12
Contracting Services	17	0	1	0	0	0	5	6
Corporate Services	11	0	3	1	0	1	7	12
Total for Qtr 4	207	0	104	4	1	4	46	159
% of staff completed Training for Qtr 4		0%	50.2%	10.2%	0.48%	1.9%	42.9%	
Qtr 1		0	0	4	10	52	0	66
Qtr 2		61	29	0	22	26	25	138
Qtr 3		26	13	5	37	27	11	119
Qtr 4		0	104	4	1	4	46	159
Grand Total		87	146	13	70	109	82	482
% of staff completed Training for Qtr 1 - 4		82%	70.5%	33.3%	33.8%	52.6%	76.6%	

4th Qtr - Training performance

- 10.2% of managers, in 4th Qtr, attended H&S manager training,
- 50.2% of staff, in Qtr 4, completed Information Governance training,
- 1.9% of staff, in Qtr 4, attended Fire Safety training,
- 0.48% of staff, in Qtr 4, attended Moving and Handling training,
- Nil staff, in Qtr 4, completed DSE training
- 42.9% of staff, in Qtr 4 attended Infection Control (this is recorded on 106 staff who have contact with patients – domestics & transport)

Note To date - 94 members of staff have received the Information Governance Leaflet. 52 members of staff have completed all four modules of the online Information Governance training

Summary

In total, 2 e.learning and 4 mandatory courses were delivered at SSP during January to March 2009.

- Overall, 55 staff members received Mandatory Training during Qtr 4, however, several staff attend various courses and the attendance figures amounts to 482 from Qtr 1 to Qtr 4.
- In Qtr3, staff working in bands 1 - 4 and 5 – 8 received approximately the same amount. In Qtr 4, more managers received training. This is a result of a high customer demand, end of year work that needed to be completed.
- A small percentage of staff received manual handling, Fire training and e.learning. The staff remaining, mainly within Operational Services department were provided with IG training in Quarter 4 of 2008/09; 94 staff who do not have access to PCs, have been given an IG briefing note via their supervisors.) A further 10 staff will be given their IG training in May. They will all receive a IG briefing note via their supervisors.

Please note that staff only need to attend every two years non-people manual handling training and managers only need to attend training once and when they attend H&S Manager training.

All new staff attended local inductions. The overall training has reduced in Qtr 4. The figures are skewed because some training maybe mandatory over a two year period rather than over set Qtrs. (It is worth bearing in mind that the majority of Operational staff do not have computers, they work part-time or unsocial hours. This leads to challenges in attending training courses which are usually provided within normal working hours.)

Underlying issues and actions

Health and Safety (H&S) training and managing risks are statutory in the workplace. SSP will focus on delivering Manual Handling training to staff bands 1- 4 within Qtr 1 and 2. The SSP has an H&S plan to reduce H&S risks and 32 staff received H&S Risk Assessment training in Qtr 3 and received their certificates during Qtr 4. Staff will practise risk assessments and work on actions as a result of the large training delivered to nearly quarter of the workforce. The SSP has reviewed its Mandatory training requirements. The Stress management training planned for 13th February 2009 has been rescheduled for Qtr 2.

The SSP will encourage staff to do their Information Governance training and will focus on delivering training to hard to reach staff, such as the Operational Service staff. Initiatives such as putting on bespoke training for staff members who find it difficult to attend training due to their shift patterns and part-time hours are currently underway

P3: SSP Personal Development Reviews



The SSP is responsible for providing a quality service to its partner organisations. Performance Development Reviews (PDRs) monitors employee’s performance against the Business Plan objectives agreed and set in January/February, departmental and development personal objectives. An important aspect of PDRs is ensuring employees meet target objectives, employees understand how they contribute to the Business Plan. PDRs facilitate enhancing skills, abilities and competences for specialist roles.

Goal: To talent manage and retain Human Capital. To continually appraise and motivate employees and develop a highly skilled workforce. To exceed the amount of PDRs completed in the previous year and complete 100% PDRs.

Key Performance Indicators:

HR 1 PDRs, is expressed as a percentage of the PDRs completed in total by department.

Target: 100% of staff to receive PDRs annually. PDRs is reported as a running total at each quarter.

Qtr 4 performance:

The SSP’s average PDRs completed at Qtr 3 was 71.92% and in Qtr 4 it improved to 82.1%. The total amount of PDRs completed in Qtr 3 was 13 and 11 more completed in Qtr 4, with a total of 170 PDRs completed out of 207 staff.

Service area	PDR		
	Headcount	PDRs completed	%
Operational Services	151.00	3	1.98
Technical Services Total	12.00	6	50
Projects and Partnering	16.00	0	0
Contracting Services	17.00	1	5.88
Corporate Operations Total	11.00	1	9.09
Percentage PDRs completed	207.00	11	5.31

Total of PDRs completed to date

Total qtr 1		97	
Total Qtr 2		49	
Total Qtr 3		13	
Total Qtr 4		11	
PDR grand total	207	170	82.1%

SSP Action

The PDR performance rates have increased from 76.50% to 82.1% in Qtr4.

There is a PDR monitoring plan in place and PDRs are discussed at performance meetings. The senior management team have produced a PDR and PDP Flow chart timetable for all SSP staff. SSP are embarking on the next round of PDRs for Qtr 1 & 2 in line with the Business Plan. SSP put on bespoke PDR coaching and training on 12/2/09 & 26/2/09 for new staff members in Qtr 4, as part of this monitoring process.

L1 SSP Supervision



The SSP is responsible for providing a quality service to its partner organisations. Supervisions monitors employee's performance against the Business Plan objectives agreed and set in January/February and the departmental and development personal objectives. An important aspect of Supervisions is ensuring employees meet target objectives, employees understand how they contribute to the Business Plan. Supervisions facilitate enhancing skills, abilities and competences for specialist roles.

Goal: To talent manage and retain Human Capital. To continually appraise and motivate employees and develop a highly skilled workforce. To exceed the amount of Supervisions completed in the previous year and complete 100% Supervisions.

Key Performance Indicators:

HR 1 **Supervisions**, is expressed as a percentage of the Supervisions completed in total.

Target: 100% of staff to receive Supervisions annually. On average, 60% of WPCT staff completed Supervisions in 2007 and 41% of SSP staff completed Supervisions in 2007 (Staff Attitude Survey).

The SSP table in this report shows the employees Supervisions completed by department.

Qtr 4 performance:

The supervision performance reduced from 61.27% in Qtr 3 to 56.1% in Qtr 4. The Supervision performance figure reported below is below the target rate. 101 Supervision meetings were reported as being carried out in Qtr 4. This equates to 56.1% of staff receiving supervision meetings. It is important to mention in this report, that consideration should be taken into account that there are many team meetings (including informative well rounded and organisational briefings), in addition to one to one meetings. Often one to one meetings are completed after the team briefing/meetings, however may not be reported.

Supervision by Service Area for AFC Grade 5 and above

Supervision			
Service area	Headcount	Supervisions conducted	%
Operational Services	17 Supervisors & Managers	12.00	23.53
Technical Services Total	10	11.00	36.67
Projects and Partnering	13	30.00	76.92
Contracting Services	11	28.00	84.85
Corporate Operations Total	9	20.00	74.07
Total supervisions bands 5-9	60	101	
Percentage Supervision carried out			56.1%

SSP Action

There is now a supervision monitoring plan in place and Supervisions are discussed at Cabinet and performance meetings. Supervision rates may improve now that supervision is prioritised with other key objectives. SSP have reviewed the supervision policy and have produced a Supervision guide and PDP Flow chart for all staff. SSP will put on bespoke supervision training for staff members as part of this monitoring process during Qtr 4 and Qtr 1.

SSP Human Resources Workforce Indicators Year end

SSP is responsible for providing a quality service to its partner organisations. The turnover of employees can have a great effect upon the continuity, productivity, quality and cost of the service provided. Turnover can be redundancy, (ill-health, dismissal) and involuntary. Natural wastage is retirement, death or voluntary leavers. SSP will work to reduce turnover whilst following good practice and procedures.

Goal: To retain Human Capital and reduce the level of turnover within the SSP and to implement policy and target interventions to retain staff.

Key Performance Indicators:

HR 1 **The Turnover Rate**, is the total number of employees in post and leavers, expressed as a percentage of the total number of average employees in post as at 1 April 2008 and leavers by the end of the year, March 2009.

Target: To meet the national average of 10.9% (NHS Survey for non medical staff: Average Turnover rate for the PCTs within the UK, based on weighted averages taking into account number of full time equivalent staff working as of September 2005&6).

Source CIPD 2007* Public sector has an average turnover rate of 13.75%. Highest turnover rates are 22.6% in the private sector.

HR 2 **Stability index**, indicates the retention rate of experienced employees and is the percentage of staff remaining in post from 2008 in 2009. The number of employees with over one years service is divided by employees in post one year ago and multiplied by one hundred. The 100 percent figure represents stability and anything under that figure represents less stability.

Targets:

- **NHS (non- medical staff) Stability rate is 89%.**
- **NHS (non- medical staff) Starters rate is 9.6%**
- **NHS (non- medical staff) Leavers rate is 10.9%**

HR 3 **Head count** is the sum of people in post employed by SSP at end of quarter period or year.

3A - In post by Gender is the sum of females and males employed, in the workforce, at end of quarter period or year.

3B - In post by Ethnic group/BME is the racial and cultural make-up of people employed, in the workforce, at the end of quarter period or year.

HR 4 4A- Starters rate by band and Gender or 4B- Ethnic group/BME is the total number of starters in total or expressed as a percentage of the total number of starters by Gender or Ethnicity in a year.

HR 5 5A- Leavers by band rate by Gender or 5B- Ethnic group/BME is the total number of leavers by Gender or Ethnicity in a year.

HR 6 Starters rate, in post by band and by Age is the total number of starters in total or expressed as a percentage of the total number of starters by Age in a year

HR 7 Staff by Disability is the sum of disabled staff employed, in the workforce, at end of quarter period or year, expressed as a percentage.

HR 1 The Turnover Rate

In 2008, there was a planned retraction of Orchard Hill Services because of this the turnover rate for SSP is higher than the NHS average within the UK. The rate has increased from 12.15% last year to 18.75% at the end of year. The SSP's turnover rate is higher than the public sector average turnover target rate, at 13.7% (Source CIPD 2007), however lower than the private sector rate at 22.6%. The bands affecting the turnover rate significantly are:-

- Band 1 at 28.24%,
- Band2 at 27.20%

SSP Action

SSP is developing a Recruitment and Retention strategy in line with Transforming Community Service's organisational change.

SSP Turnover Rate 2008/09

Band	Head Count			Starters		% of current staff who started this year	% starters in 4th Quarter	Leavers		% leavers in 4th Qtr	Turnover 2008-09
	31 March 2007	31 March 2008	31 March 2009	apr-mar	4th Qtr			apr-mar	4th Qtr		
Band 1	46	78	68	15	4	22.06%	5.88%	24	5	20.83%	28.24%
Band 2	41	43	37	6	2	16.22%	5.41%	17	7	41.18%	27.20%
Band 3	18	19	18	2	1	11.11%	5.56%	6	2	33.33%	21.82%
Band 4	27	24	23	3	0	13.04%	0.00%	2	0	0.00%	5.13%
Band 5	14	12	13	1	0	7.69%	0.00%	2	2	100.00%	10.00%
Band 6	5	6	10	1	0	10.00%	0.00%	1	1	100.00%	12.50%
Band 7	14	14	17	3	1	17.65%	5.88%	1	1	100.00%	4.76%
Band 8	12	18	19	3	2	15.79%	10.53%	0	0	0.00%	0.00%
Band 9	0	0	0	0	0	0.00%	0.00%	0	0	0.00%	0.00%
non AFC	3	2	2	0	0	0.00%	0.00%	1	0	0.00%	25.00%
Grand Total	180	216	207	34	10	16.43%	4.83%	54	18	33.33%	18.75%

HR 2 Stability Index

- SSP's stability rate declined from 92.22% last year to 77% this year. This is principally due to the service retraction at Orchard Hill which produced higher instability in lower grades.

23% of staff served less than 1 years' service and this is because there was a planned retraction of Orchard Hill Services and a major recruitment drive in Projects and Partnering.

SSP Action

The Organisational Development initiative includes an Organisational Development training programme and initiatives to engage staff in the development of SSP. SSP have run several development schemes to retain staff, mainly focusing on staff working in Bands 1 to 3 and also the higher bands. The schemes include Cleaning services, Customer care NVQs and Management training. SSP have a dedicated Training plan that includes giving staff recognition certificates for undertaking the competent accredited training assessments. The majority of staff receive personal development and training on a regular basis through the Performance management cycle.

HR 2 Stability Index as at 31st March 2008/09 (2008 at 92.22%)

Sum of Heads Band	Service		Grand Total	Stability Index
	Over 1 year	Under 1 year		
Band 1	45	33	78	58%
Band 2	38	5	43	88%
Band 3	16	3	19	84%
Band 4	24		24	100%
Band 5	10	2	12	83%
Band 6	5	1	6	83%
Band 7	11	3	14	79%
Band 8	15	3	18	83%
Band 9				
non AFC	2		2	100%
Grand Total	166	50	216	77%

HR 2a Starters' Rate

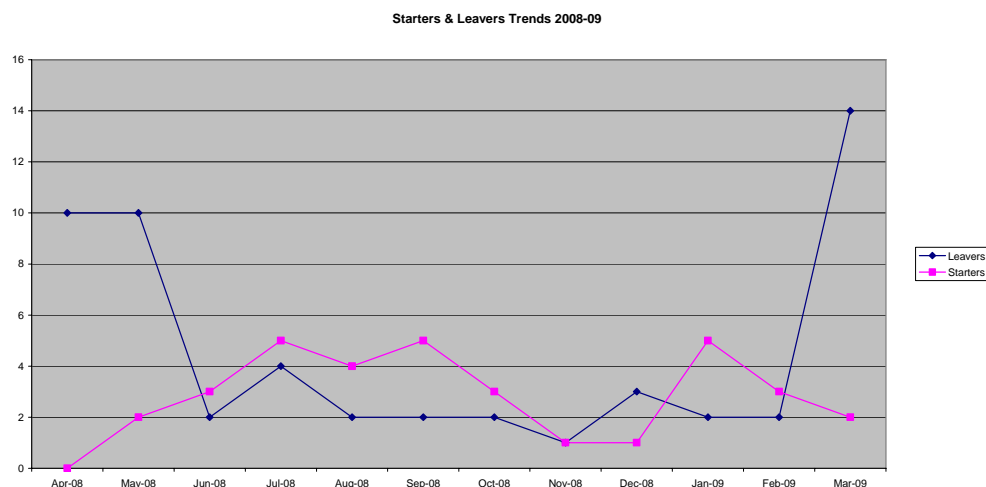
SSP's Starters Rate is 16.43% and is higher than the Starters' Rate for the NHS (average) at 9.6%, however we had less staff joining as at 31.3.09 compared to last year at 67 staff joining at 31.02%. 34 starters joined SSP by year end. A majority of the new starters joined in Qtr 2 at 14 new joiners, and in Qtr 4, we had 10 new joiners.

Note: In 2007/8, there were 67 new staff, some were as a result of the TUPE transfer for SMPCT domestic services. There also was a large recruitment drive in August 2008 for the Projects and Partnering department and this contributed to the starters' rate being high.

HR 2b Leavers' Rate

The highest period of staff leaving was in Qtr 1 with 11 staff leaving and Qtr 4, with 18 staff leaving, making a total of 54 leavers for the year, this was principally due to the planned retraction of Orchard Hill Services.

Starters and Leavers Trend 2008/9



HR 3 Head Count

The sum of heads in posts reduced by 9 posts from 216 as at 1st April 2008 to 2009 by year end.

The majority of the workforce, by AFC band, is Operational staff working in bands 1 - 4 predominately. There has been a reduction of staff in this service area, due to a planned retraction of service. There has been stability of senior posts and an increase in bands 6 and 7s. See below for table showing Headcount by Band.

HR 3 SSP Head Count (31 March) 2008/09 by AfC Bands

Band	31 March 2008	Contracting Services	Projects & Partnering	Operational Services	Technical Services	Corporate Services	March 2009 Grand Total
Band 1	78			68			68
Band 2	43			37			37
Band 3	19			18			18
Band 4	24	6	2	12	2	1	23
Band 5	12	3	1	5	2	2	13
Band 6	6	2	3	3	2	0	10
Band 7	14	5	4	3	3	2	17
Band 8	18	2	7	5	2	3	19
non AFC	2		0	0		2	2
Sum of Fte		18	16	108	10	10	161
Sum of Heads	216	18	17	151	11	10	207

HR 3a Post by Gender

At year end, there are a high proportion of females working within SSP. The female workers are mainly in bands 1 – 5. There are more male workers in bands 6 non - AFC onwards, compared to that of female workers.

HR 5a

There are more female leavers compared to that of male leavers. During 2008 to 2009 there were 36 female and 18 male leavers. There is a slight drop of females working in Band 3 compared to the previous year, however a slight increase in females employed in band 7 post and these posts are relatively senior. There is an increase in males working in Band 6,7 and 8 by year end 2009.

SSP Action to encourage female development to senior post

SSP already have a Women Pilot Management accredited development scheme in place to develop females in the workplace. There has been an increase in more women in senior posts compared to 2007/8.

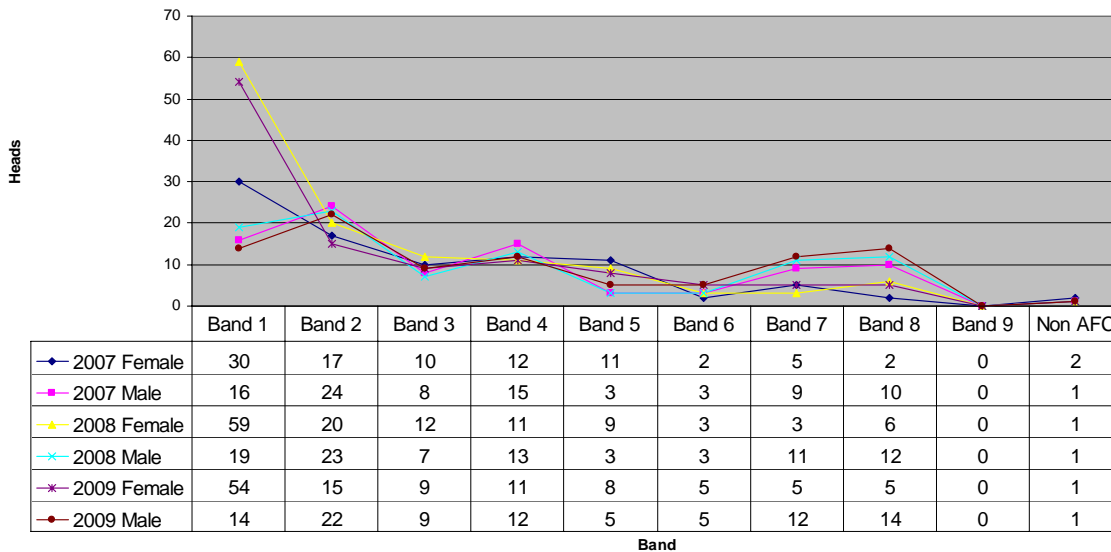
HR 5a Gender leavers

HR 4a Gender Starters

Band	Leavers			Starters		
	Female	Male	Grand Total	Female	Male	Grand Total
Band 1	15	9	24	10	5	15
Band 2	13	4	17	4	2	6
Band 3	5	1	6		2	2
Band 4	1	1	2	2	1	3
Band 5		2	2		1	1
Band 6	1		1		1	1
Band 7		1	1	2	1	3
Band 8	1		1		3	3
Grand Total	36	18	54	18	16	34

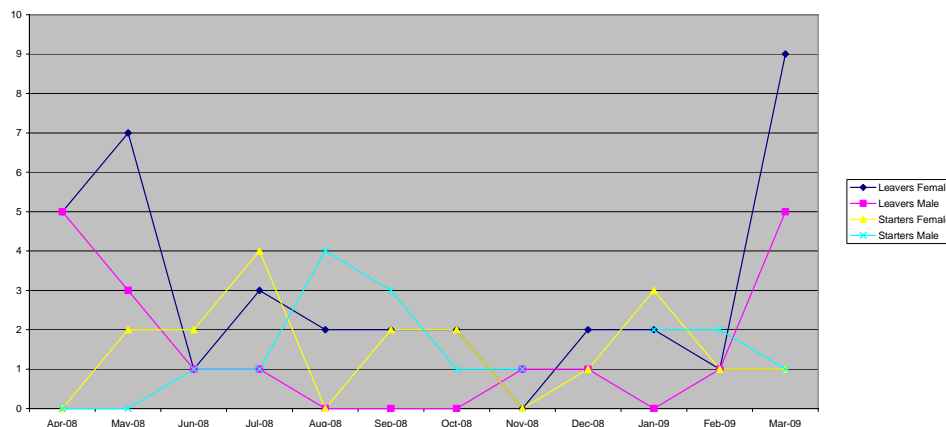
HR 3a

**SSP In post Trends by Gender 2007 - 2009
(Based on 31st March Figures)**



HR 5a Gender leavers SSP leaver trends by gender

Leavers 2008 -09 by Gender (Trends)



HR 3b Post by Ethnic group/BME

SSP have 207 staff and 68 staff work in band 1. There are ethnic/BME and white groups of staff represented in the following bands, for example:-

White group Band 2 = 30, band 4 = 21 band 7 = 15, band 8a = 8 band bc = 5	Ethnic group Band 2 = 6 Band 4 = 2 Band 7 = 2 Band 8a = 1 Band 8c = 1 member of staff did not state nationality
--	--

3b In post Ethnic group/BME

Sum of Heads	ethnic group										BME Total	Not Given Total	Grand Total
	ethnic category												
	White	White Total	BME										
Band	White		Mixd	Indian	Pakistani	Asian Other	Black Caribbean	Black African	Other Ethnic Group				
Band 1	34	34	4			2	9	17	1	33	1	68	
Band 2	30	30					1	5	1	7		37	
Band 3	11	11			1	1	1	2		5	2	18	
Band 4	21	21		2						2		23	
Band 5	12	12						1		1		13	
Band 6	9	9						1		1		10	
Band 7	15	15	1	1						2		17	
Band 8a	8	8					1			1		9	
Band 8b	2	2					1			1		3	
Band 8c	5	5									1	6	
Band 8d	1	1										1	
Non AFC	2	2										2	
Grand Total	150	150	5	3	1	3	13	26	2	53	4	207	

There is a decrease in staff employed by ethnic groups/BME by end of year. There were 70 BME staff employed as at 1st April 2008 compared to 53 employed as at 31st March 2009, making that 26% of the workforce BME compared to 20.40% estimated resident population by ethnic group in Wandsworth. *ONS source

There is a decrease in BME staff in lower bands employed by SSP; 64 staff were in bands 1 to 4, at 1st April 2008 and 47 staff were employed at year end. Again these changes are mainly as a result of the service retraction at Orchard Hill which mainly affected staff at lower grades where BME staff are more highly represented.

There were 41 white staff employed in bands 5 to 8, non AFC at 1st April 2008 in addition there were 5 BME staff, making a total of 46 staff in those bands. There were 54 white staff employed in bands 5 – 8, non AFC, at 31st March 2009 compared to that of 6 BME staff in comparable bands.

HR 4B There are more white starters compared to BME starters with 20 white starters compared to 14 BME joining SSP during 2008 to 2009.

HR 5B There are more white leavers compared to that of BME leavers and these staff mainly left in Qtr 1 and 4. During 2008 to 2009 there were 31 white staff and 16 BME leavers.

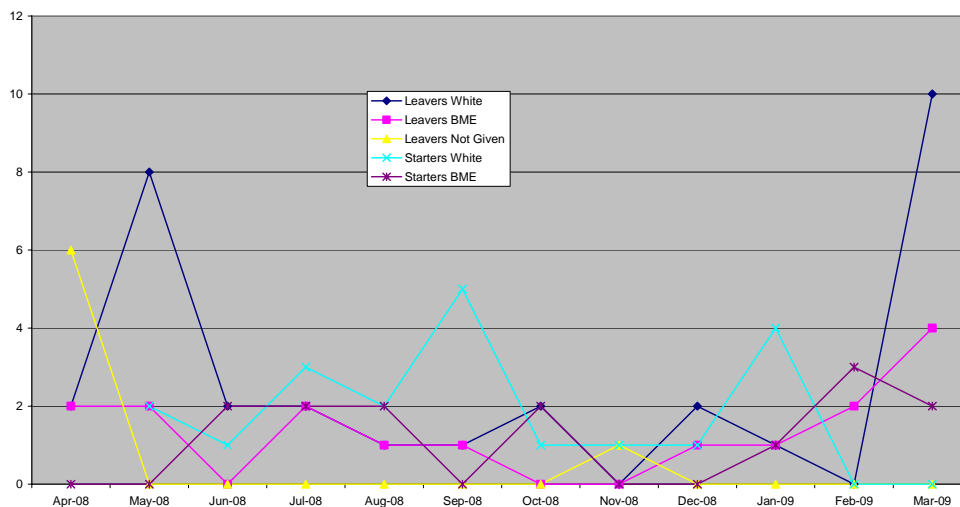
Ethnic group/BME Leavers and Starters

HR5B

HR4B

Band	Leavers				Starters		
	White	BME	Not Given	Grand Total	White	BME	Grand Total
Band 1	11	8	5	24	7	8	15
Band 2	11	5	1	17	4	2	6
Band 3	4	1	1	6	1	1	2
Band 4	2	0		2	3		3
Band 5	1	1		2		1	1
Band 6	1	0		1	1		1
Band 7	1	0		1	2	1	3
Band 8		1		1	2	1	3
Grand Total	31	16	7	54	20	14	34

2008 - 09 trends lines by Ethnic Groups



Key points

Wandsworth PCT staff make-up is very mixed compared to the local community, the distribution within the bands maybe a cause for concern with 'White' groups being more represented in the higher bands proportionally than the other BME/ethnic groups.

Less BME/ethnic groups are employed at higher bands resulting in an employment gap for these groups. As a consequence of this, this may result in less promotional prospects, gaining qualifications and opportunities to develop skills for these groups. BME/Ethnic groups may have less opportunity to being exposed to more development and responsibilities. They may have difficulty climbing from lower paid bands to higher paid bands.

**Estimated resident population by ethnic group and sex, mid-2006,
(experimental statistics)**

	Wandsworth	London	England	SSP
White				
British	66.5	58	84.2	74
Irish	2.5	2.5	1.1	n/a
Other White	10.6	8.9	3.3	n/a
Mixed				
White and Black Caribbean	0.9	1	0.5	6.5
White and Black African	0.5	0.5	0.2	13
White and Asian	0.9	1	0.5	1.5
Other Mixed	0.8	1	0.4	2
Asian or Asian British				
Indian	3.2	6.5	2.5	1.5
Pakistani	1.9	2.3	1.7	0.5
Bangladeshi	0.8	2.3	0.7	
Other Asian	1.4	2	0.6	
Black or Black British				
Black Caribbean	3.8	4.3	1.2	
Black African	3	5.5	1.4	
Other Black	0.8	0.8	0.2	
Chinese or Other Ethnic Group				
Chinese	1	1.5	0.7	
Other	1.5	1.9	0.7	1.0
Total BME	20.4	30.6	11.4	26.0

Source: ONS

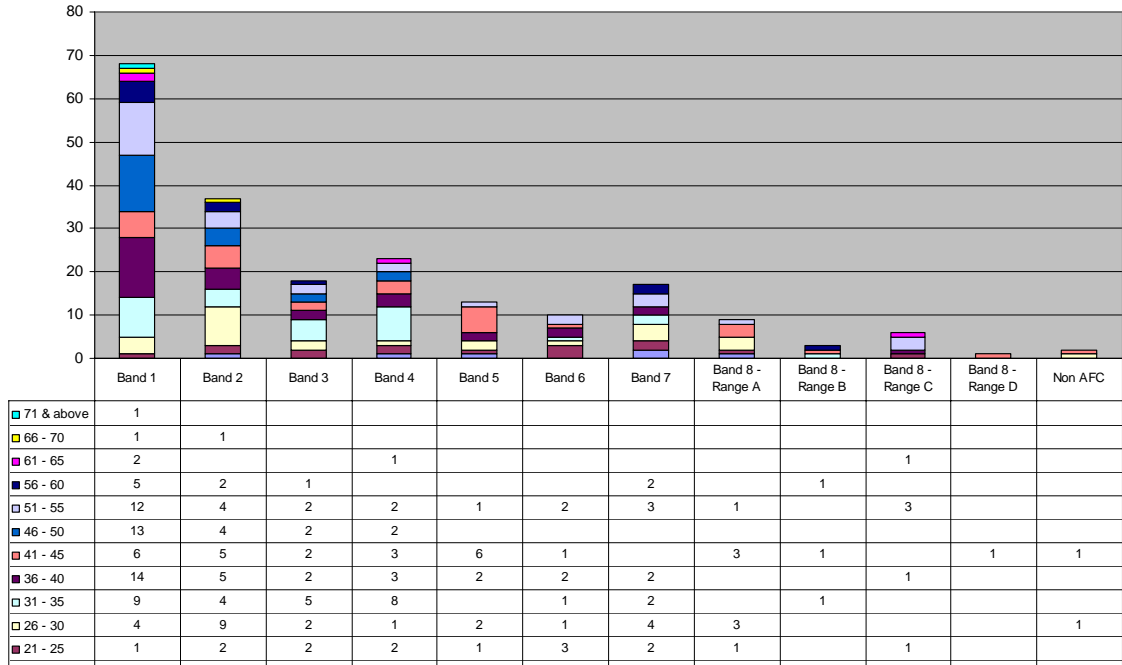
%

SSP Action to encourage workforce diversity

SSP is working towards changing the work force to mirror the community population and client's needs. SSP have put in place initiatives to recruit in local communities. SSP have put in place retention schemes to develop staff working in Bands 1 to 4 and higher bands, by providing accredited development schemes and training. SSP has signed a 'Skills Pledge' in association with the Learning Skills Council to skill and develop staff to meet the needs of their clients.

HR 6

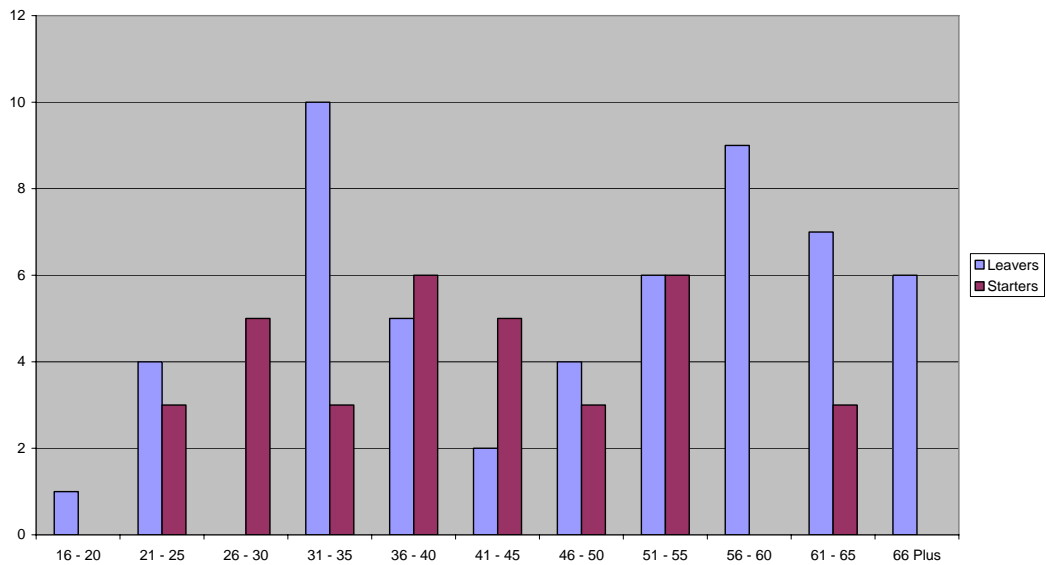
In post by Age



HR 6

Starters by Age

Starters & Leavers by age

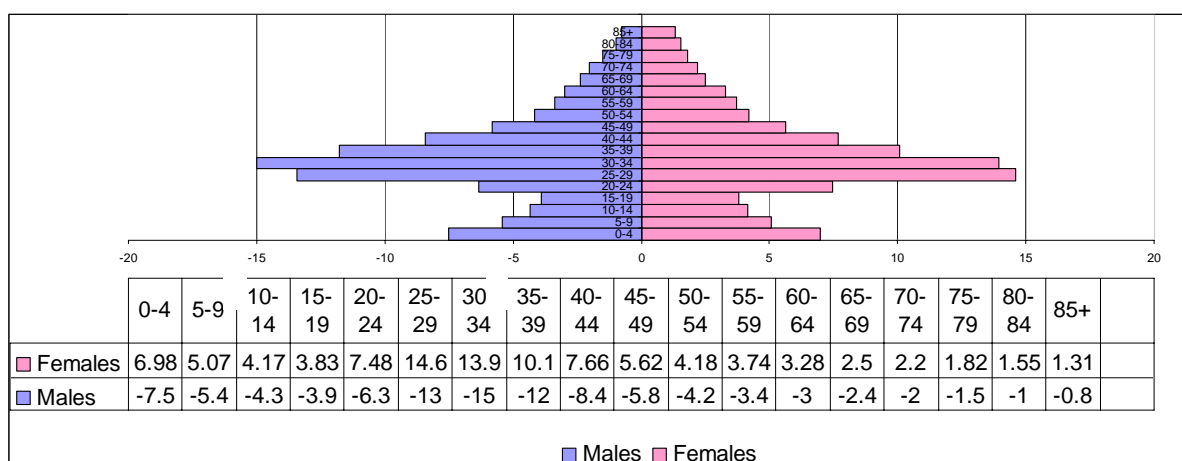


A majority of our staff are aged 26 – 55 with a high proportion of staff aged between 31 and 35 working in bands 1 – 4 and staff aged 26 – 50 and 51 to 55 working in bands 7 and 8. This is similar to Wandsworth population, however starting at 35 to 59 years of age, being the highest density of the population in residence. * Source: GLA 2007 Round Population Projections. There are 7 staff aged 61 and over and 6 staff younger than 20 working for SSP.

There are more staff aged between 31 – 35 and 56 to 60 who left SSP last year compared to any other age. More staff aged 56 and over leave SSP. The retention age span for SSP is 21 to 55.

Action to move towards community age profile

SSP is working towards changing the work force to mirror the community age population and client’s needs. SSP have put in place initiatives to recruit in local communities. SSP have put in place retention schemes to develop staff irrespective of their age, by providing accredited development schemes and training. Staff receive recognition for their development and training and all staff have access to promotion and development through the PDR process.



Estimated Population of Wandsworth, 2008
Source: GLA 2007 Round Population Projections

HR 7 Staff by Disability

SSP have 1.5% staff with disabilities and every support is put in place to make reasonable adjustments to their working environment.

Action to move workforce towards mirroring community disability profile

SSP recruits in local communities and have a robust recruitment policy to interview all staff with disabilities. SSP have put in place retention schemes to develop staff irrespective of their disability. All staff receive recognition for their development and training and all staff have access to promotion and development through the PDR process.



Annex 1

Croydon PCT

1. The outturn position for CPCT SLA is an under spend of £12k on the waste contract which is a pass through cost.
2. Other expenditure for services shows a minor overspend of £2k.
3. Capital works and capital programme was invoiced outside the SLA.
 - Minor Works £81k
 - Capital £638k

Support Services Partnership

ANNEX C - CPCT

Summary Budget Position

Croydon PCT SLA

	08-09 - Full Year		
	Budget (£k)	Actual (£k)	Variance (£k)
EXPENDITURE:			
Shared Management Costs			
SSP Overheads & COO	18	18	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	125	125	0
Contracting Services	89	89	0
Tech and Strategic Estates Services	48	48	0
Head of Operational Services	16	16	0
TOTAL	308	308	0
Direct Staff Costs			
Operational Estates Services	40	40	0
Technical Estates Services	0	0	0
Facilities Services	0	0	0
TOTAL	40	40	0
Direct Non-Staff Costs			
Operational Estates Services	4	6	2
Technical Estates Services	28	16	-12
Facilities Services	0	0	0
TOTAL	32	22	-10
Total Net Expenditure			
SSP Overheads & COO	18	18	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	125	125	0
Contracting Services	89	89	0
Tech and Strategic Estates Services	48	48	0
Head of Operational Services	16	16	0
Operational Estates Services	44	46	2
Technical Estates Services	28	16	-12
Facilities Services	0	0	0
TOTAL EXPENDITURE	380	370	-10
INCOME:			
SSP Overheads & COO	-18	-18	0
Head of Operations	-12	-12	0
Head of Services	0	0	0
Head of Projects & Partnering	-125	-125	0
Contracting Services	-89	-89	0
Tech and Strategic Estates Services	-48	-48	0
Head of Operational Services	-16	-16	0
Operational Estates Services	-44	-44	0
Technical Estates Services	-28	-18	10
Facilities Services	0	0	0
TOTAL INCOME	-380	-370	10
Total	0	-0	-0

Kingston PCT

1. The outturn position for KPCT SLA is breakeven.
2. Other expenditure for minor capital works and capital programme was invoiced outside the SLA.
 - a. £480k for Capital
 - b. £16k for Minor Works

Support Services Partnership

ANNEX C - KPCT

Summary Budget Position

Kingston PCT SLA

	08-09 - Full Year		
	Budget (£k)	Actual (£k)	Variance (£k)
EXPENDITURE:			
Shared Management Costs			
SSP Overheads & COO	10	10	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	42	42	0
Contracting Services	53	53	0
Tech and Strategic Estates Services	51	51	0
Head of Operational Services	44	44	0
TOTAL	212	212	0
Direct Staff Costs			
Operational Estates Services			0
Technical Estates Services			0
Facilities Services	0	0	0
TOTAL	0	0	0
Direct Non-Staff Costs			
Operational Estates Services	225	225	0
Technical Estates Services	0	0	0
Facilities Services	0	0	0
TOTAL	225	225	0
Total Net Expenditure			
SSP Overheads & COO	10	10	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	42	42	0
Contracting Services	53	53	0
Tech and Strategic Estates Services	51	51	0
Head of Operational Services	44	44	0
Operational Estates Services	225	225	0
Technical Estates Services	0	0	0
Facilities Services	0	0	0
TOTAL EXPENDITURE	437	437	0
INCOME:			
SSP Overheads & COO	-10	-10	0
Head of Operations	-12	-12	0
Head of Services	0	0	0
Head of Projects & Partnering	-42	-42	0
Contracting Services	-53	-53	0
Tech and Strategic Estates Services	-51	-51	0
Head of Operational Services	-44	-44	0
Operational Estates Services	-225	-225	0
Technical Estates Services	0	0	0
Facilities Services	0	0	0
TOTAL INCOME	-437	-437	0
Total	0	0	0

Footnote - 2008-09 Budget Movements

Original SLA £ 437,851

Richmond and Twickenham PCT

1. The outturn position for RTPCT SLA is break even as forecast
2. The expenditure on facilities services is showing an over spend of £27k which is due the security 24/7 service at TMH. The service is not fully funded for 4 shifts per day plus annual leave and sickness cover. The over spend has been off set by under spending in SSP management services.

The detailed SSP financial position for RTPCT is shown below.

RTPCT Summary Budget Position

Support Services Partnership

ANNEX C - R&T PCT

Summary Budget Position

Richmond & Twickenham PCT SLA

	08-09 - Full Year		
	Budget (£k)	Actual (£k)	Variance (£k)
EXPENDITURE:			
Shared Management Costs			
SSP Overheads & COO	83	61	-22
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	89	89	0
Contracting Services	62	62	0
Tech and Strategic Estates Services	53	53	0
Head of Operational Services	71	71	0
TOTAL	370	348	-22
Direct Staff Costs			
Operational Estates Services	0	0	0
Technical Estates Services	0	0	0
Facilities Services	525	514	-11
TOTAL	525	514	-11
Direct Non-Staff Costs			
Operational Estates Services	334	321	-13
Technical Estates Services	530	539	9
Facilities Services	233	271	38
TOTAL	1,097	1,131	33
Total Net Expenditure			
SSP Overheads & COO	83	61	-22
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	89	89	0
Contracting Services	62	62	0
Tech and Strategic Estates Services	53	53	0
Head of Operational Services	71	71	0
Operational Estates Services	334	321	-13
Technical Estates Services	530	539	9
Facilities Services	758	784	27
TOTAL EXPENDITURE	1,992	1,992	0
INCOME:			
SSP Overheads & COO	-30	-30	0
Head of Operations	-12	-12	0
Head of Services	0	0	0
Head of Projects & Partnering	-89	-89	0
Contracting Services	-62	-62	0
Tech and Strategic Estates Services	-53	-53	0
Head of Operational Services	-71	-71	0
Operational Estates Services	-334	-334	0
Technical Estates Services	-533	-533	0
Facilities Services	-808	-808	0
TOTAL INCOME	-1,992	-1,992	0
Total	0	0	0
Footnote - 2008-09 Budget Movements			
	£		
Original SLA	1,973,196		
Add:			
Rates, Hampton	5,266		
LIFT Development	12,891		
Deduct:			
Sheen Lane 1st Floor from 11/8	nil		
Teddington Annex from 24/11	-945		
Additional Fire Training 08/09	1,750		
Domestics, TMH	1,500		
Domestics, Sheen Lane	-1,500		
Total	1,992,158		

Sutton & Merton PCT

1. The outturn position for SMPCT SLA is an under spend of £136k which was due to a number of services on the estates and facilities pay and non pay. The majority of the under spend relates to the retraction of Orchard Hill site throughout the year.
2. Other expenditure for minor capital works was invoiced outside the SLA for £168k

The detailed SSP financial position for SMPCT is shown below.

S&MPCT Summary Budget Position

Support Services Partnership

ANNEX C - S&M PCT

Summary Budget Position

Sutton & Merton PCT SLA

	08-09 - Full Year		
	Budget (£k)	Actual (£k)	Variance (£k)
EXPENDITURE:			
Shared Management Costs			
SSP Overheads & COO	111	111	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	584	584	0
Contracting Services	357	357	0
Tech and Strategic Estates Services	215	215	0
Head of Operational Services	651	651	0
TOTAL	1,930	1,930	0
Direct Staff Costs			
Operational Estates Services	763	763	0
Technical Estates Services			0
Facilities Services	826	826	0
TOTAL	1,589	1,589	0
Direct Non-Staff Costs			
Operational Estates Services	258	326	68
Technical Estates Services	1,436	1,246	-190
Facilities Services	638	624	-14
TOTAL	2,332	2,196	-136
Total Net Expenditure			
SSP Overheads & COO	111	111	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	584	584	0
Contracting Services	357	357	0
Tech and Strategic Estates Services	215	215	0
Head of Operational Services	651	651	0
Operational Estates Services	1,021	1,089	68
Technical Estates Services	1,436	1,246	-190
Facilities Services	1,464	1,450	-14
TOTAL EXPENDITURE	5,851	5,715	-136
INCOME:			
SSP Overheads & COO	-111	-111	0
Head of Operations	-12	-12	0
Head of Services	0	0	0
Head of Projects & Partnering	-584	-584	0
Contracting Services	-357	-357	0
Tech and Strategic Estates Services	-215	-215	0
Head of Operational Services	-651	-651	0
Operational Estates Services	-1,021	-1,089	-68
Technical Estates Services	-1,436	-1,246	190
Facilities Services	-1,464	-1,450	14
TOTAL INCOME	-5,851	-5,715	136
Total	0	0	0

Footnote - 2008-09 Budget Movements

		£
Original SLA		5,384,686
Reserve for potential costs		225,000
SLA Value		5,609,686
Adjustments:		
Deduct	Reserve for potential costs	-225,000
Add:	Rates, GWL	120,000
	Cleaning, 7/8 Elm to 31/10/08	26,000
	Staff costs in 08/09 following redundancies	58,000
	Laundry costs to 31/10	14,000
	Energy / Waste / Water, 7/8 Elm, to 31/10	14,000
	Miller Close	35,000
	Estates Strategy	25,500
	BHCH Phase 1	128,490
	Externalisation, Jan-Mar	8,000
	Management of Cedar Lodge vehicle	165
	LIFT Development	9,962
	Landscaping, GWL	1,135
	Decommissioning OH	22,000
	Shotfield	3,500
	Orchard Hill Project	74,400
		Major Projects
		Major Projects
	RHL Estates	SLAV0037 20,320
	Orchard Hill Estates	SLAV0075 -116,720
	Tree Surgery, Cedar Close	SLAV0077 3,097
	Procurement Support for GP led HC	SLAV0080 9,663
	Procurement Support for GP led HC	SLAV0086 10,791
Current Total		5,851,989
Note:		
Included in costs above are some transition costs associated with Orchard Hill, outside the SLA. These comprise:		
	Gross Redundancy	229,394
	Confidential Waste Disposal	1,538
		230,932
Note: £229k of the S&M spend and income is outside of the SLA; relates to retraction costs		

Wandsworth Teaching Primary Care Trust

1. The year end position for WPCT was an under spend of £203k which was the result of under spends on non pay on estates and facilities services.
2. There were significant number of variations for WPCT both for provider and commissioning services for additional work throughout the year.
3. For WPCT Commissioning services additional work related to the sale of Arton Wilson and security issues on Putney. Also commissioning procurement and project support on Battersea and North Wandsworth.
4. For Provider services additional facility services related to St Johns
5. The WPCT redecoration programme was a substantial piece of work across the PCT properties which was project managed by the SSP with total expenditure of £4.2m which was funded across Commissioners, Providers and Primary care services. This included estates work on -re-decoration, backlog maintenance, infection control, DDA, fire safety and security works.
6. The variation procedure between the SSP and PCT needs to be improved to ensure it is more timely and signed off by PCT budget holders.

WPCT Summary Budget Position

Support Services Partnership

ANNEX C - WPCT

Summary Budget Position

Wandsworth PCT SLA

	08-09 - Full Year		
	Budget (£k)	Actual (£k)	Variance (£k)
EXPENDITURE:			
Shared Management Costs			
SSP Overheads & COO	113	113	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	1,017	1,008	-9
Contracting Services	646	646	0
Tech and Strategic Estates Services	189	189	0
Head of Operational Services	354	354	0
TOTAL	2,331	2,322	-9
Direct Staff Costs			
Operational Estates Services	466	466	0
Technical Estates Services			0
Facilities Services	406	406	0
TOTAL	872	872	0
Direct Non-Staff Costs			
Operational Estates Services	734	688	-46
Technical Estates Services	4,402	4,316	-86
Facilities Services	326	264	-62
TOTAL	5,462	5,268	-194
Total Net Expenditure			
SSP Overheads & COO	113	113	0
Head of Operations	12	12	0
Head of Services	0	0	0
Head of Projects & Partnering	1,017	1,008	-9
Contracting Services	646	646	0
Tech and Strategic Estates Services	189	189	0
Head of Operational Services	354	354	0
Operational Estates Services	1,200	1,154	-46
Technical Estates Services	4,402	4,316	-86
Facilities Services	732	670	-62
TOTAL EXPENDITURE	8,665	8,462	-203
INCOME:			
SSP Overheads & COO	-113	-113	0
Head of Operations	-12	-12	0
Head of Services	0	0	0
Head of Projects & Partnering	-1,017	-1,008	9
Contracting Services	-646	-646	0
Tech and Strategic Estates Services	-189	-189	0
Head of Operational Services	-354	-354	0
Operational Estates Services	-1,200	-1,154	46
Technical Estates Services	-4,402	-4,316	86
Facilities Services	-732	-670	62
TOTAL INCOME	-8,665	-8,462	203
Total	0	0	0

Footnote - 2008-09 Budget Movements

		£
Initial Budget 08-09		7,824,517
Arton Wilson		200,000
Roehampton House		20,000
Putney & Crestway - Boarding Up		33,000
Clinic Upgrading - additional work to £4m		23,196
Total £90k, split as follows:		66,804
WBH Receptionist		17,347
Commissioning Procurement		151,880
Contracts Audit		5,000
Vehicle Depreciation consequent upon policy change		35,000
St Johns reconfiguration - St Georges	Rechargeable by Provider	25,976
St Johns reconfiguration - Harmoni	Rechargeable by Provider	9,985
Tree Removal, Brocklebank		3,680
Porter Cover, St Johns		6,078
Externalisation, Jan-Mar		8,000
Security, St Johns		15,250
B&NW Project		91,458
Putney Supplement		34,333
LIFT Development		8,429
GP Led HC		1,500
Dawes House		24,000
Training Facility		10,000
Tooling Bec Medical Centre Waste		710
Dawes House		8,956
Squirrel Nest		720
Tree Surgery, JBC		850
Dawes House		-24,000
Total per budgets of 28th February		8,602,669
Others to follow:		
Estates, Roe House		9,785
Estates, QMH Sterilisers #		3,660
Estates, Arton Wilson #		8,846
Tree Surgery Joan Bicknell #		1,831
Cardiac Network Offices #		5,000
St Johns Space Utilisation #		5,000
Other Space Utilisation #		28,000
		8,664,791
Note.		
Budget shown is SLA value only.		
Commissioner		2,712,029
Provider		5,952,762
Total		8,664,791

Site and Assessment details

Trust	RICHMOND AND TWICKENHAM PCT
Type of Organisation	NHS
Site	TEDDINGTON MEMORIAL HOSPITAL
Site Type	PCTs without Mental Health Beds
Number of Beds	50
Does this Site have an Emergency Department / Minor Injuries Unit?	Yes
Region	London
Assessment Date	13/02/2009
Assessment Type	Self-Assessed
Team Leader's Name	Mr D Fuller
Team Leader's Job Title	Associate Director Estates & Facilities
Team Leader's Phone Number	020 8714 4124
Team Members	Estates & Facilities - Douglas Fuller Catering - Peter Leighton Infection Control - Nicoola Sirin Local Involvement Network - Peter Hughes Local Involvement Network - Catherine Mann In Patient Manager - Liz Reidlinger Cleaning - Sandra Clark
Name of Patient Representative	Peter Hughes / Catherine Mann
Organisation of Patient Representative	Local Involvement Network
Name of Trust Dietician who has signed off information relating to Nutritional Care (See Trust Policy Information Page)	Helen Church
Mental Health/Acute Board Nominee's Name	Steven Swords
Board Nominee's Phone Number	020 8973 3000
Has this Assessment been approved by the Board Nominee	Yes
Areas Visited	Physiotherapy Walk in Centre X Ray Dept Out Patients Dept In Patient Wards

Site Cleaning Services

Cleaning Service Type	Contracted
Cleaning Contractor	WANDSWORTH PCT
Service Level Agreement (SLA) with another NHS Trust?	Yes
National Specifications for Cleanliness Score as at 31st December 2008	93

Site Catering Services

Catering Service Type	Contracted
Catering Contractor (Not suppliers of Delivered Meals e.g. Tillery Valley)	WANDSWORTH PCT
Service Level Agreement (SLA) with another NHS Trust?	Yes
Type of Food Service	Cook-Serve

Site Catering Services

Is the site self catering - Clients prepare their own meals? (This will mean your final score will show as self catering)	No
Is the site a unit where clients are fully involved in preparing/cooking their own food (e.g. Rehab Unit?)	No
If Yes above you have the option of not scoring the food but your final score will state Rehabilitation Unit. Do you wish for the score to display as Rehabilitation Unit?	

Trust Policy Information

Does the Trust have clear, written cleaning arrangements and schedules? (YorN)	Yes
Are cleaning schedules publicly available on each ward and department? (YorN)	Yes
Does the hospital publicly display contact details of whom to contact in the event that facilities (including fixtures and fittings) are dirty? (YorN)	Yes
Do the Trust's cleaning arrangements make specific provision for deep-cleaning whether on a routine or ad-hoc basis, or both? (YorN)	Yes
Do the Trust's cleaning arrangements ensure that cleaning services (however and by whoever provided) are available 24 hours a day? (YorN)	Yes
Has the Trust developed and implemented a local policy around uniforms and workwear including the requirement to observe 'bare below the elbows' practice for clinical contact? (YorN)	No
Policy work is in progress, not yet ratified or implemented.	
Does the Trust have specific guidance on food and beverage services within its service delivery arrangements? (YorN)	Yes
If yes above - does this guidance recognise and make provision for the needs of all patients specifically including (though not limited to) the specific needs of children, older people, those with learning disabilities, those with dementia, those with dysphagia and those with specific cultural and/or religious needs? (YorN)	Yes
Does the organisation's hand hygiene policy promote hand hygiene at the point of care? The point of care refers to the patient's immediate environment in which healthcare staff to patient contact or treatment is taking place. (YorN)	Yes
Is there an organisation-wide risk management strategy in place to effectively manage the risks associated with alcohol handrub? (YorN)	Yes
Are the following hand hygiene products purchased via the NHS catalogue (i.e. from NHS Supply Chain)?	
- Alcohol handrub (YorN)	Yes
- Liquid soap (YorN)	Yes
- Non alcohol-based hand hygiene products (YorN)	Yes

Specific Cleanliness

	Patient Equipment	Electrical Points and Equipment	Walls, Ceilings and Doors	Radiators and Ventilation Grills	Floors	Curtains and Blinds	Windows/External Glazing	Internal Glazing inc Mirrors	Surfaces (Low and High)	Seating	Bed Area	Waste Receptacles	Bedside Entertainment Systems	Beverage Bays/Patient Kitchen Equipment
All Wards and Mental Health Beds (0~5)	5	5	5	5	5	5	5	5	5	5	5	0	5	0
Emergency Departments / Minor Injuries Unit (0~5)	5	5	5	5	5	5	5	5	5	5	5	5	0	0
All Clinics inc OPD, Audiology etc including their waiting and Reception Areas (0~5)	5	5	5	5	5	5	5	5	4	5		5		0
Stairwells, Lifts, Corridors and other public areas		5	5	5	5	5	5	5	3	5		5		
All other patient areas inc Bereavement rooms and Discharge Lounges (0~5)		0	0	0	0	0	0	0	0	0		0		
Additional Notes / Best Practice Examples														

A small number of high ledges have been overlooked. Arrangements for cleaning lift cars are required

Toilet and Bathroom Cleanliness

	Patient Equipment	Electrical Points and Equipment	Walls, Ceilings and Doors	Radiators and Ventilation Grills	Floors	Curtains and Blinds	Windows/External Glazing	Internal Glazing inc Mirrors	Surfaces (Low and High)	Waste Receptacles	Sanitary Fittings
All Wards and Mental Health Beds (0~5)	5	5	5	5	5	5	5	5	5	5	5
Emergency Departments / Minor Injuries Unit (0~5)	5	5	5	5	5	5	5	5	5	5	5
All Clinics inc OPD, Audiology etc including their waiting and Reception Areas (0~5)	5	5	5	5	5	5	5	5	5	5	5
Other Public Areas (0~5)	5	5	5	5	5	5	5	5	5	5	5
All other patient areas inc Bereavement rooms and Discharge Lounges (0~5)	0	0	0	0	0	0	0	0	0	0	0
Additional Notes / Best Practice Examples											

A Housekeeper is employed by the PCT to monitor the standards contained in the SLA, she also contributes to the close teamworking that exists between Ward Housekeepers, Nursing staff and Cleaning staff

Toilet & Bathroom Environment

	Overall Bathroom Environment	Overall Toilet Environment	Patient Equipment (Condition)	Walls, Ceilings and Doors (Décor)	Floors (Condition)	Curtains and Blinds (Condition)	Sanitary Fittings (Condition)
All Wards and Mental Health Beds (0~5)	5	5	5	5	5	5	5
Emergency Departments / Minor Injuries Unit (0~5)	5	5	5	5	5	5	5
All Clinics inc OPD, Audiology etc including their waiting and Reception Areas (0~5)	5	5	5	5	5	5	5
Other Public Areas (0~5)	5	5	5	5	5	5	5
All other patient areas inc Bereavement rooms and Discharge Lounges (0~5)	0	0	0	0	0	0	0
Additional Notes / Best Practice Examples							

Infection Control

	Emergency Departments /Minor Injuries Unit	Medical Wards	Surgical Wards	Orthopaedic Wards	Intensive and High Dependency Ward	Assessment & Admission Wards	All Clinics inc OPD, Audiology etc including their waiting and Reception Areas (0~5)	Paediatric Wards	Care of Elderly Wards
Is alcohol handrub available within arms-reach of healthcare staff at the point of care? For example, at the bedside, in a treatment area or personal dispenser carried by staff? (Y/N/NA)	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes
Are there handwash basins accessible for staff use close to the patient's immediate environment? (Y/N/NA)	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes
Additional Notes / Best Practice Examples									

Environment

	Emergency Departments /Minor Injuries Unit	Bereavement/ Viewing Rooms	Discharge Lounge	Acute/PCT without Mental Health Wards	Outside	Welcoming & Reception	All Clinics inc OPD, Audiology etc including their waiting and Reception Areas (0~5)	Stairwells, Lifts, Corridors and other public areas
Décor (0~5)	4	0	0	4	3	4	5	4
Lighting (0~5) (Including Security Aspects)	5	0	0	5	4	4	5	5
Tidiness (0~5)	5	0	0	5	4	5	5	5
Waste Handling (0~5)	5	0	0	5	4	5	5	5
Smells (0~5)	5	0	0	5	5	5	5	5
Furnishings (0~5)	5	0	0	5	3	5	5	5
Maintenance (0~5)	5	0	0	5	4	5	5	5
Linen (0~5)	0	0		5			5	
Floors (0~5)	4	0	0	4		3	5	4
Provision of Suitable Arrangements for personal possessions (0~5)				5				
Additional Notes / Best Practice Examples								

The PCT is fully compliant with the requirements of waste segregation. Paintings by a local artist are exhibited on walls in the ward areas. Some repairs to wall damage on the wards are outstanding.

Access and External Areas

	Emergency Departments /Minor Injuries Unit	Bereavement/ Viewing Rooms	Discharge Lounge	All Wards	Outside	Welcoming & Reception	All Clinics inc OPD, Audiology etc including their waiting and Reception Areas (0~5)	Stairwells, Lifts, Corridors and other public areas
Car Parking (0~5)	0	0	0	3				
Information (0~5)	0	0	0	5	0	5	5	
Signage (0~5)	0	0	0	4	4	4	5	4
Facilities for people with disabilities (0~5)	0	0	0	5	4	5	5	5
Roadways and External Walkways (0~5)					2			
Provision of Outdoor Patient Recreational Areas (Y or N)						Yes		
Additional Notes / Best Practice Examples	<p>A project to resurface the front car park and enhance the landscaping is due to commence in September 2009, until then the area will continue to look poor. A secluded garden area outside the Chapel is available for patients. A desk manned by volunteers is situated immediately inside the main entrance and offers a greeting service for visitors.</p>							

Food and Food Service

	Scores
Menu (0~5)	5
Choice (0~5)	5
Availability (0~5)	5
Quality (0~5)	5
Quantity (portions) (0~5)	5
Temperature (0~5)	4
Presentation (0~5)	5
Service (0~5)	5
Beverages (0~5)	5

Food and Food Service(Continued)

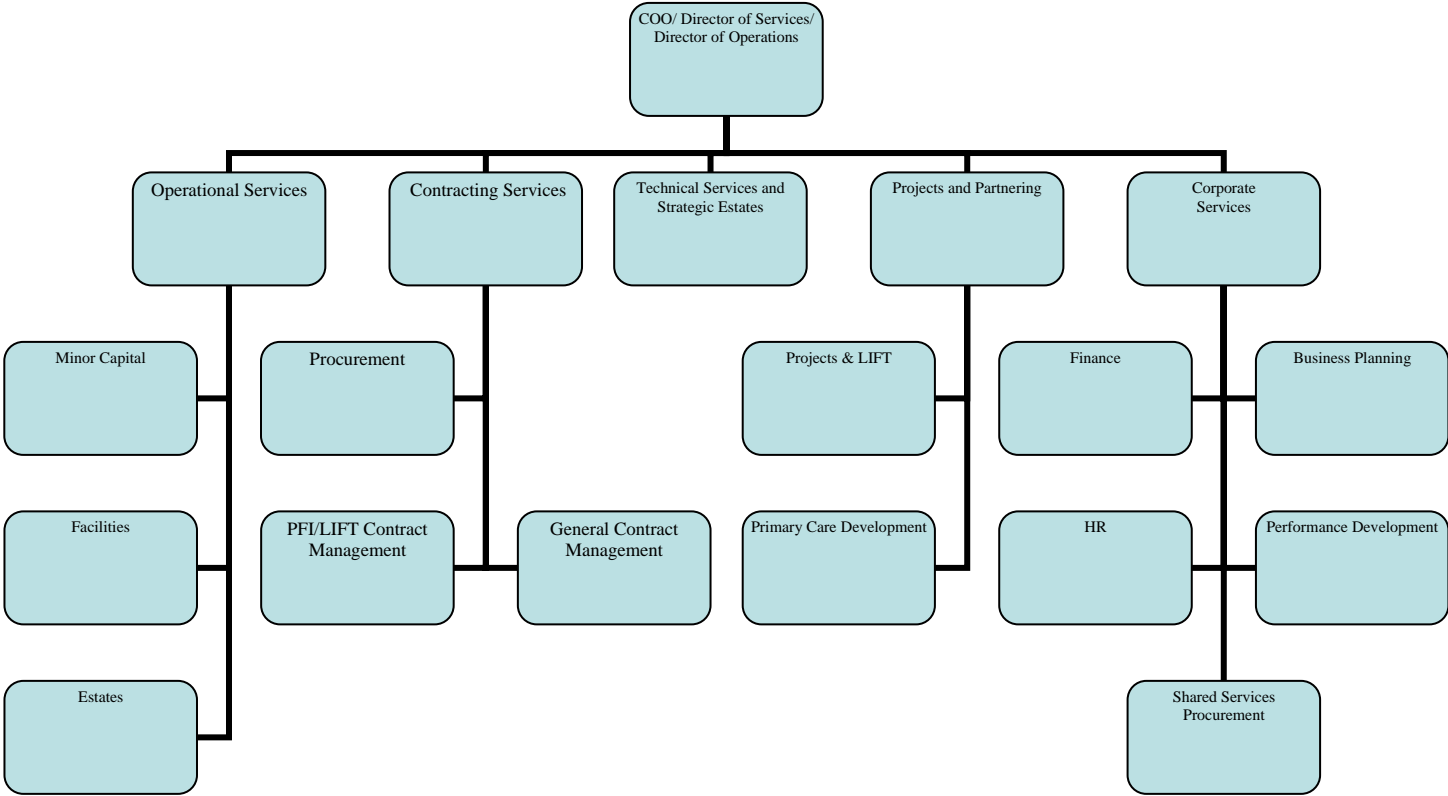
	Scores
How many wards operate a protected mealtime policy (%)	100
How many wards are using a nutritional screening policy? (%)	100
Is there equipment available for measuring patients? (Y/N)	Yes
Is there a trust nutritional screening group? (Y/N)	No
What % of Patients are weighed within 24 hours of admission (%) (NB for MH this is 72 hours)	100
What % of Patients are screened for the purpose of their Nutritional Care within 24 hours of admission? (%) (NB for MH this is 72 hours)	100
Has all weighting equipment been calibrated within the last 12 months OR are there arrangements in place to ensure each piece of weighing equipment is calibrated within a 12 month period? (Y/N)	Yes
Additional Notes / Best Practice Examples	
<p>A trolley service is offered to the wards from the League of Friends shop. A coloured tray system is used to identify "poor eaters" - this enables catering and ward staff to identify patients whose nutritional intake requires close monitoring. The menu has been tailored to suit the majority of patients requirements - specialist diets can be accommodated for patients with a particular ethnic background. Food is available 24hours daily and mealtimes are protected from visitors. An annual satisfaction survey is now conducted. Patients are now encouraged to congregate and eat together in the dining room.</p>	

Privacy and Dignity

	Medical Wards	Surgical Wards	Orthopaedic Wards	Emergency Departments/Minor Injuries Unit	Assessment & Admission Wards	Care of Elderly Wards	All Clinics inc OPD, Audiology etc including their waiting and Reception Areas (0~5)
Sleeping accommodation (0~5)	0	0	0		0	5	
Toilets and Bathrooms (0~5)	0	0	0	5	0	5	5
Privacy (0~5)	0	0	0	5	0	5	5
Confidentiality (0~5)	0	0	0	5	0	5	5
Modesty, Dignity and Respect (0~5)	0	0	0	5	0	5	5
Additional Notes / Best Practice Examples	A secluded garden area outside the Chapel is available for patients.						

Support Services Partnership Organisational Structure 2008/09

The diagram below illustrates the SSP's departmental structure for 2008/09.



END