

MEETING OF THE TRUST BOARD

The next meeting of the Board of St George's University Hospitals NHS Foundation Trust will take place on **26 February 2015, 9.00am – 12.00pm**
H2.5 Board Room, 2nd Floor, Hunter Wing

In accordance with the Public Bodies (Admission to Meetings) 1960 Act, the Board resolves to consider other matters in private after this meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business.

Christopher Smallwood, Chair

1. Chair's opening remarks	Presented by	9.00
2. Apologies for absence and introductions		
3. Declarations of interest <i>For Members to declare if they have any interests as individuals or members of other organisations that might relate to Trust business or items on the agenda.</i>	C Smallwood	
4. Minutes of the previous Meeting <i>To receive and approve the minutes of the meeting held 29 January 2015</i>	TBR (M) 29.01.15 (Public)	
5. Schedule of Matters Arising <i>To review the outstanding items from previous minutes</i>	TBR (MA) 26.02.15 (Public)	
6. Chief Executive's Report <i>To receive a report from the Chief Executive, updating on key developments</i>	M Scott TBR 26.02.15/01	
7. Quality and Performance		9.30
7.1 Quality and Performance Report <i>To receive assurance regarding actions being taken to improve the quality of care for patients and to review the Trust's operational performance report for Month 10 (January 2015)</i>	J Hall/S Bolam TBR 26.02.15/02	
7.1.1 Open and Honest Care: Driving Improvement Programme <i>To receive a verbal report from the Quality & Risk Committee seminar held on 25 February 2015</i>	J Hall TBR 26.02.15/03 Sarah Wilton	
7.2 Finance Report <i>To review the Trust's financial performance for Month 10 (January 2015)</i> <i>To receive a verbal report from the Finance & Performance Committee meeting held on 25 February 2015</i>	S Bolam TBR 26.02.15/04 Christopher Smallwood	
7.3 Workforce Performance Report <i>To review month 10 workforce report (January 2015)</i>	W Brewer TBR 26.02.15/05	
8. Strategy		11.00
8.1 Divisional Presentation – Community Services <i>To receive an update on key developments and risks from a division's perspective</i>	P Alford	
9. Governance		11.30
9.1 Risk and Compliance Report <i>To review the Trust's most significant risks and external assurances received</i>	P Jenkinson TBR 26.02.15/06	

10. General Items for Information

11.45

10.1 Care and Environment progress report

To receive a report from the Joint Director of Estates and Facilities and receive assurance on progress with improving care, environment and facilities

E Munro**TBR 26.02.15/07****10.2 Use of the Trust Seal**

To note use of the Trust's seal during the period (February 2015)

11. Questions from the Public

Members of the public present are invited to ask questions relating to business on the agenda. Priority will be given to written questions received in advance of the meeting.

12. Meeting evaluation**13. Date of the next meeting -** *The next meeting of the Trust Board will be held on 26 March 2015 at 9.00am.*

MINUTES OF THE TRUST BOARD

29 January 2015

H2.6 Board Room, 2nd Floor, Hunter Wing, St George's Hospital

Present:	Mr Christopher Smallwood	Chair
	Mr Miles Scott	Chief Executive
	Mr Steve Bolam	Director of Finance, Performance and Informatics
	Mrs Wendy Brewer	Director of Human Resources and Organisational Development
	Ms Jennie Hall	Chief Nurse/Director Infection Prevention and Control
	Dr Judith Hulf	Non-Executive Director
	Mr Peter Jenkinson	Director of Corporate Affairs
	Professor Peter Kopelman	Non-Executive Director
	Mrs Kate Leach	Associate Non-Executive Director
	Dr Simon Mackenzie	Medical Director
	Ms Suzanne Marsello	Acting Director of Strategic Development
	Mr Eric Munro	Director of Estates and Facilities
	Ms Stella Pantelides	Non-Executive Director
	Mr Mike Rappolt	Non-Executive Director
	Mr Martin Wilson	Director of Improvement and Delivery
	Ms Sarah Wilton	Non-Executive Director
In attendance:	Mr Daniel Camp	Assistant General Manager, Corporate Outpatients Service
	Ms Hannah Hamilton	Programme Manager and NHS Fast Track Executive Programme
	Dr Andrew Rhodes	Divisional Chair, Children's, Women's Diagnostics, Therapeutics and Critical Care
	Mr James Taylor	Assistant Trust Secretary
Apologies:	None	

15.000 Chair's opening remarks

Mr Smallwood welcomed all to the meeting, in particular Dr Mackenzie, for whom this was his first Trust Board meeting.

15.001 Declarations of interest

Mr Rappolt requested that his appointment as a Trustee of St George's Hospital Charity be noted.

James Taylor

15.002 Minutes of the previous meeting

The minutes of the meeting held on 18 December 2014 were approved as an accurate record, subject to the following amendments:

- Chief Executive's Report (page 3): Under the 'sign up to safety' item, it should be recorded that Ms Hall was the clinical director across South London for the Patient Safety Collaborative;

James Taylor

- Chief Executive's Report (page 3): Under the 'St George's – Partners in the African Patient Safety Movement' item, an action should be recorded for a process to approve similar future initiatives being formulated;
- Risk and Compliance Report (page 10): It should be recorded that the CQC Intelligent Monitoring Report was not considered by the Quality & Risk Committee (QRC) at its subsequent meeting, but that an action to hold a session on Mortality should be shown.

James Taylor

James Taylor

15.003 Schedule of Matters ArisingReport from the Quality and Risk Committee

Mr Jenkinson reported that the issue of the appropriate forum for the Equality & Human Rights Committee had been discussed at QRC, where it had been reported that the upcoming annual Equality Delivery System (EDS) review included governance considerations – as a result, proposals would be brought to the March Trust Board meeting.

Peter Jenkinson
26.03.15Chief Executive's Report

Ms Hall reported that the Trust's response to the Department of Health's national programme 'sign up to safety' campaign, including details of the relevant internal governance process that had been put in place, had been circulated to Board members.

Quality and Performance Report

Mr Wilson reported that the three year analysis of ED trends had been shared with Board members.

15.004 Chief Executive's Report

Mr Scott presented the report to the Board and invited questions and comments from Board members. In doing so, he further updated the report:

- *Professor Peter Kopelman*: Professor Kopelman had announced that he would leave the university by the end of 2015 – as a result the university council had commenced its search for his successor. Further opportunities to pay tribute would present themselves over the next few months, but in particular it was worth noting the proactive stance taken by the university, working in conjunction with the Trust's Chairman and Chief Executive and the Joint Director of Human Resources to find the next principal. There was optimism that an appointment could be made which would lead to a continuation in Professor Kopelman's work to ensure that joint working between the university and the Trust remained mutually beneficial.
- *Genomic Medicine Centre*: The Trust's involvement in this national initiative provided potential far-reaching laboratory and genetics development opportunities.
- *Foundation Trust (FT) application*: Monitor's executive committee was meeting on 30 January, when considerations such as the Trust's liquidity situation would be reviewed with a view to reaching a decision on the application. Preparations were in place to cover every eventuality; if the decision was positive, it was understood that the Foundation Trust status would be granted from 1 February.
- *Wandsworth Council Health Overview and Scrutiny Committee*: changes had occurred in the way that the committee worked, with fewer formal meetings that considered performance reports and additional meetings with the opportunity to consider certain topics in greater depth, such as the

management of people living with alcohol dependency, Major Trauma and system resilience.

- *Funding Bids:* Research was a key strategic objective of the Trust, with Dr Daniel Forton taking the lead in producing an increase in clinical trials activity, improved performance generally and thus creating an attractive environment for further research. The Trust was the largest recruiter onto commercial trials in South London, for which Mr Forton and his team must take credit.
- *New Year's Honours:* Fiona Ross, who had been Dean and Professor of Primary Care Nursing at the Faculty of Health, Social Care and Education, had been made a Commander of the Order of the British Empire (CBE); additionally Judith Evans, the recent chair of SGUL Council had been appointed an Officer of the Order of the British Empire (OBE).

In response to Mr Rappolt's question whether South West London Collaborative Commissioning considered the inability of Trust patients to return to their homes after receiving treatment because of a lack of social care in the community, Mr Scott reported that it was not an appropriate forum to examine the matter. Mr Wilson added that this issue was discussed on a daily basis by team leaders, meetings which were attended by community services representatives; weekly meetings at directorate level were held across the Trust; finally, system resilience group meetings were attended by local CEOs and COOs, including Mr Scott and Mr Wilson. He confirmed that it was these latter meetings at which more strategic discussions took place, although there were ongoing moves to make the conversations more strategic rather than operational. Mr Scott believed that it would be beneficial for Ms Hall to produce a Board report on the discharge process in due course.

Jennie Hall
26.02.15

Ms Wilton reported that the recent Board to Board meeting with Wandsworth commissioners had been very open and frank on the subject of quality of services, with an output of the meeting being a further meeting to discuss quality issues.

ACTION: The Board noted the report.

Quality and Performance

15.005 Quality and Performance Report

Mr Bolam presented the performance element of the report and invited questions and comments from Board members. In doing so, he highlighted the following points:

The recent Finance & Performance Committee meeting had looked at the fact that the Trust's RTT performance was now rated as amber/red. Mr Bolam reminded Board members that the Department of Health had suspended the measurement between January and November, with a view to trusts reaching their target again in December. The Trust had been clear and upfront with commissioners in relaying its inability to achieve the target in the short term whilst ensuring appropriate treatment of patients; the commissioners had for their part accepted that Trust's position was a reasonable one, with compliance expected again during the month of January.

Mr Bolam reported that the situation of two patients waiting over 52 weeks was disappointing – further work was needed with referrer trusts. A warning had been

sounded in relation to diagnostic capacity, with pressure building and a need to understand management challenges; Emergency Department (ED) performance had shown improvement in recent weeks, but was still not reaching the 95% target for the quarter.

Mr Wilson reported that from late November until early January the Trust had been beset by increasingly ill patients attending, with increased flu numbers and cold weather adding to the challenge, as there was in any event little opportunity to flex on capacity. Improved social care had brought performance back to November levels, but a daily and ongoing problem in ED for elderly patients was the struggle to provide prompt discharge. He confirmed to Mr Smallwood that recent media publicity about attendance at EDs meant that the numbers had fallen, but that those attending were sicker upon arrival. Ms Hall acknowledged that the strain of flu being contracted was not covered by the flu immunization programme that had been put in place, which had doubled the numbers of cases from last year and presented significant operational challenges.

Ms Hall and Mr Wilson paid tribute to the Trust's staff for their ongoing hard work and vigilance in maintaining standards of patient care during what had proved to be an extremely difficult number of weeks and months.

Ms Hall presented the quality element of the report and invited questions and comments from Board members. In doing so, she highlighted the following points:

Effectiveness Domain

A number of recent audits were worthy of note: the Sentinel Stroke National Audit showed improvement after a period of low achievement, with good clinical care demonstrated. The Paediatric Intensive Care Audit showed good results but it remained an outlier, which accounted for the proactive recruitment programme in place to address the issue. The National Lung Cancer Audit had shown mixed results, with the clinical team having identified data quality issues; the World Health Organisation Surgical Checklist Audit showed improved performance since 2011, although it remained a challenge to achieve 100% compliance, and so had been chosen as a quality priority for 2015/16.

Mr Rappolt commented that a trend which ran through a number of audits was the question of data quality, particularly iCLIP performance. He believed that more scrutiny was required, as there might be both good and bad performance that was not highlighted as a result. Ms Hall responded by noting that divisions had local resources in order to examine data quality, with a forward looking position adopted to ensure that issues were addressed. Use of the iCLIP system was now 'live' in 44% of the Trust's bed base. Mr Smallwood added that the Finance & Performance Committee had commissioned a paper on data quality priorities.

In answer to Mr Rappolt's question regarding the Paediatric Intensive Care Audit, Ms Hall reported that staff shortages was a national issue, such that proactive work on nurse recruitment, including branding, was taking place, with progress having been made over the last twelve months.

Ms Hall agreed that the warning triangle incorporated into many of the report's pages be used more sparingly, rather than on every page.

Jennie Hall

Professor Kopelman requested that further assurance regarding tracking of notes be brought back to the Board in due course. Ms Pantelides reported that the

Jennie Hall
26.03.15

recent meeting of QRC had considered that the organisation needed to work in a different way – identifying issues and the nature in which they arose. Mr Scott agreed that programme management arrangements in relation to business change were in place, so that implementation plans were agreed and could be measured in terms of their effectiveness.

Ms Hall concluded the discussion by noting that a weekly meeting to discuss the implementation of Cerner took place with IT leads and operational teams, which had helped to achieve a commonality of purpose.

Safety Domain

No trends had been identified for the month of December. Safety Thermometer performance had achieved national performance during the month, with pressure ulcer profile improvement occurring as well as VTE performance. A deep dive review into the pressure ulcer profile in two divisions had now been completed, with the other two divisions now to carry out the exercise. The increase in falls profile reflected patients within the Trust, with actions outlined in the report which sought to address the issue.

The VTE profile was largely unchanged, although some issues regarding the recording of VTE risk assessments had been reported – as a result an active programme of assurance was being pursued.

Another MRSA case had been reported during December, involving a patient with a sternal wound infection. C-Difficile cases remained steady, still ahead of trajectory but with several winter months still to go.

Safeguarding activity was significant, with the training profile a subject of focus, especially for level 3 training where a high turnover of staff and non-attendance at training sessions was proving challenging.

In response to Mr Rappolt's question regarding whether the service improvement programme in relation to patient notes would extend beyond Outpatients, Ms Hall confirmed that all staff had a responsibility to manage records appropriately – with the move now being made to electronic records, she agreed to provide the Board with the necessary assurance in due course, as agreed earlier.

In response to Mr Rappolt's question regarding VTE, Ms Hall reported that the issues regarding a recent SI where there had been an improper VTE assessment were being investigated. Ward rounds were being made to ensure staff 'buy-in'.

Experience Domain

Friends and Family Test response rates improved in all areas but Maternity, where remedial action was being taken. A 12% reduction in overall complaints from Q2 had been reported, with the detail to be provided to the February Board, but with all but the Community Services division showing improvement. The Cancer Patient Experience Survey results were positive, with the Trust being noted as one of the ten most improved of those surveyed.

Ms Hall agreed with Professor Kopelman that a correlation could be drawn between the number of complaints recorded within community services and the increasing number of vacancies within the division – there was a need for greater focus, given that the challenges were longer standing than in other divisions.

Well Led Domain and Ward Heatmap

The safe staffing return was less than the 90% target – this was being reviewed along with the number of staffing alerts over the last six month period to identify trends or issues to be worked upon.

Jennie Hall
26.02.15

Ms Hall agreed to check the status of validation alerts as part of the safe staffing return.

In response to Mr Smallwood's question on what was done with the information contained in ward heatmaps, Ms Hall reported that it was shared down to ward level, where a degree of healthy competition between wards was in evidence. Quality Inspection visits also provide additional intelligence. Escalation was also employed – a supportive but informal process of 'special measures' was available, as well as the information gathered being used to inform decision-making. Ms Hall agreed to share the special measures process with Board colleagues.

Jennie Hall
26.03.15

Mrs Brewer confirmed to Mr Smallwood that considerable improvements in the time taken to recruit could now be reported.

ACTION: The Board noted the report.

15.006 Report from the Quality and Risk Committee

Ms Wilton highlighted the following key matters discussed at the last Quality and Risk Committee meeting:

- Daily consultant rounding: this was made a requirement last year by Dr Given-Wilson and a snap shot review had been completed by Yvonne Connolly, Head of Patient Safety, to confirm compliance. While this daily review was happening in most areas, there were still some wards where this is not embedded. The committee was concerned that there were some exceptions and Ms Hall confirmed that work was in hand to ensure there is full compliance. In response to a question about the impact of daily consultant rounding, Ms Hall suggested that it was too soon to tell and hard to measure, although there was little doubt that this was the right approach;
- Update on cardiology RTT waiting list audit data, as had been raised by commissioners at the Board to Board meeting on 27 January. There had been considerable tightening of processes and much greater clinical engagement, as a result of which the tracking of patients on the waiting list both chronologically and for clinical risk and prioritisation were now effective. Ms Hall reported that there had been very good clinical engagement, triggered in part by the two SI's in which patients suffered adverse harm while waiting for cardiological intervention. Mr Wilson had suggested that the RTT pressure areas were now different (for example, ENT) and that lessons learned from the cardiology position would be applied elsewhere;
- In reviewing the Quality Report, the committee had noted that the mortality index had increased from 76 to 84, but had been assured by Nigel Kennea, who chairs mortality monitoring, that the indices have been re-based and that the Trust was still very well placed on mortality measures;
- The committee had noted some issues of concern where there appeared to be plateauing of a number of quality measures: VTE compliance, particularly in those areas where the iCLIP upgrade had been completed. It had now been implemented in around 45% of areas and there was now a pause imposed to learn lessons, repeat or extend training etc before the rolling out to the remaining 55%. The committee noted two recent incidents where there

were adverse impacts on patients who developed blood clots. Ms Hall explained the very active programme of assurance in place; it would be a key area of focus for QRC in the short term;

- Pressures Ulcers: still a concerning high level of 3s and 4s, especially in Surgery and Community Services divisions: deep dives initiated by Ms Hall in these divisions;
- WHO checklist compliance: the committee was very concerned that although compliance was mandatory, there are still some areas which were not compliant. QRC asked what sanctions can be applied – Ms Hall would raise the matter with Dr Mackenzie so as to consider how best to do this;
- The results of an audit of compliance with tissue sample protocols was concerning - especially on ensuring appropriate permissions had been given. Urgent action was underway to ensure that there was full compliance;
- The committee had been concerned to note that safe staffing measures/ fill rates on some rosters were found to be less than 90% - Ms Hall had launched a deep dive to identify the causes and find solutions;
- The committee noted overall that despite all the very significant pressures over the last few weeks, there was no evidence that quality of care had been adversely affected - this was very much to the credit of all staff who have worked very hard and with great commitment over this period to deliver high quality care in spite of all the pressures and difficulties;
- Julian Sutton (lead midwife for clinical governance) updated the committee on two recent SI reviews currently being completed. Key themes emerging were a need for staff to follow existing policies or guidance (so not cutting swabs in half, not disposing of swabs after the final count, not using unused swabs after the final count to wash patient, and the need to make final counts appropriately, amongst other measures). Yvonne Connolly had tabled a draft report from the review panel set up to review the three SIs relating to retained foreign objects – it was not yet complete and so the committee asked for a final version with clear recommendations and responsibilities, especially for disseminating learning, to be brought back to the next QRC meeting to demonstrate that this was dealt with effectively and in a timely fashion;
- The committee had reviewed the Board Assurance Framework, noting that the Trust's current financial and capacity and other pressures were reflected in the increased number of risks with gross rating of 25, 20 and 16. The bed capacity shortfall risk was recently increased to 'certain' on an unmitigated basis due to the exceptional pressures experienced during December. This took the overall score to 25 (based on 5x5 likelihood and impact). A number of actions were in place which brought the mitigated risk back down to 20 (4 likelihood and 5 impact). These actions included:
 - opening remaining 'St George's at' beds at Nightingale House
 - implementing command and control bed and discharge management across the medical division
 - introducing daily review meeting attended by all local boroughs and community health providers to review and expedite all delayed discharges (DTOCs and non-DTOCs)
 - SRG agreeing to implement a 'discharge to assess' scheme and commissioning a third party broker to expedite discharge and make better use of community rehab capacity (to commence next week)
 - spot purchasing orthopaedic rehabilitation beds in the independent sector (funded by the SRG)
 - maximising proportion of elective admissions managed as day cases
 - opening three additional beds within existing wards at St George's

The committee had been concerned that its last seminar meeting had been cancelled – the next taking place on 25 February, to focus on the deep dive of top five quality risks, on complaints and the quality dashboard (postponed from October/November), plus a quality presentation from the Surgery division, which had been asked to focus on key quality issues, particularly WHO checklist compliance, retained foreign objects and compliance.

ACTION: The Board noted the report.

15.007 Finance Report

Mr Bolam reported that, at Month 9, the deficit of £458k was £4.4m off target. There had been a movement of £1.9m during the month, caused largely by Project Diamond funding for complex and specialist care not being included in the national tariff – it had been announced in the autumn that the NHS would only provide funding of 25%. Other factors included the Trust struggling operationally through the month. The forecast outturn was now for income and expenditure to break even, resulting in a surplus of £2.7m.

Two major, interrelated activities were currently under way: (i) engaging with commissioners regarding flexibility on issue such as capacity pressures, and (ii) addressing internal issues during the last 60 days of the current financial year – stopping, delaying or deferring expenditure wherever possible and demonstrating to commissioners that everything possible was being done.

While cash levels had been very low recently, they had now recovered, with £16m expected by the end of January. Overspend on capital projects was being addressed so as not to affect clinical care. £3.2m of adverse CIP savings was reported, with little prospect of it being recovered.

Mr Bolam confirmed to Ms Pantelides that the Trust would have access to a cash facility if it were needed, with the specific terms dependent on Foundation Trust status at the time.

Mr Smallwood reported that the recent Finance and Performance Committee had considered the following:

- A budget setting review and monitoring of financial management more generally, being carried out by Simon Milligan in the Strategy Team;
- A review of progress on data quality issues;
- The Working Capital documentation to be considered at the private Trust Board meeting;
- Ways to ensure ten days' liquidity cover that was sustainable;
- Radicals proposals for change of the Trust's Integrated Business Plan and Long Term Financial Model;
- A presentation from the Trust's external auditors, Grant Thornton, on how to strengthen the Trust's Cash Management position and processes, which would be taken for consideration to the next Audit Committee meeting.

ACTION: The Board noted the report.

15.008 Workforce Performance Report

Mrs Brewer reported that December being a pressurised month was reflected in the indicators, but maintenance of standards was a good sign. Overall turnover had steadied, although there remained room for improvement. Mrs Brewer

reminded the Board of the detailed turnover report that had been presented in October. These reports would now be presented on a six monthly basis with the next one due in June. In terms of those leaving, there was a need to differentiate between those who were doing so due to unhappiness and those who had received career development opportunities. It seemed that a high proportion of staff left in order to gain promotion. For this reason, additional information was being provided on the percentage of staff who are internally promoted each month. The figures for November and December compare favourably with the population of staff in post for more than one year, of whom 5% had been promoted into their current role.

Mrs Brewer noted that considerable efforts were being made to reduce staff sickness levels, with some confidence that the Trust could revert to previously lower rates. Struggles to fill some shifts had meant use of agency and/or bank staff once more. MAST training levels remained encouraging.

In response to Mr Smallwood's question regarding aspirations for the future, Mrs Brewer reported that it was hoped to reduce staff turnover down to the target of 13% for all turnover and 10% for voluntary turnover. The trust had been at these figures in June 2013. There would not be an immediate change in what was an annual rolling trend, although it now appeared to be a little more positive. She advised Ms Wilton that turnover figures should be viewed with some caution and that further investigation was required to ascertain why the Trust remained an outlier compared to the available benchmark information.

Ms Pantelides commented that the Trust now had some evidence to demonstrate ongoing trends – three years of staff survey data showed that pride was exhibited in many of those working for the Trust, but there was also concern at the levels of bullying and harassment within the organisation. Mrs Brewer noted that the Trust was on a par with other similar trusts in these terms, although work was needed and was ongoing to improve the situation.

ACTION: The Board noted the report.

Strategy

15.009 Service Improvement Update: Capacity

Mr Wilson introduced the item by noting there was a need to close the gap and look ahead. Additional projects which it had anticipated would lead to Length of Stay (LOS) reductions had not yielded during 2014/15 – there was therefore a need to reduce reliance upon LOS reductions going forward.

In response to Mr Smallwood's question regarding ongoing capacity issues within the Trust, Mr Wilson reported that some of the recent rise in bed numbers was caused by non-recurrent beds being made recurrent, with others not yet being allocated recurrent funding; additionally it was expected that a ward would be closed in May 2015 as part of the Children's and Women's Hospital redevelopment. Mr Bolam added that the allocation of winter monies was announced in the previous summer, which was then followed by the system resilience group. For 2015/16 all NHS money had already been allocated – any additional beds that were provided would be done so solely at the Trust's risk, which would need to be factored into the Trust's baseline.

Mr Smallwood noted that capacity shortfall would be considered at the next Finance and Performance Committee meeting. Mr Rappolt believed that it was

critical that the Board received KPI measures on progress made by the Service Improvement Programme in terms of LOS, for example, reported into the committee to ensure Board assurance. Ms Pantelides questioned whether the correct information was being sought and if implementation of projects was being monitored appropriately and with sufficient rigour.

15.010 Service Improvement Update: Outpatients

Mr Wilson introduced the item by noting that the majority of Outpatients was within the remit of the Children's and Women's division.

Dr Rhodes reported that the division had not been working in an optimal fashion when the current management team had joined during the course of 2014. There had been widespread complaints about the call centre, availability of medical notes and patient experience more widely. With 650,000 appointments made annually, Outpatients was a source of income for the Trust, but it was also for many their first impression of what St George's was like. The paper considered a number of improvements that might be made, with still a way to go.

In response to Mr Smallwood's question regarding priorities, Dr Rhodes reported that moving the call centre off the main St George's site ranked highly as it would lead to greater capacity and hopefully less crisis management; a review of the appointments system – how referrals were made and the way that appointments were processed – was also required.

Mr Rappolt was encouraged by the report. Dr Rhodes confirmed to Mr Rappolt that review of progress was covered within the monthly Performance Report to the Board. Dr Rhodes reported that the Outpatients business models for each site within the Trust were all different – work was being conducted with Mr Bolam to harmonise working practices during the current financial year.

In response to a question from Mr Rappolt regarding the 'Choose and Book' service, Mr Camp reported that a quarter of patients used the service, which was currently undergoing a national rebranding exercise. Its use was encouraged as it eased pressure on the service as well as providing greater patient choice.

In response to Mr Rappolt's question regarding patient representation, Ms Hamilton reported that patients were involved in every workstream included within the Service Improvement Programme. Dr Rhodes added that it had been a lesson learned that the implementation of new systems had taken place at the same time as a level of reduction in IT resource – this had proved to be a false economy at the time, but would ultimately result in some cost benefits to the service as a whole. Ms Hall agreed with Mr Scott that the engagement of Clinical Quality Review meetings with the programme would be of merit.

Mr Scott believed that engagement with medical secretaries, around whom much patient experience was focused, was needed as part of the Service Improvement programme. Dr Rhodes reported that the pilot of an e-triage system would lessen the numbers of people involved in each case, but that their involvement was important.

In response to Professor Kopelman's point that the paper focused on Outpatients at the St George's Hospital site, Dr Rhodes reiterated that clinics were held at other sites, but that their business models were different and needed to be streamlined.

Dr Rhodes agreed with Ms Wilton's point that the 10% figure of Outpatients not attending appointments was a concern – with lots of last minute appointments being made, there was a need for greater forward planning, with a workstream looking at the issue of patient communications. Work was also needed with clinicians regarding their individual responsibilities and the need to tighten up the link with diagnostic needs.

Mr Wilson confirmed to Ms Wilton that the opening of the Nelson Local Care Centre in Merton in April 2015 and its associated risks were being managed within the Community Services division, with assistance from two other divisions that were also impacted.

In response to Mrs Leach's question regarding efforts to reduce staff turnover, Dr Rhodes reported that it was an ongoing task to get the establishment correct within the service, with a high volume of agency staff proving destabilising. Behaviours needed to be improved to ensure that lists were run properly and staff not concerned unnecessarily. Turnover and its attendant stresses on the system were intrinsically linked with capacity.

Mr Wilson agreed to provide Board members with a date when it would consider an overarching outpatient strategy.

Martin Wilson
26.02.15

Mr Bolam believed that improving the Outpatients service would only prove beneficial if it was done in tandem with efforts to address capacity issues within the Trust. Dr Rhodes agreed that virtual clinics were being opened, by way of an example of doing things differently, but that estates issues sometimes presented challenges. Ms Pantelides wondered whether the use of apprentices in Outpatients might be scaled up in an effort to achieve greater stability as opposed to an agency model.

ACTION: The Board noted the report.

15.011 Annual Plan and Objectives 2014/15 – Quarter 3 Monitoring

Ms Marsello noted that a number of the reports that the meeting had considered showed that the Trust was making good progress in terms of meetings its objectives. Mrs Leach was of the view that there were too many objectives set for there to be a realistic chance of meeting them all.

ACTION: The Board noted the report.

Governance

15.012 Risk and Compliance Report

Mr Jenkinson introduced the item by reporting that the Trust's overall risk profile had changed because of short and mid term financial considerations, as well as increased risk in capacity and operational performance. No increase had been identified in quality and regulatory risks, but there remained a need to monitor them in the light of other higher risks, to ensure any signals are picked up as and when they arise. Mr Jenkinson reminded Board members that the ratings in the report were as originally set, which didn't show residual risks when controls had been imposed.

Mr Jenkinson agreed that he would review whether the Nelson project merited a separate entry in the Risk Register.

Peter Jenkinson
ASAP

ACTION: The Board noted the report.

General Items for Information

15.013 Use of the Trust Seal

Mr Smallwood reported that there had been no use of the Trust seal since the last Board meeting.

15.014 Questions from the public

In response to a question from Ms Hazel Ingram, Mr Wilson reported that the reminder messaging service for appointments was such that messages which were not acknowledged did not result in appointments being cancelled as a matter of course – an opportunity to renegotiate the time and date was possible.

In response to Ms Hazel Ingram's point about arrangements at the Trust over the Christmas and New Year period, Mr Scott advised that full medical cover was in place throughout, with no cancellations of emergency operations.

Mr Wilson agreed to speak to Ms Ingram regarding her query on staff reluctance to recommend accommodation in the local area that was outwith NHS facilities.

**Martin Wilson
ASAP**

In response to a question from Thomas Saltiel, Mr Smallwood confirmed that achieving Foundation Trust status would free up considerable management time to do other valuable work around the Trust.

In response to Tom Coffey's question regarding those consulted on proposed changes to Outpatients, Mr Wilson reported that patient ambassadors chose patient representatives for such consultations – those chosen tended to bring significant life experience with them.

15.015 Any other business

There was no other business.

15.016 Date of the next meeting

The next meeting of the Trust Board will be held on 26 February 2015 at 9.00am.

**Matters Arising/Outstanding from Trust Board Public Minutes
26 February 2015**

Action No.	Date First raised	Issue/Report	Action	Due Date	Responsible officer	Status at 26 February 2015
14.272	18.12.14	Schedule of Matters Arising: Chief Executive's Report – branding	An update on the strapline 'rationale' and agreed appropriate usage to be provided	26.02.15	Peter Jenkinson	Brand guidelines to be agreed at workshop on 24 February, to include usage of strapline in Trust publication templates
14.273	18.12.14	Chief Executive's Report: St George's – Partners in the African Patient Safety Movement	Process for approving similar future initiatives to be agreed	TBC	Miles Scott	To be placed on a future Trust Board agenda
		South West London Collaborative Commissioning	Board report to be produced on the discharge process	TBC	Jennie Hall	To be placed on March Trust Board agenda

14.274	18.12.14	Quality and Performance Report	Board session on Mortality to be arranged as part of Board development programme	TBC	Peter Jenkinson	Date to be confirmed
15.005	29.01.15		Warning triangle not to be appear as frequently within the report	Ongoing	Jennie Hall	Ongoing
			Further assurance on medical records to be provided	ASAP	Jennie Hall	To be placed on March Trust Board agenda
			Complaints overview to be part of next report	26.02.15	Jennie Hall	Quality and Performance Report on agenda
			Status of validation alerts as part of the safe staffing return to be checked	ASAP	Jennie Hall	Quality and Performance Report on agenda
			Process for 'special measures' to be shared	ASAP	Jennie Hall	To be placed on March Trust Board agenda
			Update on WHO checklist compliance including sanctions to be provided to QRC	TBC	Simon Mackenzie	To be reported to a future QRC meeting
15.008	29.01.15.	Service Improvement Update: Capacity	Capacity shortfall to be considered at next Finance & Performance Committee meeting, as well as KPI data to be included in regular reporting	25.02.15	Steve Bolam	To be reported to the February Finance & Performance Committee
15.009	29.01.15	Service Improvement Update: Outpatients	Date for overarching outpatient strategy to be brought to the Board	26.02.15	Martin Wilson	Update to be provided as part of Matters Arising
15.011	29.01.15	Risk and Compliance Report	Review of report for inclusion of Nelson project	ASAP	Peter Jenkinson	Update to be provided as part of Matters Arising

REPORT TO THE TRUST BOARD – JANUARY 2015

Paper Title:	Chief Executive's Report
Sponsoring Director:	Miles Scott, Chief Executive
Author:	Peter Jenkinson, Director of Corporate Affairs
Purpose: <i>The purpose of bringing the report to the board</i>	To update the Board on key developments in the last period
Action required by the board:	For information
Document previously considered by: <i>Name of the committee which has previously considered this paper / proposals</i>	N/A
Executive summary 1. Key messages The paper sets out the recent progress in a number of key areas: <ul style="list-style-type: none"> • Quality & Safety • Strategic developments • Management arrangements 2. Recommendation The Board is asked to note the update and receive assurance that key elements of the trust's strategic development are being progressed by the executive management team.	
Key risks identified: <i>Are there any risks identified in the paper (impact on achieving corporate objectives) – e.g. quality, financial performance, compliance with legislation or regulatory requirements?</i> Risks are detailed in the report under each section.	
Related Corporate Objective: <i>Reference to corporate objective that this</i>	All corporate objectives

<i>paper refers to.</i>	
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	N/A
<p>Equality Impact Assessment (EIA): Has an EIA been carried out? Yes</p> <p>If yes, please provide a summary of the key findings</p> <p>No specific groups of patients or community will be affected by the initiatives detailed in the report. Where there may be an impact on patients then consultation will be managed as part of that specific programme.</p> <p>If no, please explain your reasons for not undertaking an EIA.</p>	

1 Quality and Patient Safety

1.1 Call Centre

The Board has previously been informed of issues encountered in the call centre, which have resulted in long queues and poor patient experience.

As reported at previous meetings, an action plan to address these issues has been developed and is being implemented (table 2 below). Implementation of the action plan has led to continuing improvement as presented in table 1 below.

Table 1 - Current Performance:

Performance from the last 8 weeks:

Week Commencing	Total calls	Answered	% answered	Mean response	Median response (answered calls only)	% answered within 30 secs
15 December 2014	5014	4409	87.93%	01:25	00:23	48%
22 December 2014	2364	1923	81.35%	02:28	01:25	31%
29 December 2014	3544	2993	84.45%	01:58	01:17	29%
05 January 2015	6492	5308	81.76%	02:06	01:13	28%
12 January 2015	7074	5087	71.91%	03:35	02:26	20%
19 January 2015	5942	4803	80.83%	02:20	01:17	29%
26 January 2015	6038	4636	76.78%	02:47	00:51	32%
02 February 2015	5303	4726	89.12%	01:19	00:26	48%

Table 2 – Actions plan (outstanding and ongoing only):

No.	Action	Owner	Timescale	Anticipated impact	Progress/Rag
1	Additional space for growth in CBS resource	E&F	Revised again to 27/02/2015	Facilitate increase in resource – currently reliant on leave to enable all staff to be accommodated. <i>Efficiency gain – as per 3.</i>	New space has been identified offsite in Tooting. Awaiting confirmation from BT and Telecomms/IT regarding move.
2	Conversion of Agency to substantive staff	DC/JF	Revised to 31/03/2015	Ensure that staff turnover do not adversely affect call handling resource. Focus on part time staff to cover morning and lunchtime peaks. <i>Efficiency gain – as per 3</i>	Recruitment process underway and interviews confirmed for end of February.
3	Reduced number of	HH/DCh	Revised to 31/03/2015	Improved first call resolution of appointment enquiries, for	Capacity and demand

	escalated appointments due to insufficient capacity			scheduling that cannot be completed in clinic <i>Efficiency gain – Reduction in queue time by 15 secs</i>	modelling is being developed within pilot areas (T&O, Urology, ENT). Reviewing booking processes with Head of Elective Access.
4	Full deployment of eTriage to all specialities	HH/IF	31/03/2015	Reduced time wasted looking for referrals and reduced inefficiency from two referral systems	Deployed in Urology and Rheumatology, phase II going live on 23 Feb

Current issues

- New bank starters are being trained to replace leavers to cover the period in which the vacancies are being replaced substantively. Recruitment is also focusing on some part time staff to ensure adequate cover over lunchtime period.
- Continued high sickness through the month of January, meaning reduced cover for inbound calls.
- Loss of efficiency by running two referral management systems during deployment of eTriage. This will be completed in approximately six weeks, allowing a subsequent efficiency gain.
- Significant growth in booking requests as part of work to address RTT compliance over holiday period and targeted actions for some specialities diverting resource from inbound calls.
- Large spike in urgent (non-cancer) referrals, diverting resource away from inbound call handling.
- Move has been postponed again to 27th February, following which there will be an increased call handling resource to improve inbound call performance.

2 Strategic developments

2.1 Foundation Trust (FT) application

The Trust is delighted to be able to confirm that Monitor has agreed to authorise it as a Foundation Trust, with effect from 1st February 2015. This success is a recognition of the high quality services and the safe care we provide in our hospitals and in the community.

Being an FT brings increased financial freedoms and means we can retain surpluses and make our own decisions - in consultation with our communities - about how we invest in our sites and services. The formal establishment of the Council of Governors means that we will now have accountability for our decisions to patients and members of our local communities.

In authorising us now, Monitor has said that we must continue to reduce waiting times for patients in our emergency department (ED), which is a quality goal that we continue to be focused on.

The successful achievement of FT status is a reflection of more than two years of hard work from staff across the organisation: working across all departments and professional groups.

The Trust Board established a Foundation Trust Programme Board as a formal sub-committee to oversee the work required, and now that the objective of achieving FT authorisation has been achieved, the FT Programme Board will be formally closed down. The closing report is included as an appendix for information.

3 Workforce

3.1 Listening into Action

So far this year – the 3rd for Listening into Action – the focus of the Trust’s staff engagement work has been with **specific themed Conversations**, covering such diverse topics as:-

- Pressure ulcers (7th January)
- Nurses Induction (5th February)
- Medical Devices (planned for 26th February)
- Physicians Assistants (4th March)
- Volunteers (24th March).

The latter conversation with volunteers is an opportunity for the Trust to hear from people who volunteer their time for St George’s about how the patient experience could be improved.

A key focus of work with **specific teams** is around theatres – we have resumed our engagement work colleagues in St James and Paul Calvert theatres and welcome the opportunity of working with colleagues in the day surgery unit and neurosciences theatres.

4 Communications

4.1 Foundation Trust Status

On 2nd February, Monitor announced the successful outcome of our Foundation Trust application. We published the news on our website, wrote to members and stakeholders and shared the news via social media. Our FT announcement on Facebook reached over 13,500 people, was shared 50 times and received over 200 likes. On Twitter we received 111 mentions, 74 favourites and 56 retweets. An FT Special Edition of Gazette will be published online during the w/c 16th February.

The trust’s new name, ‘St George’s University Hospitals NHS Foundation Trust’, was ratified by the board of governors on Tuesday 10th February and our new strapline is: “Excellence in specialist and community healthcare”.

4.2 News and media coverage

- **BBC Newsnight**

We arranged on-site filming for two days with consultant neurosurgeon, Henry Marsh, who discussed the pressures felt by the NHS at a national level. The seven minute film, aired on Newsnight on Monday 16th February was not a St George's-focussed piece, but was used as a discussion anchor around the issues facing the NHS and how to resolve them.

- **24 Hours in A&E**

We are approaching the end of the second series filmed at St George's. So far this series we have had nearly 2000 direct twitter engagements and picked up another 350 followers. The sentiment continues to be overwhelmingly positive with viewers commending our staff for their compassion and professionalism.

- **Broadchurch**

A scene in the current series of the highly acclaimed ITV drama, Broadchurch, was filmed at St George's Hospital. An article has been published on our website.

- **Zero Tolerance to Female Genital Mutilation Day**

To mark this international event on 6th February, we took to Twitter and Facebook to raise awareness of FGM and the services we provide at St George's. We received a moderate 50 interactions on twitter with most of our tweets being retweeted to accounts with large numbers of followers.

- **Ebola management**

We made the front cover of our local Village magazine - which has a reach of 600,000 residents across South West London) - with an article about the trust's approach to Ebola management which was based on an interview with Prof Derek Macallan.

- **Innovation Nursing Technology Fund**

St George's has successfully bid for £449,430 of funding from the Nursing Technology Fund to purchase state-of-art technology displaying real-time patient information which allows staff to access patient records directly from interactive whiteboards. This is our second successful bid. The first bid funded new Welch Allyn Vital Sign Monitors, which allow patient observations to be wirelessly uploaded into their (patient) electronic record.

Appendix 1:



Foundation Trust Programme

Closing Report

Suzanne Marsello, Deputy Director of Strategy and FT Programme Director

6th February 2015

Version 2.0

Version	Author	Date
Version 1.0	Suzanne Marsello	5 th February 2015
Version 2.0	Suzanne Marsello	6 th February 2015

Introduction

The Foundation Trust (FT) Programme Board was convened in April 2012 with the purpose of “overseeing the vision and progress of St. George’s Healthcare NHS Trust to achieving FT authorisation by 1st April 2014, in line with the Tripartite Formal Agreement (TFA) agreed with NHS London and the South West London Cluster”.

The Programme Board was chaired by Christopher Smallwood, Trust Chairman, with Peter Jenkinson, Director of Corporate Affairs as the Senior Responsible Officer, and Suzanne Marsello, Deputy Director of Strategy, as the Programme Director.

As the Trust was referred by the NTDA into the Monitor assessment phase of the process in April 2014, the key objectives of the Programme were revised to ensure they remained appropriate.

The full terms of reference for the Programme Board, including objectives, are included in Appendices 1 and 2.

Review of Delivery of Objectives: NTDA Phase

	Objective	Assessment of Delivery of Objective and Comments
1	To set the vision and direction for the Programme	This was delivered.
2	To oversee the progress of the programme and ensure delivery against the key milestones within the Accountability Agreement and the TFA.	The Programme successfully delivered the key milestones within the Accountability Agreement and TFA.
3	To exercise delegated responsibility on behalf of the Trust Board in taking decisions/ giving approval re. key deliverables within the FT process.	The delegated responsibility was fully discharged.
4	To review and approve the quarterly performance reporting framework to NHS London.	This was delivered until NHS London was replaced by the NTDA and the reporting was no longer required.
5	To approve the FT programme plan and monitor progress against the programme plan, agreeing remedial actions and strategies where milestones and/or target dates of achievement are not met.	Complete
6	To ensure that each project within the programme develops clear workplans and deliverables that fit with the requirements of the Accountability Agreement.	Complete
7	To hold the workstream leads to account and ensure that the associated workstreams deliver the required tasks within the agreed timescales.	Complete
8	To provide regular updates and recommendations to the Trust Board as appropriate.	This was achieved.
9	To ensure that a stakeholder	This was achieved.

	engagement plan is developed and that there is appropriate internal and external stakeholder engagement as part of the FT process.	
10	To ensure that the Programme is adequately resourced to meet the Tripartite Formal Agreement/ Accountability Agreement requirements and programme plan.	Complete
11	To maintain a risk register and ensure that risks are managed and mitigated.	Complete
12	To ensure that due process is followed. For each stage of the application, to review quality control against the SHA, Secretary of State, Independent Accountants and Monitor criteria.	Complete

Review of Delivery of Objectives: Monitor Phase

The additional objectives specifically added for the Monitor assessment phase were:

	Objective	Assessment of Delivery of Objective and Comments
1	Respond to Monitor information requests in a timely manner	Delivered
2	Quality control of the information provided to Monitor	Delivered
3	Successful completion of the Historic Due Diligence 3 assessment	Completed
4	Forward planning for operational changes that the Trust will need to have in place at the time of authorisation as an FT	Delivered
5	To ensure that due process is followed and to review quality control against the Monitor	Delivered

assessment requirements.	
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Summary

All the Programme objectives were successfully delivered.

There are specific actions that need to be taken by the organisation post-authorisation, but these are not part of the formal FT Programme and are being managed via a task and finish group chaired by the Director of Corporate Affairs, with progress reported to the Executive Management Team Meeting.

Risk Register

All residual risks from the FT Programme Board have been closed down, as the objective of the Programme was achieved and therefore the risk to the Programme did not materialise. The residual risks at the time of closing the Programme are outlined in the table below:

	Risk Description	Risk Score	Residual Risk Score at Closure of Programme
1	Trust financial performance is not on track and this means that progress with the FT process is not supported by Monitor. (Risk as per Board Assurance Framework)	15	5
2	Trust operational/quality performance is not on track and this means that progress with the FT process is not supported by Monitor. The key areas for the rating are: A&E, 18ww RTT, cancer, healthcare acquired infection, VTE and patient experience.	15	5
3	Trust CIP performance is not on track and this means that progress with the FT process is not supported by Monitor. (Risk as per Board Assurance Framework)	15	5
4	Trust operational/quality performance as measured by the Governance Risk Rating is not on track and	15	5

	this means that Monitor will not authorise the Trust as an FT. The Trust must be at a minimum GRR of amber-green at the time of authorisation.		
5	The Trust will be required to continue to have a rolling 2 years of detailed CIP plans in place for the Monitor assessment process, plus outline plans for Years 3-5	15	5

Risks 1-3 remain risks for the organisation as part of business as usual and are risks on the Board Assurance Framework, so will continue to be overseen as part of the Trust's usual governance processes.

Risks 4 and 5 were specific to the FT Programme and therefore will not be picked up as part of business as usual.

Lessons Learned

A lessons learned report was completed for the Programme at the end of the NTDA phase of the assessment process, so that any key lessons could be applied to the Programme during the Monitor assessment phase.

This exercise will be repeated for the Monitor assessment phase, so that any lessons learned can be applied to future programmes in the organisation.

Summary and Recommendation

The aims and objectives of the FT Programme Board were fully delivered as the organisation has been authorised as a Foundation Trust.

It is therefore recommended that the FT Programme Board, which was established as a sub-committee of the Trust Board, can be formally closed down.

Appendices

Appendix 1: Terms of Reference: NTDA Phase

Foundation Trust Programme Board

Terms of Reference

1. Purpose

The purpose of the FT Programme Board is to oversee the vision and progress of St. George's Healthcare NHS Trust to achieving FT authorisation by 1st April 2014, in line with the Tripartite Formal Agreement (TFA) agreed with NHS London and the South West London Cluster.

2. Objectives

To set the vision and direction for the Programme

To oversee the progress of the programme and ensure delivery against the key milestones within the Accountability Agreement and the TFA.

To exercise delegated responsibility on behalf of the Trust Board in taking decisions/ giving approval re. key deliverables within the FT process.

To review and approve the quarterly performance reporting framework to NHS London.

To approve the FT programme plan and monitor progress against the programme plan, agreeing remedial actions and strategies where milestones and/or target dates of achievement are not met.

To ensure that each project within the programme develops clear workplans and deliverables that fit with the requirements of the Accountability Agreement.

To hold the workstream leads to account and ensure that the associated workstreams deliver the required tasks within the agreed timescales.

To provide regular updates and recommendations to the Trust Board as appropriate.

To ensure that a stakeholder engagement plan is developed and that there is appropriate internal and external stakeholder engagement as part of the FT process.

To ensure that the Programme is adequately resourced to meet the Tripartite Formal Agreement/ Accountability Agreement requirements and programme plan.

To maintain a risk register and ensure that risks are managed and mitigated.

To ensure that due process is followed. For each stage of the application, to review quality control against the SHA, Secretary of State, Independent Accountants and Monitor criteria.

3. Committee Structure and Status

The FT Programme

Board is accountable to: The Trust Board.

Chair: Christopher Smallwood Trust Chair

Deputy Chair: Sarah Wilton Non-Executive Director

Core Membership:

Bill Boa	Interim Director of Finance
Neal Deans	Director of Estates and Facilities
Wendy Gay	Director of HR and OD
Ros Given-Wilson	Medical Director
Peter Jenkinson	Trust Secretary
Trudi Kemp	Director of Strategic Development
Suzanne Marsello	Programme Director
Jean-Pierre Moser	Director of Communications

Alison Robertson	Chief Nurse and Director of Operations
Miles Scott	Chief Executive
Sarah Wilton	Non-Executive Director

To be in Regular Attendance:

Tom Ellis	Strategic Partnership Manager
Kevin Harbottle	Assistant Director of Finance

Attendance: The Chair may invite other people to attend where required.

Members may exceptionally invite other senior members of their teams to deputise on their behalf from time to time.

Quorum: A quorum shall be at least 4 members.

Frequency/Timing of Meetings: Meetings will be once a month, in time for reporting to the Trust Board.

Additional meetings may be requested by the Chair.

Reporting: The minutes of the Foundation Trust Programme Board will be formally recorded and reported to the Trust Board

Secretariat Support: Will be provided by the Strategic Development Department

8th May 2012

Appendix 2 Terms of Reference: Monitor Assessment Phase

Foundation Trust Programme Board

Terms of Reference

1. Purpose

The purpose of the FT Programme Board is to oversee the vision and progress of St. George's Healthcare NHS Trust to achieving FT authorisation by 1st April 2014, in line with the Accountability Framework agreed with the NTDA.

2. Objectives

To set the vision and direction for the Programme

To oversee the progress of the programme and ensure delivery against the key milestones within the Accountability Framework

To oversee the progress of the programme during the Monitor assessment phase, including (but not limited to):

- Response to Monitor information requests in a timely manner
- Quality control of the information provided to Monitor
- Historic due diligence 3 assessment
- Forward planning for operational changes that the Trust will need to have in place at the time of authorisation as an FT

To exercise delegated responsibility on behalf of the Trust Board in taking decisions/ giving approval re. key deliverables within the FT process.

To approve the FT programme plan and monitor progress against the programme plan, agreeing remedial actions and strategies where milestones and/or target dates of achievement are not met.

To ensure that each workstream within the programme develops clear workplans and deliverables that fit with the requirements of the Accountability Framework and/or the Monitor assessment requirements.

To hold the workstream leads to account and ensure that the associated workstreams deliver the required tasks within the agreed timescales.

To provide regular updates and recommendations to the Trust Board as appropriate.

To ensure that a stakeholder engagement plan is developed and that there is appropriate internal and external stakeholder engagement during the Monitor assessment phase of the process. The FT Stakeholder Steering Group provides a forum for this in relation to external stakeholders, but will not be the only source of engagement with external stakeholders.

To ensure that the Programme is adequately resourced to meet the Accountability Framework/ Monitor assessment requirements and programme plan.

To maintain a risk register and ensure that risks are managed and mitigated.

To ensure that due process is followed and to review quality control against the Monitor assessment requirements.

3. Committee Structure and Status

The FT Programme

Board is accountable to: The Trust Board.

Chair:	Christopher Smallwood	Trust Chair
Deputy Chair:	Sarah Wilton	Non-Executive Director
Core Membership:	Steve Bolam	Director of Finance, Performance and Information
	Wendy Brewer	Director of HR and OD
	Neal Deans	Director of Estates and Facilities
	Ros Given-Wilson	Medical Director
	Peter Jenkinson	Director of Corporate Affairs
	Trudi Kemp	Director of Strategic Development
	Suzanne Marsello	Programme Director
	Alison Robertson	Chief Nurse and Director of Operations
	Miles Scott	Chief Executive

To be in Regular Attendance:

Tom Ellis	General Manager Strategic Development
Louise Halfpenny	Head of Communications
Kevin Harbottle	Assistant Director of Finance

Attendance: The Chair may invite other people to attend where required.

Members may exceptionally invite other senior members of their teams to deputise on their behalf from time to time.

Quorum: A quorum shall be at least 4 members.

Frequency/Timing of Meetings: Meetings will be once a month, in time for reporting to the Trust Board.

Additional meetings may be requested by the Chair.

Reporting: The minutes of the Foundation Trust Programme Board will be formally recorded and reported to the Trust Board

Secretariat Support: Will be provided by the Strategic Development Department

Approved by FT Programme Board

10th September 2013

REPORT TO THE TRUST BOARD

Paper Title:	Quality and performance Report to the Board for Month 10- January 2015
Sponsoring Director:	Jennie Hall- Chief Nurse/ Director Infection Prevention and Control Simon Mackenzie- Medical Director Steve Bolam- Director Finance/ Performance and Informatics/ Deputy CEO
Authors:	Jennie Hall- Chief Nurse/ DIPC Simon Mackenzie- Medical Director Matt Laundry- Infection Control Lead Corporate Nursing Team Trust Safeguarding Leads Steve Bolam- Director Finance/ Performance and Informatics/ Deputy CEO
Purpose:	To inform the Board about Quality and Operational Performance for Month 10.
Action required by the board:	To note the report and key areas of risk noted.
Document previously considered by:	Finance and Performance Committee Quality and Risk Committee
<p>Executive summary Key Points of Note for the Board in relation to January Quality Performance:</p> <p>Performance</p> <p>Performance is reported through a number of key performance indicators (KPIs) as per NTDA and Monitor regulatory frameworks. The trust is performing positively against these frameworks. The trusts self-assessment shows a quality score of 4 against NTDA accountability framework which signifies that no intervention is required and shows a quality governance score against Monitor risk assessment framework of 2 which is 'Amber-Green'.</p> <p>The report lists by exception those indicators that are being underachieved and provides reasons why target have not been met, remedial actions being taken and forecasted dates for when performance is expected to be back on target.</p> <p>Effectiveness Domain:</p> <ul style="list-style-type: none"> • Mortality and SHMI performance remains strong for the Trust. The latest SHMI data indicates that the Trust is one of 15 Trusts where the indicator is "lower than expected" and we remain one of 11 Trusts where mortality rates are lower than expected for two consecutive years. • Additional Consultant outcome data has now been published for neurosurgery and head and neck surgery. We have not been identified as a negative outlier at either Trust or individual consultant level in either speciality. • There are three cardiology audits presented within the report. • The local Controlled Drug audit demonstrated areas of progress but also areas where consistent compliance with the CD Trust policy was not achieved. Any concerns at the time of the audit were immediately rectified and an action plan arising from the Audit is now being overseen by the Medicines Risk management Committee. • The report indicates the position with compliance with NICE guidance and the action being taken to decrease the number of outstanding items. 	

Safety Domain:

- The SI profile for January indicates a higher number reported. A key driver for this profile was Emergency Department pressures which led to delays in the handover of patients by Ambulance crews on some very busy operational days; these are termed as 60 minutes breaches. For all of these patients who were delayed they were monitored during this time to ensure safety. There was also a never event during this period in Maternity services. This was a retained swab. The Board will be aware that this is the third incident of this nature; a themed review has been completed with a number of actions across the Trust. The situation is being very closely monitored by the Chief Nurse and Medical Director.
- Safety Thermometer performance decreased slightly from December performance. There was an increase in patients with old pressure ulcers within this month and slight increase in new pressure ulcers. Focussed work streams will continue to support improved performance i.e. pressure ulcers, falls and VTE assessment.
- The pressure ulcer profile for January was slightly higher with the November position in terms of grade 3 and 4 ulcers with a decrease in grade 2 ulcers. As previously reported to the board a deep dive review has already been completed within both the Surgical and Community Divisions where a number of the Ulcers occurred and actions are being taken forward. The actions include training, use of safety approaches such as “hotspots” to raise awareness and roll out of preventative strategies. The RCA analysis has yet to be completed to understand if the ulcers were avoidable or unavoidable.
- The VTE profile is largely unchanged. However the Trust has experienced issues with the recording of VTE risk assessments in areas where the roll out of ICLip has occurred. The adversely impacts on performance but importantly there is a need to ensure patients are appropriately screened. Actions have been put in place to address this issue with support within the clinical; areas concerned and close focus on weekly performance.
- The Trust has now reported 5 MRSA bacteraemia cases and 30 C-Difficile to the end of January. The most recent MRSA case related to a patient who had a sternal wound infection. The RCA is currently being undertaken. Focus is being placed on existing actions within the Trust i.e. hand hygiene compliance, antibiotic prescribing and prompt isolation. The profile will continue to be closely monitored.
- Safeguarding Adults activity across Paediatrics and Adults is significant. The Training profile for Safeguarding Children remains a risk given the activity profile, and number of SCR cases that the Trust is involved with across a number of boroughs. Focus is being placed on further action to improve training compliance particularly at level 3.

Experience Domain:

- The response rate for FFT improved in January but with a slight deterioration in the inpatient wards. Key themes from the FFT responses will be reported to the April Board having been triangulated with complaints themes.
- The complaints summary includes a brief summary on complaints received since the last Board report and highlights Divisional actions taken in response to complaints received during Quarter Two. There is a range of actions across the Divisions. Overall there is a reduction in overall complaint numbers from December. Of note a number of actions relating to ambulatory pathways to reduce waiting times for patients and to improve information provision.
- The complaints severity overview for Quarter three indicates that there were 12 complaints which were categorised as Red. For each of these complaints they are immediately escalated to the Chief Nurse and Divisional Management team and each are being fully investigated either through the complaints or serious incident process. The themes of the complaints were serious injury or adverse outcome, safeguarding issues, and the death of a patient.

Well Led Domain:

- The safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 91.3 % across these areas. The return is viewed alongside the Trust information for staffing alerts (Red Flags) which has been implemented across the Trust, and Trust Bank information about the temporary staffing profile and fill rates. A data quality review

was completed to ensure accuracy of the returns in January

- Work has commenced regarding the recruitment of staff to address the current turnover profile, reduction of vacancy factor to 10%, the establishment review and additional capacity. The numbers of registered staff required are significant over a 12 month period so a central programme is in place to coordinate activity in relation to Nursing/ Midwifery recruitment and retention activity to supplement existing Divisional activity.

Ward Heat map:

The Heat map for January is included in the Report. The detail regarding the profile within the dashboard is included in the report Work continues to develop a trend analysis for the dashboards and Divisional summary dashboards.

The community dashboard is contained within the Report. Key headlines from the dashboard are an improved performance in relation to pressures ulcers particularly on Mary Seacole ward following intervention. In relation to workforce the Division continues to experience high vacancy levels and in response there is a proactive recruitment plan. Appraisal rates for staff have continued to improve.

Key risks identified:

Complaints performance (on BAF)
 Infection Control Performance (on BAF)
 Safeguarding Children Training compliance Profile (on BAF)
 Staffing Profile (on BAF)

Related Corporate Objective:

Reference to corporate objective that this paper refers to.

Related CQC Standard:

Reference to CQC standard that this paper refers to.

Equality Impact Assessment (EIA): Has an EIA been carried out?

If no, please explain you reasons for not undertaking and EIA. Not applicable

Performance & Quality Report



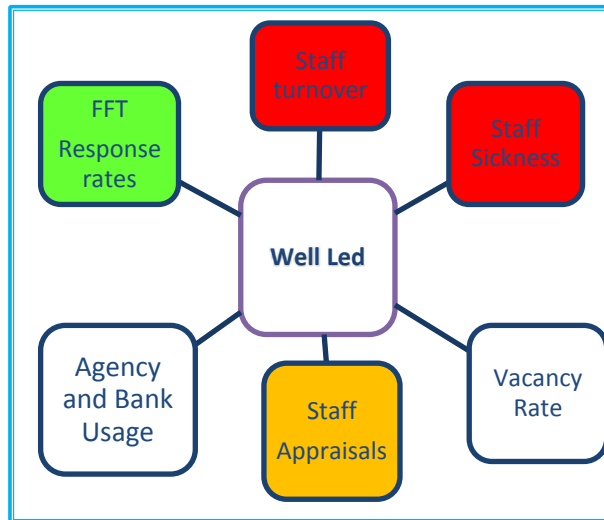
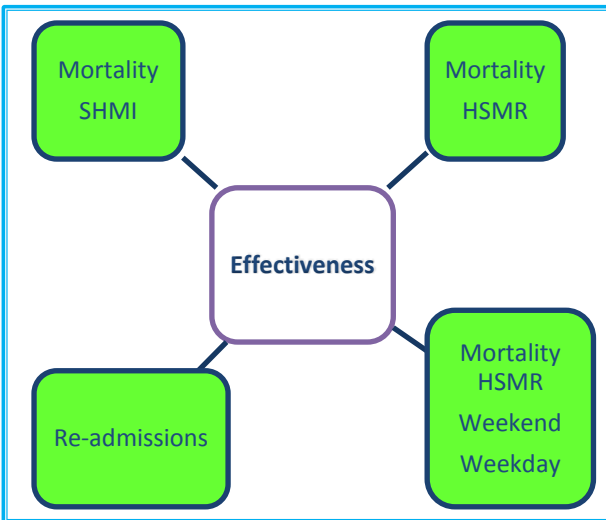
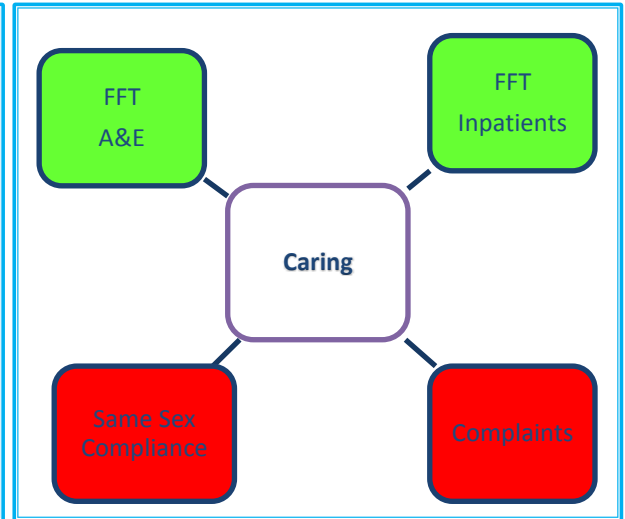
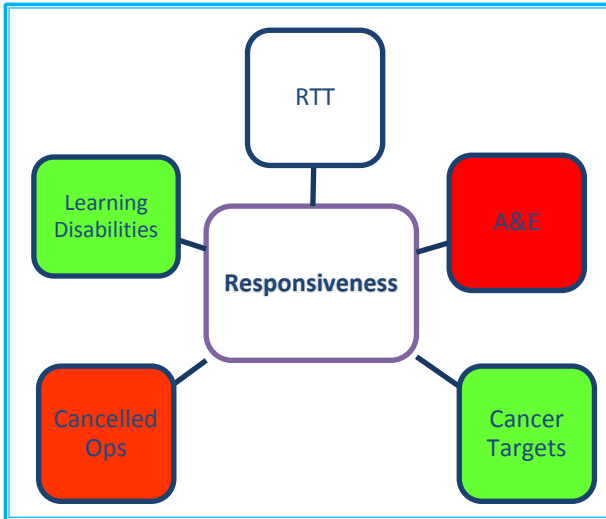
Trust Board
Month 10 – January 2015

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1. Executive Summary - Key Priority Areas January 2015



The above shows an overview of January 2015 performance for key areas within each domain of the NHS TDA Accountability Framework. These domains as per decision by the NHS TDA correlate to those of the CQC intelligent monitoring framework.

The overview references where the trust may not be meeting 1 or more related targets. (Note Cancer RAG rating is for Q3 as reported one month in arrears)

Performance against Frameworks

2. TDA Accountability Framework KPIs 2014/15: January 15 Performance (Page 1 of 1)

Responsiveness Domain					
Metric	Standard	YTD	December	January	Movement
Referral to Treatment Admitted	90%		85.7%	88.1%	▲
Referral to Treatment Non Admitted	95%		95.7%	95.6%	▼
Referral to Treatment Incomplete	92%		90.3%	90.03%	➤
Referral to Treatment Incomplete 52+ Week Waiters	0		2	4	▲
Diagnostic waiting times > 6 weeks	1%		98.9%	95.3%	▼
A&E All Types Monthly Performance	95%	93.59%	84.8%	88.53%	▲
12 hour Trolley waits	0	0	0	0	➤
Urgent Ops Cancelled for 2nd time (Number)	0	0	0	0	➤
Proportion of patients not treated within 28 days of last minute cancellation	0%	2.20%	6.7%	8.8%	▲
Certification against compliance with requirements regarding access to health care for people with a learning disability	Compliant	Yes	Yes	Yes	➤
	Standard	YTD	Q2	Q3	Movement
Two Week Wait Standard	93%	97.9%	94.7%	96.9%	▲
Breast Symptom Two Week Wait Standard	93%	96.3%	98.5%	96.1%	▼
31 Day Standard	96%	98.16%	98.7%	97.1%	▼
31 Day Subsequent Drug Standard	98%	100.0%	100.0%	100.0%	➤
31 Day Subsequent Surgery Standard	94%	98.6%	100.0%	98.5%	▼
62 Day Standard	85%	85.5%	86.0%	83.3%	▼
62 Day Screening Standard	90%	92.8%	95.4%	92.5%	▼
Domain Score			3		

Safe Domain					
Metric	Standard	YTD	December	January	Movement
Clostridium Difficile - Variance from plan	0	-4	-3	-5	▼
MRSA bacteraemia	0	5	1	1	➤
Never events	0	3	0	0	➤
Serious Incidents		169	16	36	▲
Percentage of Harm Free Care	95%		95%	94.43%	▲
Medication errors causing serious harm	0	0	0	0	➤
Overdue CAS alerts	0	1	1	1	➤
Maternal deaths	1	1	0	0	➤
VTE Risk Assessment	95%		93.5%		▲
Domain Score			4		

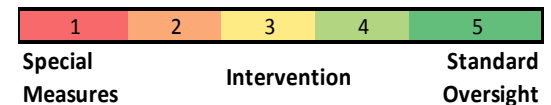
Effectiveness Domain					
Metric	Standard	YTD	December	January	Movement
Hospital Standardised Mortality Ratio (DFI)	100		84.3	84.1	▼
Hospital Standardised Mortality Ratio - Weekday	100		86.08	86.08	➤
Hospital Standardised Mortality Ratio - Weekend	100		83.66	83.66	➤
Summary Hospital Mortality Indicator (HSCIC)	100		81	81	➤
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust	5%	3.3%	3.5%	1.5%	▼
Domain Score			5		

Caring Domain					
Metric	Standard	YTD	December	January	Movement
Inpatient Scores from Friends and Family Test	60		94%	93.3%	▼
A&E Scores from Friends and Family Test	46		89.2%	84.6%	▼
Complaints * previous months data			81	63	▲
Mixed Sex Accommodation Breaches	0	6	0	9	▲
Domain Score			3		

Well Led Domain					
Metric	Standard	YTD	December	January	Movement
IP response rate from Friends and Family Test	30%		41.70%	37.3%	▼
A&E response rate from Friends and Family Test	20%		32.80%	37.9%	▲
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work	61%	61%			
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment	67%	69%			
Trust turnover rate	13%		17.4%	17.5%	▲
Trust level total sickness rate	3.50%		4.0%	4.1%	▲
Total Trust vacancy rate * previous months data only	11%		12.70%		
Temporary costs and overtime as % of total paybill					
Percentage of staff with annual appraisal - Medical	85%		83.8%	85.7%	▲
Percentage of staff with annual appraisal - non-medical	85%		83.2%	81.1%	▼
Domain Score			3		

Trust Overall Quality Score	4
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Key: Quality/Excalation Score



The trust's self-assessment against the NHS TDA Accountability framework in January 2015 is as detailed above with a overall quality score of 4. : (Note: RTT indicators have been excluded for scoring as breach of target is authorised as part of the national RTT resilience programme which has been extended to Q4 2014/15).

This places the trust under the category of low risk with no escalation, and under standard oversight with NHS TDA.

2. Monitor Risk Assessment Framework KPIs 2014/15: January 15 Performance (Page 1 of 1)

Access							
Metric	Standard	Weighting	Score	YTD	Dec	Jan	Movement
Referral to Treatment Admitted	90%	1	0		85.71%	88.1%	▲
Referral to Treatment Non Admitted	95%	1	0		95.7%	95.6%	▲
Referral to Treatment Incomplete	92%	1	0		90.30%	90.03%	
A&E All Types Monthly Performance (Quarter to date)	95%	1	1	93.59%	90.71%	88.53%	▼
				YTD	Q2	Q3	
62 Day Standard	85%	1	1		86.0%	83.3%	▼
62 Day Screening Standard	90%	1	0		95.4%	92.5%	▼
31 Day Subsequent Drug Standard	98%	1	0		100.0%	100%	▶
31 Day Subsequent Surgery Standard	94%	1	0		100.0%	98.5%	▼
31 Day Standard	96%	1	0		98.7%	97.1%	▼
Two Week Wait Standard	93%	1	0		94.7%	96.9%	▲
Breast Symptom Two Week Wait Standard	93%	1	0		98.5%	96.1%	▼

* NYA Not yet available

Outcomes							
Metric	Standard	Weighting	Score	YTD	Dec	Jan	Movement
Clostridium Difficile - Variance from plan	0	1	0	-1	-1	-1	▶
Certification of Compliance Learning Disabilities:							
Does the trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	Compliant	1	0	Yes	Yes	Yes	▶
Does the trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria: · treatment options; · complaints procedures; and · appointments?	Compliant			Yes	Yes	Yes	▶
Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities	Compliant			Yes	Yes	Yes	▶
Does the trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?	Compliant			Yes	Yes	Yes	▶
Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	Compliant			Yes	Yes	Yes	▶
Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	Compliant			Yes	Yes	Yes	▶
Data Completeness Community Services:							
Referral to treatment	50%	1	0		53%	53%	▶
referral information	50%	1	0		88%	87%	▼
treatment activity	50%	1	0		71%	70%	▼

Trust Overall Quality Governance Score	1	2	▶
---	---	---	---

Green <1.0
Amber Green = >1 and <2
Amber/Red = >2 and <4
Red = >4

January 2015 Performance against the risk assessment framework is as follows:

The trust's quality governance rating is 'Amber Green'

Note: RTT indicators have been excluded for scoring as breach of target is authorised as part of the national RTT resilience programme which has been extended to Q4 2014/15.

The trust's CoSSR position is expected to remain at 3 which is rated as 'Green'. At the time of producing this report it was not yet available and is therefore subject to change.

Areas of underperformance for quality governance are:

- A&E 4 Hour Standard
- RTT 52+ Week Waits
- Cancer 62 Day Waits
- Cancelled Operations
- Mixed Sex Accommodation
- Workforce

Further details and actions to address underperformance are further detailed in the report.

Performance – areas of escalation



3. Performance Area of Escalation (Page 1 of 5)

- A&E: 4 Hour Standard

Total time in A&E - 95% of patients should be seen within 4hrs

Lead Director	December	January	Movement	2014/2015 Target	Forecast Feb- 15	Date expected to meet standard
FA	84.84%	88.53%	▲	>= 95%	R	Mar -15

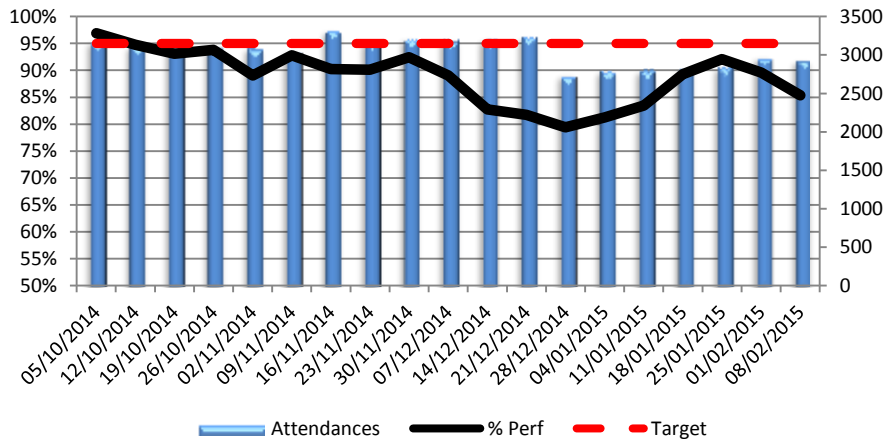
Peer Performance Q4 at end January 2015

STG	Croydon	Kingston	King's College	Epsom & St Helier
88.53%	92.92%	90.34%	86.77%	93.53%

The ED target is that 95% or more of patients should be seen and discharged within 4 hours of attending the Emergency Department. In January, 88.53% of patients were seen within 4 hours, this is an improvement on December's position of 84.84%. The year to date figure was also below target at 93.06%. In recent weeks achievement of this target has proved extremely challenging, however the trust continues to implement and further embed existing actions to maintain performance improvement. In order to return to performance levels within target of 95%, the trust has a recovery action plan which identifies the key issues and immediate priorities to be implemented. Key themes of the action plan include:

- Capacity
- Doing the basics right, every time
- Empowering clinical teams to manage patients care effectively
- Ensuring the in-patients in the hospital still require patient care at St Georges
- Internal Emergency Department improvements
- Leadership capacity and capability

ED Q3 & Q4 TO DATE - Performance by Week



Performance Overview by Type

	ED	MIU	ED & MIU
	(Type 1)	(Type 3)	(Type 1+3)
Month to Date (December)	87.18%	99.93%	88.53%
Quarter to Date	87.18%	99.93%	88.53%
Year to Date	92.25%	99.84%	93.06%



3. Performance Areas of Escalation (Page 2 of 5) - RTT Incomplete 52+ Week Waiters

Referral to Treatment Incomplete 52+ Week Waiters

Lead Director	December	January	Movement	2014/2015 Target	Forecast Feb – 15	Date expected to meet standard
SB	2	4	▲	0	R	Mar-15

Specialty	Patient Type	Date for patient to be treated	Commentary
Gynaecology	Continuing OP	TBC	The patient is on a complex diagnostic pathway. The patient had an appointment on 24/12/2014 which they attended and an additional follow-up appointment is currently being scheduled.
Pediatrics	Continuing OP	24/02/2015	Patient was scheduled for a scan on 13/02/2015 and an appointment for tests on 18/02/2015. Both appointments were attended, and a follow-up appointment to review the results has been scheduled for 24/02/2015.
Plastic Surgery	Continuing OP	25/02/2015	Patient had an appointment on 05/01/2015 which they DNA'd. This was then rescheduled to 16/02/2015, which the patient attended with a follow-up now scheduled for 25/02/2015.
ENT	Continuing OP	23/02/2014	The patient had a MRI scan scheduled for 23/01/2015, which they attended, with a follow-up appointment booked for 23/02/2014.

All 52+ week waiters reported in December have now been treated and are no longer waiting.

The trust continues to pro-actively addressing the issue of long waiters and in particular the prevention of 52+ week waiters. The following actions continue to support this:

- Weekly RTT management meetings by care group are now in place which track the PTL and review at patient level, review capacity and escalate long waits.
- A weekly email of long waiters is sent to divisional managers to review and action those patients waiting for more than 40 weeks.
- A monthly RTT Compliance meeting chaired by an Executive Director is held which reviews; performance by care group with a particular focus on patients waiting 40+ weeks to ensure treatment plans are in place, review/facilitate escalation, provide senior decision making support to drive actions forward, reviews and monitors elective cancellations, their rebooking to target and their impact on RTT performance.



3. Performance Areas of Escalation (Page 3 of 5)

- Cancer: 62 Day Wait Standard

62 Day Wait Standard						
Lead Director	Q2	Q3	Movement	2014/2015 Target	Forecast Jan - 15	Date expected to meet standard
CC	86%	83.3%	▼	85%	G	Jan-15

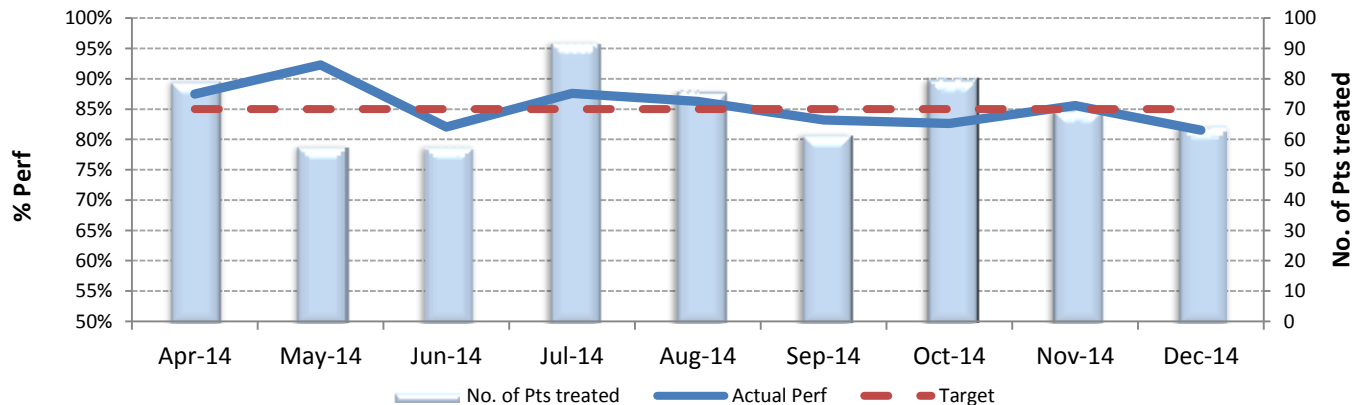
Peer Performance Latest Published Q3 2014-15				
STG	Croydon	Kingston	King's College	Epsom & St Helier
83.3%	83.9%	87.9%	89.6%	69.9%

The trust met all national cancer targets for Q3 with the exception of the 62 wait standard. The trust failed to meet the 62 Day Standard in December with a performance at 81.5% against a target of 85%

A Key factor in underperformance in December was shared breaches and late referrals from other trusts (referrals received after day 42). The trust has seen positive performance improvement against the 62 day pathways targets and did meet the target for two previous successive quarters. The trust continues to implement on-going actions for continue improvement which are summarised as follows:

- The Trust is engaging with cancer leads from referring trusts to improve pathways and processes for referrals and improvements in data quality of referral forms to allow for accurate tracking.
- A process where each patient is tracked is in place through a weekly performance/planning meetings, which involves engagement from the respective clinical teams and treatment expedited where possible.
- The Trust has developed and is continuing to build upon and enhance the 62-day pathway PTL, where patients are centrally monitored .
- The trust also has an Executive Director led monthly Cancer Performance Meeting where performance and key issues for escalation are reviewed. Clinical leadership is also present within the meetings.
- The Trust also has in place nominated MDT co-ordinators for each tumour type.
- The Trust continues with 'Infoflex' development programme to the standardised specification. This will improve cancer related informatics and will enhance quality of information and the ability to track patients pro-actively.

62 day GP Referral to Treatment Standard Performance: April- 14 to December-14





3. Performance Areas of Escalation (Page 4 of 5) - Cancelled Operations

Proportion of Cancelled patients not treated within 28 days of last minute cancellation						
Lead Director	December	January	Movement	2014/2015 Target	Forecast Feb - 15	Date expected to meet standard
CC	6.7%	8.8%	▲	0%	G	Feb - 15

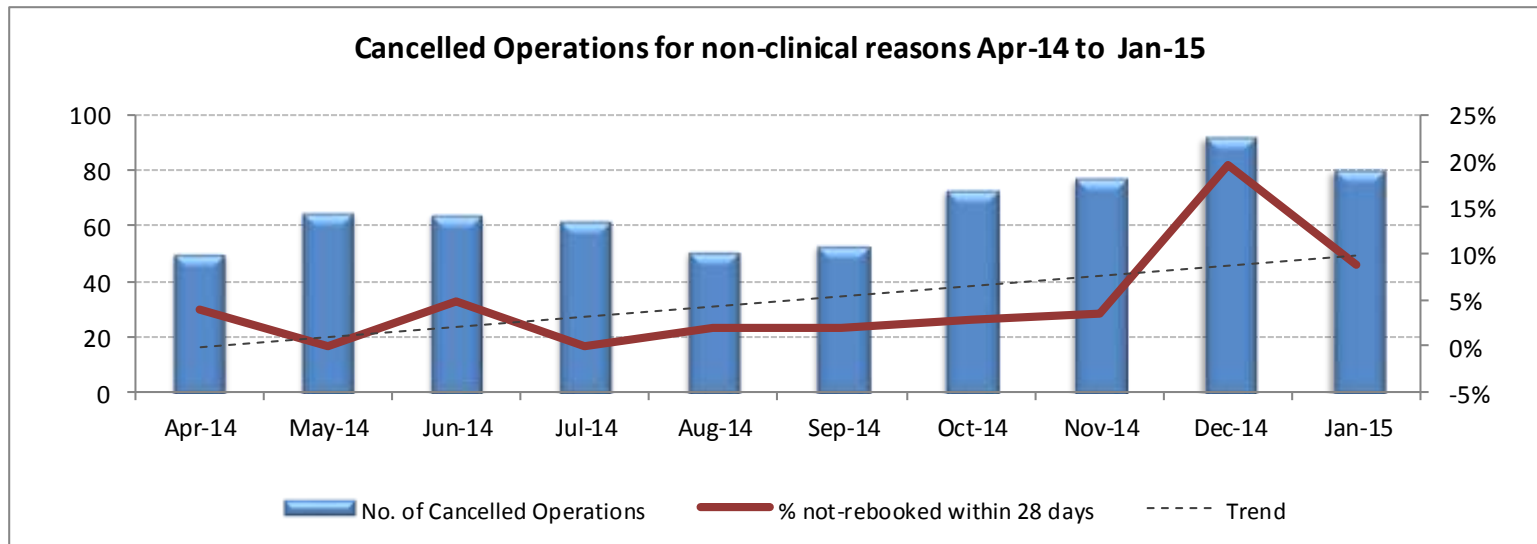
Peer Performance Comparison – Q3 2014/15				
STG	Croydon	Kingston	King's College	Epsom & St Helier
12%	0%	5.0%	2%	0%

The national standard is that all patients whose operation has been cancelled for non clinical reasons should be treated within 28 days.

The trust had 80 cancelled operations in January from 3993 elective admissions, 73 of whom were rebooked within 28 days. 7 patients were not rebooked within 28 days, accounting for 8.8 % of all cancellations.

The breaches were attributable to the Surgery, ENT, Gynaecology, Obstetrics and Vascular specialties. Key contributory factors for the cancellations were related to continued winter pressures with an increase in emergency/trauma demand and high bed occupancy resulting in a lack of beds for post surgical admission.

The trust pro-actively monitors its elective programme which includes all cancelled operations closely and prioritises them for re-booking. These are also reviewed with commissioners on a monthly basis.



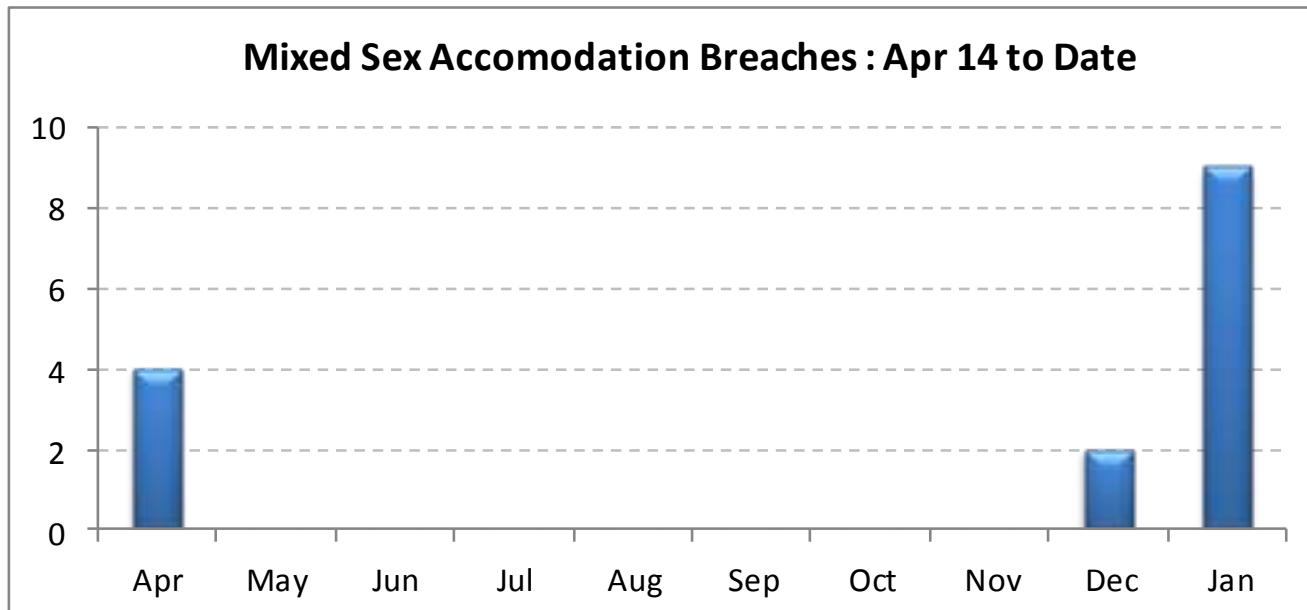


3. Performance Areas of Escalation (Page 5 of 5) - Mixed Sex Accommodation

Eliminating Mixed Sex Accommodation (EMSA)						
Lead Director	December	January	Movement	2014/2015 Target	Forecast Feb – 15	Date expected to meet standard
JH	2	9	▲	0	G	Feb- 15

Peer Performance Latest Published January 2015				
STG	Croydon	Kingston	King's College	Epsom & St Helier
9	0	0	0	0

In January the trust had 2 instances of mixed sex accommodation breaching which impacted upon 9 patients. The breaches occurred on Florence Nightingale Ward (6 patients affected) and Frederick Hewitt ward (3 patients affected). The two patients (one male and one female) were admitted into a mixed bay directly from ED. An apology was given to all patients involved in the EMSA breach and the situation explained and resolved as promptly as possible. This occurred at a time when the trust faced significant capacity and bed pressures. Actions are being undertaken to maximise and increase bed capacity and improve flow.



4. Divisional KPIs Overview 2014/15: January 15 Performance (Page 1 of 3)

			January 2015				
			CS - COMMUNITY SERVICES	MEDCARD - MEDICINE	SNTA - SURGERY	CWDT- WOMEN & CHILDREN	TRUST
Access Metrics	18 WEEKS - ADMITTED WAITS (DIVISION LEVEL)	%		83.0	89.2	92.5	88.1
	18 WEEKS - INCOMPLETE WAITS (DIVISION LEVEL)	%	100.0	89.6	88.6	89.3	90.0
	18 WEEKS - NON-ADMITTED WAITS (DIVISION LEVEL)	%	100.0	95.1	92.1	96.9	95.6
	52 WEEK WAITERS	No.	0.0	0.0	2.0	2.0	4.0
	6 WEEK DIAGNOSTIC WAITS	%					95.2
	A&E WAITS (4 HOURS)	%	99.9	86.5			88.3
	CANCELLED OPERATIONS RE-BOOKED WITHIN 28 DAYS (DIVISION)	%		11.1	4.4	25.0	8.8
	LAS HANDOVER WITHIN 15 MINS	%					23.6
	LAS HANDOVER WITHIN 30 MINS	%					80.6
	LAS HANDOVER WITHIN 60 MINS	No.					8.0

Note: Cancer performance is reported a month in arrears, thus for December-14

			December 2014				
			CS - COMMUNITY SERVICES	MEDCARD - MEDICINE	SNTA - SURGERY	CWDT- WOMEN & CHILDREN	TRUST
Access Metrics	2 WEEK GP REFERRAL TO FIRST OUTPATIENT (BREAST SYMPTOMS) - (DIVISION)	%			96.5		96.5
	2 WEEK GP REFERRAL TO FIRST OUTPATIENT (CANCER) - (DIVISION)	%			97.9		97.9
	31 DAY SECOND OR SUBSEQUENT TREATMENT (DRUGS) - (DIVISION)	%			100		100
	31 DAY SECOND OR SUBSEQUENT TREATMENT (SURGERY) - (DIVISION)	%			100		100
	31 DAY STANDARD FROM DIAGNOSIS TO FIRST TREATMENT - (DIVISION)	%			97		97
	62 DAY URGENT GP REFERRAL TO TREATMENT FOR ALL CANCERS - (DIVISION)	%			81.5		81.5
	62 DAY URGENT GP REFERRAL TO TREATMENT FROM SCREENING - (DIVISION)	%			94.3		94.3

4. Divisional KPIs Overview 2014/15: January 15 Performance (Page 2 of 3)

			January 2015				
			CS - COMMUNITY SERVICES	MEDCARD - MEDICINE	SNTA - SURGERY	CWDT- WOMEN & CHILDREN	TRUST
Outcome Metrics	C-SECTIONS (APPLICABLE TO WOMEN & CHILDREN ONLY)	%				22.9	22.9
	HSMR	Ratio					84.1
	INCIDENCE OF C.DIFFICILE	No.	0.0	1.0	0.0	0.0	1.0
	INCIDENCE OF MRSA	No.	0.0	1.0	0.0	0.0	1.0
	MATERNAL DEATHS	No.				0.0	0.0
	MEDICATION ERRORS CAUSING SERIOUS HARM	No.	0.0	0.0	0.0	0.0	0.0
	MSSA	No.	0.0	7.0	0.0	0.0	7.0
	NEVER EVENTS	No.	0.0	0.0	0.0	0.0	0.0
	SERIOUS INCIDENTS (DIVISION LEVEL)	No.	3.0	20.0	8.0	8.0	39.0
	TRUST ACQUIRED PRESSURE SORES	No.	2.0	3.0	4.0	1.0	10.0

4. Divisional KPIs Overview 2014/15: January 15 Performance (Page 3 of 3)

			January 2015				
			CS - COMMUNITY SERVICES	MEDCARD - MEDICINE	SNTA - SURGERY	CWDT- WOMEN & CHILDREN	TRUST
Quality Governance Indicators	PATIENT SATISFACTION (FRIENDS & FAMILY)	%	100.0	89.3	95.3	89.1	90.8
	PERCENTAGE OF STAFF APPRAISAL (MEDICAL) - (DIVISION)	%	80.0	81.5	89.0	85.6	85.7
	PERCENTAGE OF STAFF APPRAISAL (NON-MEDICAL) - (DIVISION)	%	82.1	78.1	81.4	84.0	81.1
	SICKNESS/ABSENCE RATE - (DIVISION)	%	6.0	4.0	3.9	3.4	4.1
	STAFF TURNOVER - (DIVISION)	%	19.9	18.1	15.4	17.7	17.5
	VOLUNTARY STAFF TURNOVER - (DIVISION)	%	15.3	15.9	12.9	13.3	14.1

Key Messages:

This section headed 'Access' indicates how effective the trust is at providing patients with the appointments and treatment they need and require in accordance with the national standards and the NHS Constitution. The Access section is split into two components, as Cancer metric and complaints performance is reported one month in arrears.

LAS arrivals to patient handover times, continues to fluctuate. As the end of January 23.6% of patients had handover times within 15 minutes and 80.6% within 30 minutes. However, the 30 minute target data is currently under validation and performance is envisaged to increase post validation to greater than 90%.

The trust is aiming for zero tolerance of avoidable pressure ulcers in 2014/15 and has placed significant importance on prevention and education of PU's. In January the trust reported a total of 10 grade 3+ trust acquired Pressure Ulcers. All grade 3 and 4 pressure ulcers acquired in our care are investigated as serious incidents, and a full investigation and Root Cause Analysis is produced for each and reviewed at the Pressure Ulcer Strategy group, chaired by the Deputy Chief Nurse.

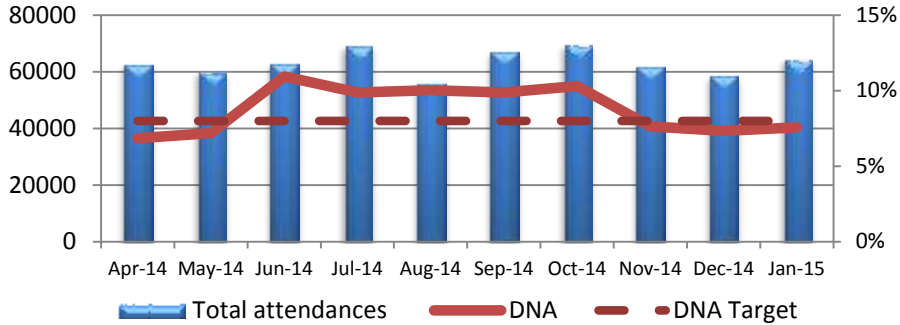
There were 36 serious incidents reported in the month of January, three of which are shared across the Trust hence reported as 39 on the scorecard, with all SIs in the month completed within deadline.

Corporate Outpatient Services Performance

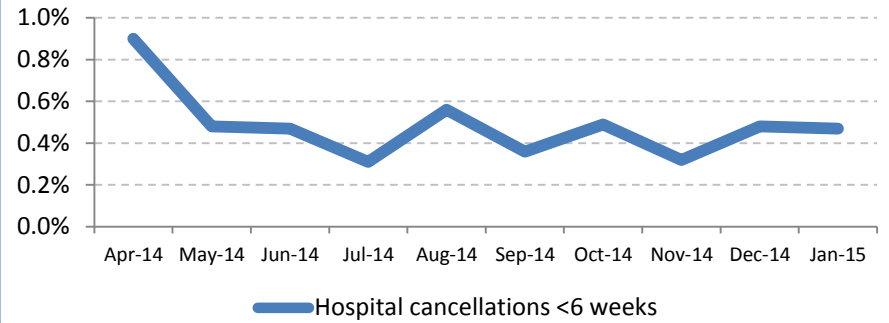
5. Corporate Outpatient Services (1 of 2)

- Performance Overview

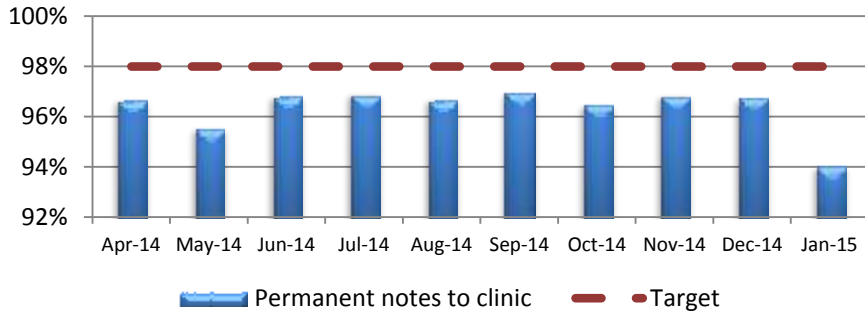
Activity - OP Attendances and DNA's



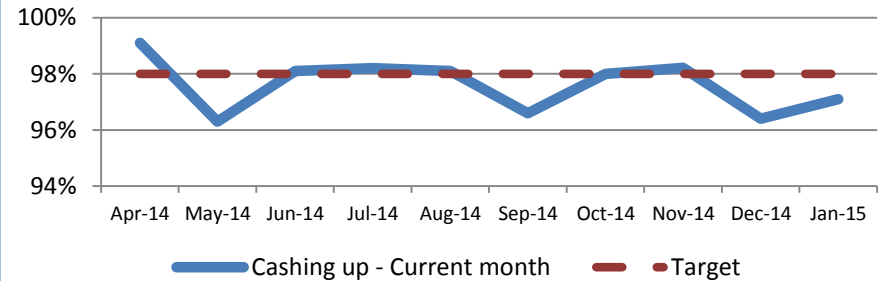
Outpatients - Hospital Cancellations < 6 Weeks



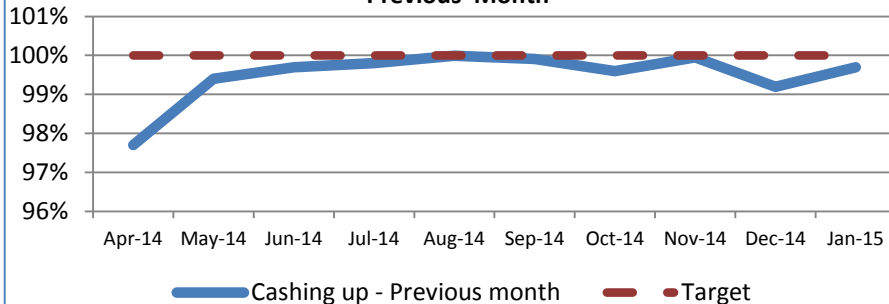
OP Department Performance - Permanent notes to clinic



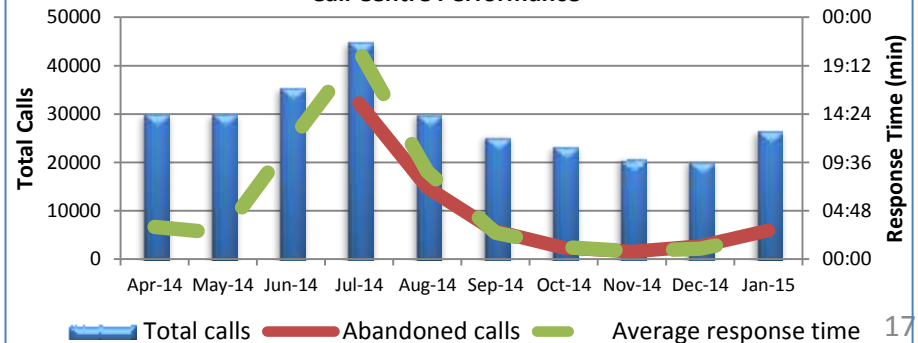
OP Department Performance - Cashing up Clinics Current Month Performance



OP Department Performance - Cashing up Clinics Previous Month



Call Centre Performance



5. Corporate Outpatient Services (2 of 2)

- Performance Overview

		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Activity	Total attendances	N/A	62796	60264	62954	69250	56102	67188	69507	61879	58659	64609
	DNA	<8%	6.84%	7.18%	10.93%	9.87%	10.02%	9.89%	10.30%	7.64%	7.33%	7.58%
	Hospital cancellations <6 weeks	<0.5%	0.90%	0.48%	0.47%	0.31%	0.56%	0.36%	0.49%	0.32%	0.48%	0.47%
OPD performance	Permanent notes to clinic	>98%	96.67%	95.54%	96.85%	96.94%	96.71%	96.98%	96.51%	96.88%	96.77%	94.05%
	Cashing up - Current month	>98%	99.10%	96.30%	98.10%	98.20%	98.10%	96.60%	98.00%	98.22%	96.40%	97.10%
	Cashing up - Previous month	100%	97.70%	99.40%	99.70%	99.80%	99.99%	99.91%	99.60%	99.95%	99.20%	99.70%
Call Centre Performance	Total calls	N/A	30162	30116	35571	45101	30004	25674	23420	20964	20639	26565
	Abandoned calls	<25%/<15%				32257	14825	5794	2376	1558	2681	5923
	Mean call response times	<1 minute	03:12	02:34	11:42	20:39	08:41	02:38	01:13	00:47	01:02	02:24

Key Messages:

- Activity has seen an increase in January-15, with positive performance on reducing DNAs being maintained from end Q3 and into Q4. Hospital cancellations also remain within target of less than 0.5%
- Call centre performance has been challenged in January with a 29% increase in activity from December position. Abandoned calls account for 22% of total calls received and within the amber threshold. The division is pro-actively monitoring call centre performance and working towards bringing abandoned call to less than 15% of total calls and to bring average response times to less than a minute.
- Trust OP capacity is not in line with forecasted demand as per business plans.
 - Business plan demand of 666,000 stated against actual trust built capacity of 450,000. This is currently being mitigated by overbooking and scheduling of additional ad-hoc clinics.
- On average 25% of activity is delivered on an ad-hoc basis. This continues to vary between specialties from 2% to 86%.

Clinical Audit and Effectiveness

6. Clinical Audit and Effectiveness

- Mortality

HSMR (Hospital standardised mortality ratio)

Lead Director	December 14	January 15	Movement	2014/2015 Target	Forecast February 15	Date expect to meet standard
SM	84.3	84.1	↓	<100	G	Met

SHMI (Summary hospital-level mortality indicator)

Jan 2014	April 2014	July 2014	Oct 2014	Jan 2015
0.81	0.78	0.80	0.81	0.84

Note: Source for HSMR mortality data is Dr Foster Intelligence, published monthly. Data is most recent rolling 12 months available. For January 15 this was November 13 to October 14. SHMI data is published by the Health and Social Care Information Centre 6 months retrospectively. The last 12 month period as published on 27th January 15 is reported and relates to the period July 2013 to June 2014.

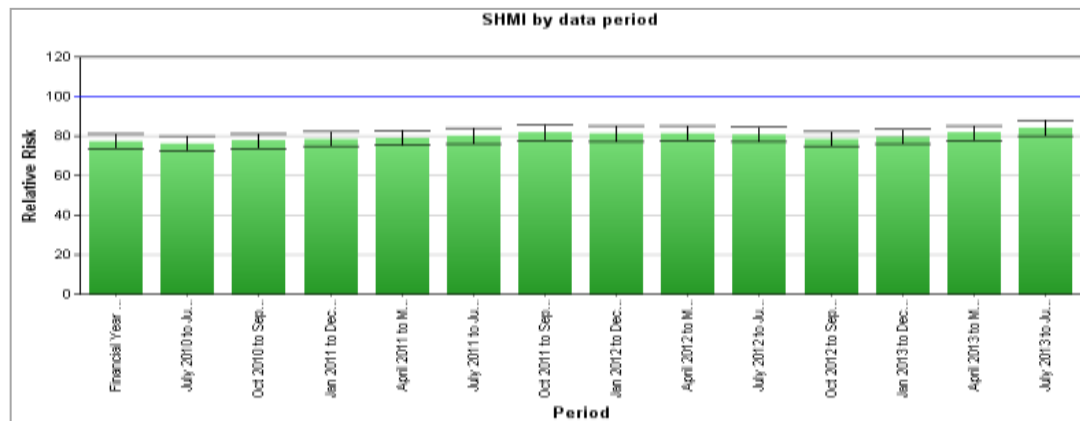
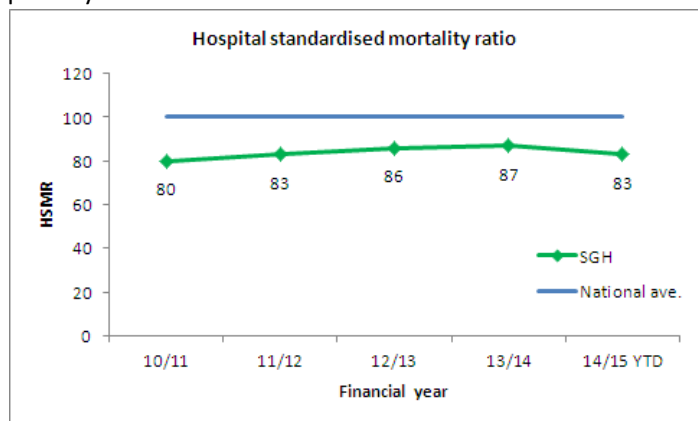
Overview:

The latest SHMI data published in January identifies St George’s as one of 15 trusts whose SHMI is ‘lower than expected’. Furthermore, we are one of 11 trusts with lower than expected mortality for two consecutive years. For the first time data is available on the number of expected and observed deaths for each of the 140 diagnosis groups that make up the SHMI. Although the analysis does not indicate whether differences are statistically significant, we will use this data to further inform our picture of mortality. Data derived from the Dr Foster benchmarking tool confirms our overall position, as our HSMR remains significantly better than expected. Updated analysis on mortality for weekday and weekend emergency admissions is not available and therefore remains unchanged from the previous report.

Further to the data summarised in November, additional consultant outcomes data has now been published in neurosurgery and head & neck surgery. We are not identified as a negative mortality outlier at either trust or individual consultant level in these specialties and links to the reports are provided on the public website. We await publication in one more specialty relevant to care provided by St George’s, namely urogynaecology.

In 2014 we participated in the national PRISM 2 study which aims to evaluate the relationship between the proportion of avoidable deaths and hospital wide standardised mortality ratios. We have been informed by the lead researcher that the primary analysis has been completed and a paper prepared, which will shortly be submitted for publication. Trust-specific reports are also being compiled and it is hoped that we will receive ours within the next few weeks.

It should be noted that the Department of Health and NHS England have a copy of the new paper which is based on both PRISM 1 and PRISM 2 studies, however the announcement by the Secretary of State for Health around the estimated number of avoidable deaths and his proposal for an annual casenote review of a random sample of 2000 deaths drawn from all acute hospital trusts, is based on the findings of the PRISM 1 study only and considerations by the NHE over the past 2 years.



6. Clinical Audit and Effectiveness

- National Audits

National Audit of Percutaneous Coronary Interventions (PCI), January 2013 – December 2013

St George's Data Completeness (%)

DOB	Sex	Med History	Pre-procedure shock	Procedure Urgency	Vessels treated	Renal Disease	Diabetes	Discharge Date	Discharge Status	PCI Hospital Outcome	NHS no.	Creatinine	Weight	STEMI Onset Location
100	100	94.2	91.74	99.76	100	93.46	98.66	96.95	96.4	100	91.32	86.07	55.16	95.31

Overview

This report summarises data between January and December 2013 and assesses key aspects of the patterns and quality of care for PCI. The report highlights a number of key findings indicating that aspects of best practice such as procedures involving stent insertion and the use of the radial artery for access (10% in 2004 to over 71% in 2013) are increasingly being met nationally. Also highlighted is the increase in the safety of drug eluting stents being used at a national level (76.2% in 2012 compared to 82% in 2012). This is due to safety issues being better understood.

Evidence suggests improved outcomes for patients treated in higher volume PCI centres. This is evident in centres such as St George's that perform over 400 procedures per annum (recommended by British Cardiovascular Intervention Society & British Cardiovascular Society). The report highlights that the overall rate of in-hospital death following PCI has stabilised in the last two years. For all PCI's in-hospital mortality is 1.8%, which is an improvement on the previous report (1.9%). At St George's mortality following PCI is closely monitored and all deaths are the subject of review, which is in turn reported to the Trust Mortality Monitoring Committee chair. Consultant level outcomes which are derived from this national audit and reported publically show that none of the St George's operators have outcomes, as measured by the major adverse cardiac and cerebrovascular event (MACCE) rate, which are outside of confidence limits.

Limited unit specific data is provided in the report. This indicates that the proportion of our patients with a call to balloon time of less than 150 minutes is 77.69%, which is below the national average of 79%. The proportion of our patients that have a door to balloon time of less than 90 minutes is 84.96%, which is less than the national average of 90.6%. The data also indicates that only around 30% of our patient's PCIs are performed using the radial approach which is associated with a reduction in complication rate. Data is also provided around completeness of data submissions. It is evident from the report that we are submitting good quality data. However, through looking at data behind the report the time field 'Date/time of symptom onset' needs to be improved. Also when looking at data completeness the recording of Creatinine (86.07%) and Weight (55.16%) needs to be improved.

6. Clinical Audit and Effectiveness

- National Audits

National Audit of Cardiac Rhythm Management (CRM) Devices 2013-14

Centre: **St Georges Hospital**

Town/City: London

Local Area Team: Q71. London

Procedures registered with NICOR for 2013-14

	New	Replacement	Total
Pacemaker	343	96	439
ICD	67	40	107
CRT-P			71
CRT-D			116

Note: if an implant was performed elsewhere and the implanting hospital did not register the implant, then it will be included in these counts.

Physiological pacing for Sick Sinus Syndrome

New implants for Sick Sinus Syndrome	77	
Physiological pacing implants	65	
% physiological pacing for SSS	84 %	UK national average 87.3%

Indication for High Energy Devices

Reference: NICE Guidance TA095, TA120, TA314

	ICD		CRT-D	
New Devices with a registered indication:	67	ICD national	92	CRT-D national
Primary prevention:	24%	44%	57%	72%
Secondary prevention:	76%	55%	42%	27%
Other indication:		1%	1%	1%

Source: National audit of cardiac rhythm management 2013-14

Definitions:

CRT-P: Cardiac Resynchronization Therapy with Low Energy Pacing-Type Pulses

CRT-D: Cardiac Resynchronization Therapy with Defibrillation Therapy

Overview

This is the 9th annual report which describes cardiac device implants between 1st April 2013 and 31st March 2014. It details the implant rates of pacemakers (PM) and implantable cardioverter defibrillators (ICDs), including those providing cardiac resynchronisation therapy (CRT). The report does not provide information on outcomes.

UK implant rates for most types of device remain below the average in Western Europe. There has been a steady increase in pacemaker implant rates across the UK in recent years in line with an ageing population, but rates are still below peer countries. For non CRT defibrillators the implant rates dropped substantially two years ago and have plateaued since. This may in part be due to an increase in CRT implants, but UK total implant rate (ICD + CRT-D) remains around half of the Western European average.

In England the implant rate for new pacemaker (614 per million population), new ICD (72 per million population) and CRT (151 per million population) for 2013/14 is higher than the 2012 rate and above the rate observed in Wales and Northern Ireland.

For the first time the report presents information at hospital level and our report is alongside. This shows our level of activity for new and replacement implants for each type of device. Our reported level of activity is higher than many London hospitals.

Physiological pacing for sinus node disease is included as an index of quality. The rate at St George's falls slightly below the national average. The proportion of secondary ICD and CRT implants with high energy shock capability is higher than the national average, but lower for primary implants.

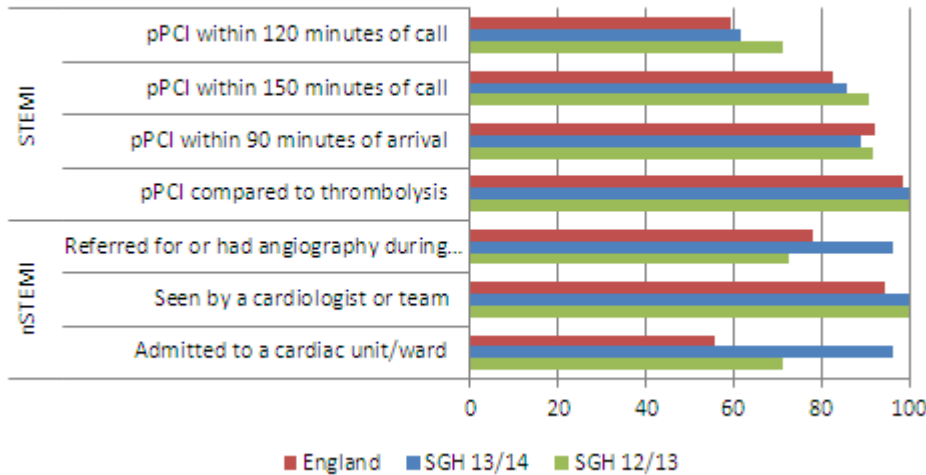
A new dataset was implemented in April 2014, which is designed to permit more detailed reporting and to eventually allow publication of outcomes for key procedures.

6. Clinical Audit and Effectiveness

- National Audits

Myocardial Ischaemia National Audit Project (MINAP) 2013/14

Comparison to national average & previous year



The 13th national MINAP report details the treatment of ST elevation myocardial infarction (STEMI) and non-ST elevation myocardial infarction (nSTEMI). For the first time, measures of outcome are included, which shows more patients are surviving heart attacks, with the proportion of patients that die within 30 days of their heart attack falling by a third in the last 10 years. The national average for non-risk adjusted 30 day mortality is reported at 8.1% in 2011/14; at St George's this figure is 9.2%. To allow calculation of risk-adjusted mortality, which takes into account the differing risk profile of patients presenting to a unit, the report recommends that improvements be made to data quality. St George's data completeness for the 3 key markers of risk identified (age, systolic blood pressure, heart rate on admission) is 91%, and rated as amber.

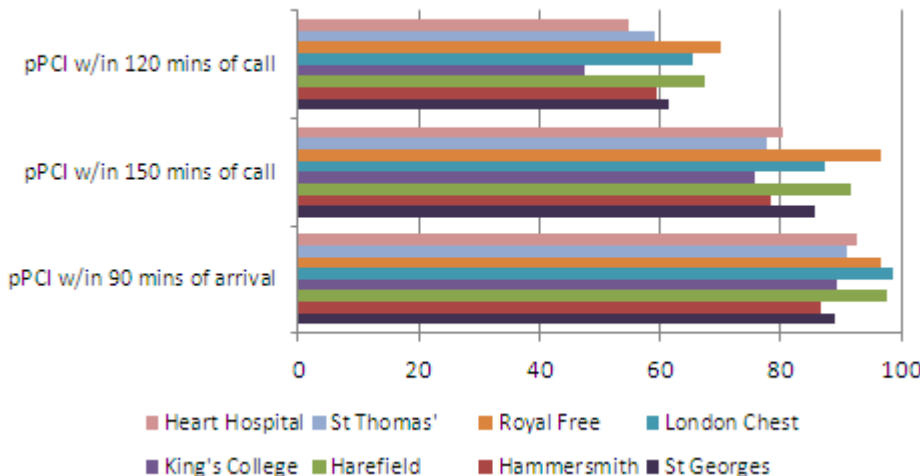
The proportion of eligible patients with STEMI that receive primary PCI (pPCI) compared to thrombolysis has improved nationally and locally, with rates of 98.5% and 100% respectively. The number of patients that had pPCI at St George's in 2013/14 was 512, compared to 496 the previous year.

The timeliness of pPCI for patients at St George's declined in 2013/14, with 89.1% treated within 90 minutes of arrival. This is slightly below our rate in 2012/13 and lower than most of the London Heart Attack Centres. However, the proportion of patients being treated within 120 minutes and 150 minutes of the call for help are above the national average and in the middle of the range of our peers.

Patients that are treated for a nSTEMI at St George's are seen to have a high level of care, with improvements in all key standards and performance above the national average. All nSTEMI patients audited (n=26) were seen by a member of the cardiology team and 96.2% were admitted to a cardiac ward, and were referred for or had angiography prior to discharge.

Improved performance is observed for the provision of secondary prevention medication, with 99% of our patients receiving all eligible drugs. This compares favourably to the proportion observed in 2012/13 of 84.6% and the national average for 2013/14 of 88.3%.

Comparison to London Heart Attack Centres (STEMI)



6. Clinical Audit and Effectiveness

- National Audits

National Diabetes in Pregnancy Audit

Table 5: First trimester HbA_{1c} measurement in the audit for 2013 in the London region and in England and Wales

	All pregnancies		Pregnancies in women with Type 1 diabetes		Pregnancies in women with Type 2 diabetes	
	London	England and Wales	London	England and Wales	London	England and Wales
	Percentage	Percentage	Percentage	Percentage	Percentage	Percentage
Result < 43 mmol/mol (6.1%)	8.9	10.9	4.9	5.1	9.2	18.5
Result < 53 mmol/mol (7.0%)	40.7	34.7	34.1	25.1	43.1	45.9
Result ≥ 86 mmol/mol (10.0%)	7.4	10.2	4.9	10.8	9.2	8.6

The audit aims to capture whether:

- women are prepared for pregnancy;
- adverse maternal outcomes are minimised;
- adverse fetal/infant outcomes are minimised.

Standards measured relate to NICE guidance. Local unit reports are not provided, however the report for London compares favourably to the national average.

The report recommendations are:

- Develop strategic focus to improve preparation for pregnancy. Engage with primary care to raise awareness and planning.
- Develop plans to incorporate training about pregnancy into patient education, especially for women with Type 2 diabetes.
- Focus on improving glycaemic control during pregnancy for women with both Type 1 and Type 2 diabetes to avoid late adverse fetal outcomes.
- A coordinated approach from commissioners, healthcare providers and professional bodies will be needed if outcomes are to be improved.

St George's actions to date:

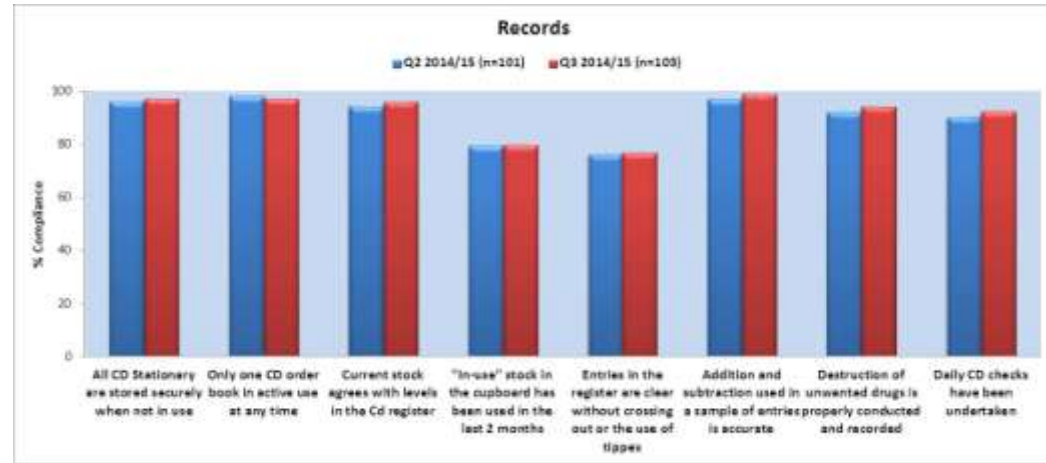
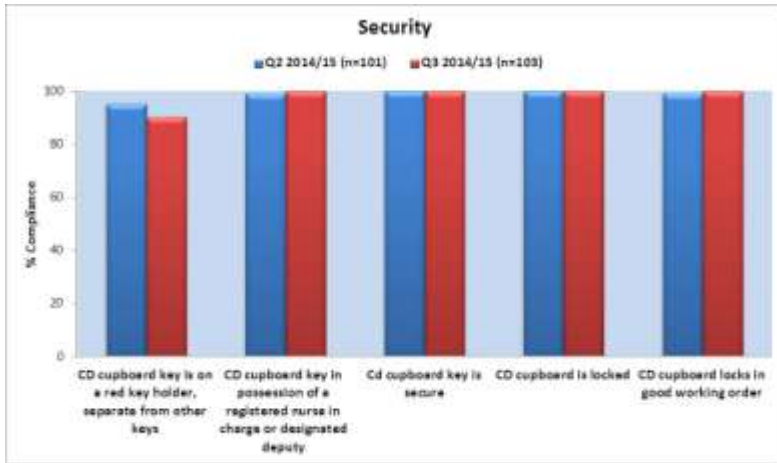
- We have contacted the national audit team and HQIP, who oversee the national clinical audit and patient outcome programme, to request local unit reports to that we can view our own results and use these to inform local action planning.
- In 2013/14 a process was agreed with community retinal screening clinics to improve access to information around pregnancy retinal screening; however this did not work as planned. Three clinics have provided information on request, ensuring improved data completeness for some audited cases.
- Introduced improved processes for consenting women to participate in the audit in order to increase the submission rate.

The numbers of SGH women consenting has improved and all women are now identified. Thirty women have been consented for the current round and their data has been submitted.

6. Clinical Audit and Effectiveness

- Local Audits

Controlled Drugs (CD) Check & Stock Audit, Quarter 3 2014/15



Overview

This is a quarterly controlled drug (CD) check audit being conducted between pharmacy and ward/department staff. The checks are carried out on all wards and departments that stock CDs and measures compliance to the Trust's CD Policy. Responses were received from all areas that store CDs across the Trust. The majority of areas were compliant with the security of CDs, the only issue being that in a few areas the CD keys were not held on a red key holder, separate from other keys. Some areas found issues with expired and unwanted CDs not being kept segregated from in-use CD stock, however, these issues were resolved at the time of carrying out the audit. It is important to ensure segregation of expired stock in the CD cupboard to avoid the risk of administration of expired medication to patients.

The checks found that CD records were generally well kept, with improvements in 5 areas, including secure storage of CD stationery, accurate stock levels, accurate record of calculations, proper destruction of unwanted drugs and undertaking daily CD checks. Results from quarters 2 and 3 have highlighted some issues with unclear entries and crossing out in the CD registers, as well as a proportion of 'in-use' CDs in the cupboard remaining unused for a 2 month period. These issues were fed back at the time of the checks and staff reminded to continue to regularly review stock lists and remove items that are no longer used regularly. Excess stock in CD cupboards can lead to extra nursing time spent checking stock daily and drug wastage due to unused medicines expiring in cupboards.

The audit also found good compliance with NPSA alerts to restrict areas that stock high strength opioids, midazolam and potassium chloride ampoules or syringes. Areas were generally compliant, with the drugs only being kept on wards and departments that were permitted to do so, or just kept as temporary stock for a named patient.

The audit was presented in the Medicines Risk Management Committee meeting in January 2015 and action planning is ongoing. Divisional reports will be presented at the DGB meetings to ensure local action planning.

6. Clinical Audit and Effectiveness - Local Audits

Audit of Type I Education Course (Beta cell Education Resources for Training in Insulin and Eating: BERTIE)at QMH (July-December 2014)

Overview

NICE (2009) advise that one of the key priorities for people with diabetes is to be offered structured education at the time of diagnosis with annual reinforcement and review. One such course, BERTIE, is offered at Queen Mary's Hospital, 3 times a year on one day of the week for 4 weeks. It is normally run on a Thursday. Attendees all have Type 1 diabetes and the maximum number of attendees is 6. The course content is mainly around carbohydrate counting and insulin dose adjustment. Patients are referred from their GP and have a one to one consultation with a Diabetes Specialist Nurse before attending. Non-attenders are followed up regularly and reminded of the availability of the course.

Diabetes UK (2014) suggests that data shows that not all people choose to take up structured education. In fact in 2011/12 their results show that only 25 per cent of people with Type 1 and Type 2 Diabetes took up the offer of courses available to them. Locally, it was noticed that there were lots of patients being offered the course but not attending. The service wanted to find out why and to explore the referral pathway to see if all GP's in Wandsworth knew about the course.

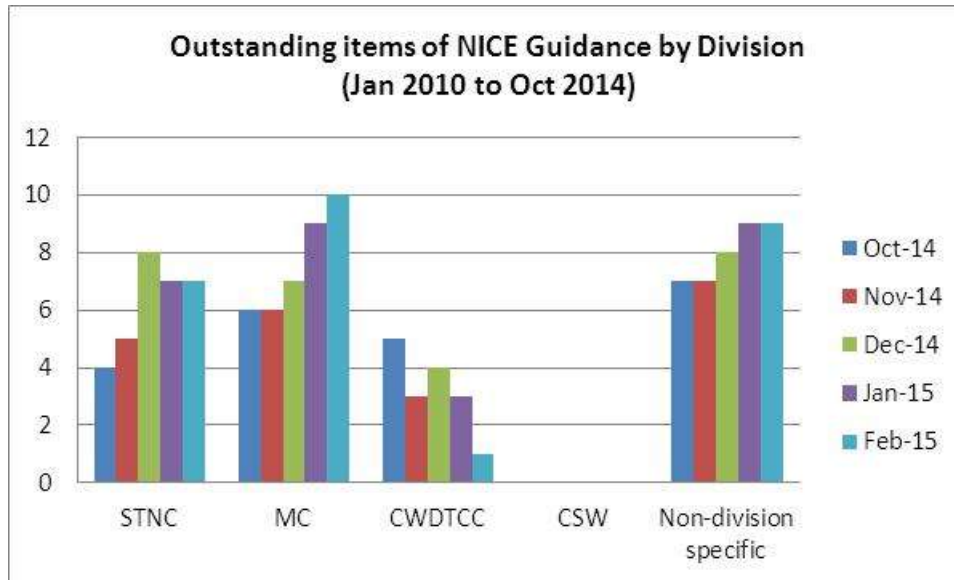
Actions	Timeframe
To explore other methods/times of presenting the BERTIE course or of providing education in smaller more manageable chunks by liaising with staff at other trusts to obtain details of the courses they offer and the rate of uptake they experience. If there is anything they are doing differently that increases attendance rate then we will consider a changed timeframe for BERTIE (e.g. evenings/Saturdays)	Completed: <i>One provider we contacted already runs their course in the evening and there is lower attendance. The other provider did not respond. We will reassess alternative timings in 6 months' time when our dietitian returns from sabbatical and will continue to regularly contact non-attenders.</i>
To provide GP's with a new referral template	Completed
To assess whether the new template provided to GP's is used	Re-audit Nov 2015

To check attendance figures, referral numbers were compared to attendance and non-attenders were contacted by telephone to assess reasons for non-attendance. It was found that 43.5% of those invited, attended the course, considerably more than the national average. Reasons for not attending were generally connected to work and / or childcare issues. An email questionnaire was sent to GP surgeries in Wandsworth to explore their knowledge of the BERTIE course. Of 52 emails sent just 13 (25%) replies were received. Just over half of the respondents (7/13) knew about the course and only 4 of these 7 had referred a patient to BERTIE, although 4/13 respondents had made a referral to another course.

Following discussion of the results an action plan was agreed by the team and this is already underway (see Table 1 alongside). The actions will be undertaken by the team members and coordinated by the diabetes specialist nurse.

6. Clinical Audit and Effectiveness

- NICE (National Institute of Health and Social Care Excellence) Guidance



Items of NICE Guidance with Compliance Issues (Jan 2010 to Oct 2014)	
Division	Number
STNC	n=7
M+C	n=15
CWDTCC	n=13
CSW	n=0
Non-division specific	n=6

Overview

There were 22 items of NICE guidance released in November and December 2014 and we have already received 14 responses. For guidance issued between January 2010 and October 2014 there are currently 27 items of guidance outstanding; a decrease of 1 from the previous report with an additional month's guidance included. In M+C and STNC divisions there remain items of guidance where responses have been outstanding for a long time, since December 2013 and August 2011 respectively. This was escalated to the divisions via the Clinical Effectiveness and Audit Committee in January with a request for responses by the end of February.

Following the six-monthly review of guidance where issues of compliance have been reported, the audit team requested updates on how issues of risk are identified and managed. The Divisional Governance Manager and Divisional Director of Nursing and Governance in Medicine and Cardiovascular are planning to meet the relevant clinical leads in order to risk rate items of NICE guidance with compliance issues. No other responses have yet been received.

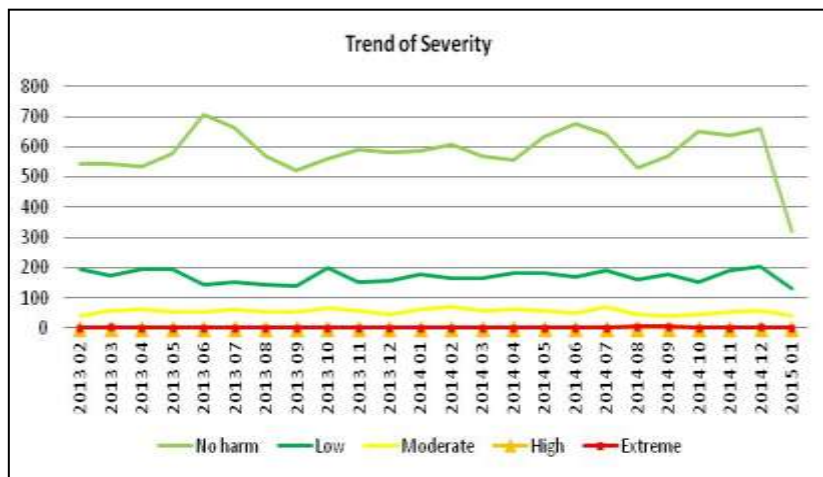
Patient Safety

7. Patient Safety

- Incident Profile: Serious Incidents and Adverse Events

Closed Serious Incidents (not PUs)					
Type	Oct	Nov	Dec	Jan	Movement
Total	5	8	10	8	▼
No Harm	3	5	6	8	▲
Harm	2	3	4	0	▼

Table 1



Overview:

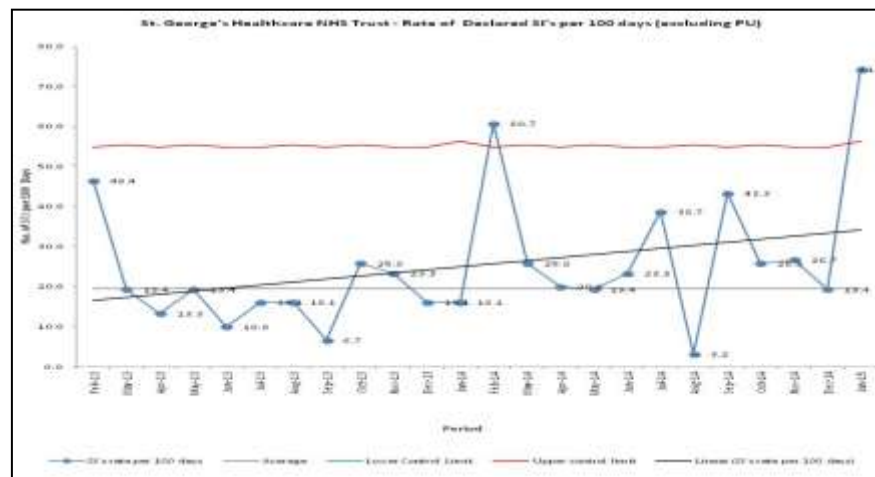
The numbers of reported low and no harm incidents shown in Table 1 shows a reduction in January. Reporting of this type of incident is indicative of a good reporting culture and needs to be watched carefully to be sure that it is not the beginning of a trend.

The annual trend for new serious incidents excluding pressure ulcers shown in Table 2 above shows a sharp increase in January, as during this period there were unprecedented demands on A&E.

S	Q1 SIs Declared by Division (Inc. Pus)				
	Med & Card	Surgery & Neuro	Community	Children's and Womens	Corporate
Oct	3	2	7	6	0
Nov	5	2	5	5	0
Dec	1	5	5	4	0
Jan	20	8	3	8	0

NB- 3 shared SIs counted for each division so the total numbers are 36 for the month

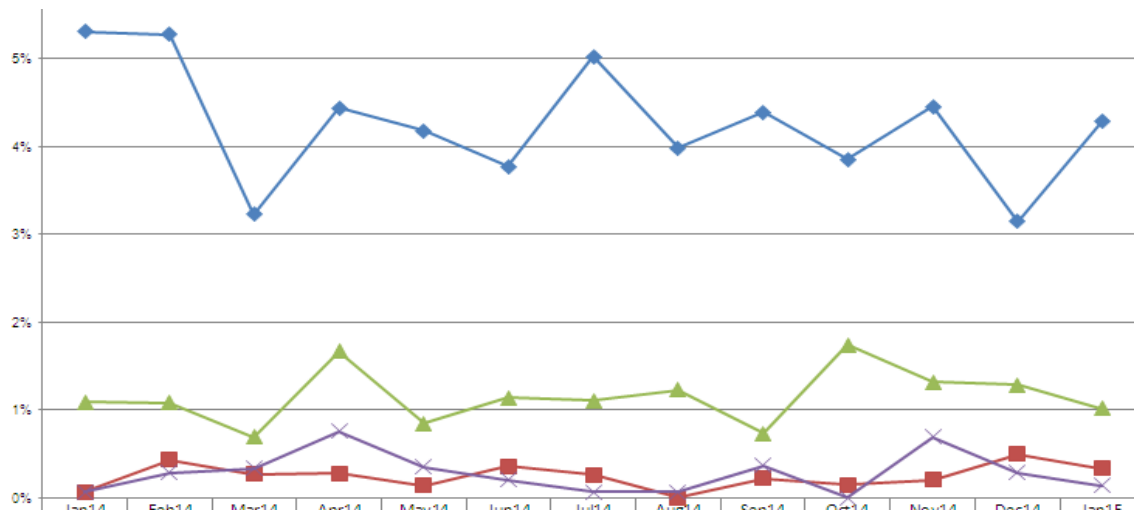
Table 2



- The remaining SI's include a Never event reported within Maternity services, and an outbreak of influenza within a ward.
- The closed SIs this month all indicated that the patients were not harmed, some of these included learning for the organisation.

7. Patient Safety - Safety Thermometer

% Harm Free Care							
Lead Director	November 14	December 14	January 2015	Movement	2014/2015 Target	National Average January 15	Date expected to meet standard
J Hall	93.75%	95.00%	94.43%	↓	95.00%	93.82%	March 15



	Jan14	Feb14	Mar14	Apr14	May14	Jun14	Jul14	Aug14	Sep14	Oct14	Nov14	Dec14	Jan15
Pressure Ulcers	5.31	5.27	3.23	4.44	4.18	3.77	5.02	3.98	4.39	3.85	4.45	3.15	4.28
Falls	0.07	0.43	0.27	0.28	0.14	0.36	0.26	0	0.22	0.15	0.21	0.5	0.34
Catheter & UTI	1.09	1.08	0.69	1.67	0.85	1.14	1.11	1.23	0.73	1.74	1.32	1.29	1.02
New VTE	0.07	0.29	0.34	0.76	0.35	0.21	0.07	0.07	0.37	0	0.69	0.29	0.14
Patients	1375	1386	1456	1441	1410	1405	1533	1458	1368	1377	1439	1399	1472

Pressure ulcers

- 39 Grade 2 (13 new, 26 old)
- 21 grade 3 (6 new, 15 old)
- 3 grade 4 (1 new, 2 old)

CAUTI

- 9 new
- 6 old

Falls

- 4 low harm
- 1 moderate harm

VTE

- 2 new PEs

This point prevalence audit shows that in January 2015 the proportion of our patients that received harm free care was 94.43%. This is better than the national average for the month of 93.82%, but just below our target and a slight decline from the previous month (95%). This rate represents 85 harms to 82 patients; 79 patients experienced one harm and 3 patients had 2 harms. 36 harms were new and 49 were old. Details of harms are provided above.

The increase in the level of harms reported is largely attributable to the higher incidence of old pressure ulcers recorded, with the percentage increasing from 2.14 in December to 3.26 in January. There was a very small increase in the proportion of patients with new pressure ulcers and a slight decrease in the proportion of patients affected by each of the other harms. It should be noted that some harms reported by community areas were not validated this month as data was entered after the deadline, meaning the opportunity for review was missed. Divisional leaders have been alerted to this to highlight the importance of timely processes in ensuring we have an accurate picture of harm free care.

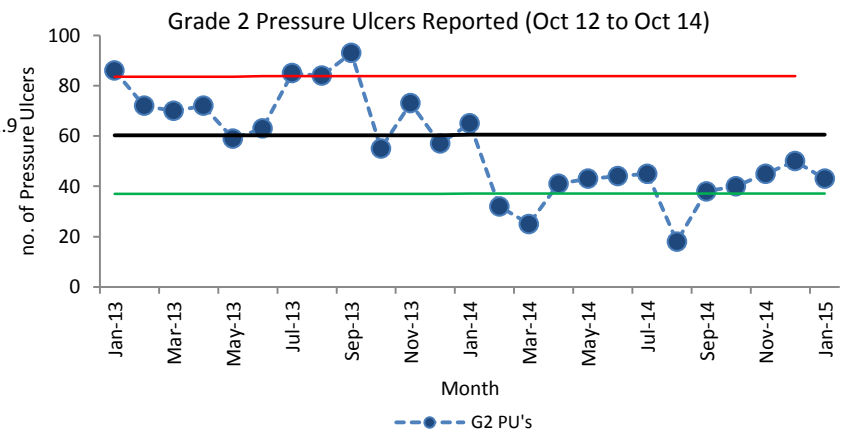
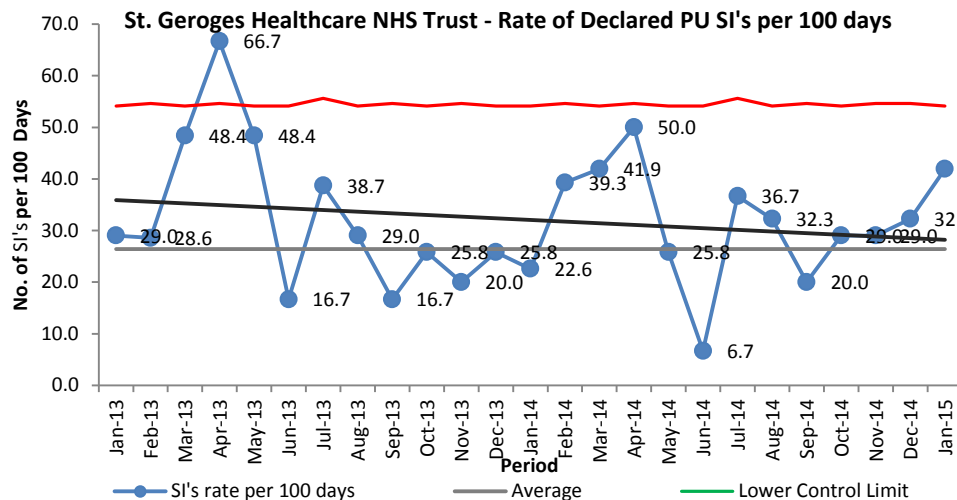
We are committed to improving the usefulness of the Safety Thermometer and increasing visibility of the data. We now report to divisions on each of the harms reported by clinical area, rather than only in areas where harm free care is less than 90 per cent. We also plan to amend our comparison criteria to ensure more timely feedback can be provided.

5. Patient Safety

- Incident Profile: Pressure Ulcers

Serious Incident – Grade 3 & 4 Pressure Ulcers										
Type	Sep	Oct	Nov	Dec	Jan	YTD	Movement	2014/2015 Target	Forecast Sept - 14	Date expected to meet standard
Acute	4	3	5	6	10	55	▲		G	-
Community	2	6	4	4	3	38	▼		G	-
Total All	6	9	9	10	13	93	▲		G	-
Total Avoidable	3	6	8	TBA	TBA	38		40		-

Grade 2 Pressure Ulcers					
Sep	Oct	Nov	Dec	Jan	Movement
26	19	26	33	22	▼
12	21	19	17	21	▲
38	40	45	50	43	▼



Overview:

January saw a rise in the number of pressure ulcer SI's across the trust, this aligns with increased activity across the trust in December and January 2015. In contrast there was a reduction in the number of Grade 2 pressure ulcers in January

Actions:

- Training dates agreed to be delivered throughout February and March to nursing homes across Wandsworth as part of the CQUIN trajectory
- Themes being identified from Listening into Action Event held in January 2015 and will be shared next month
- Pressure Ulcer Audit completed and results being triangulated with SI's and training attendance by ward to identify clinical areas where heightened input required
- A drive to reduce pressure ulcers at Mary Seacole ward has resulted in 100 days pressure ulcer SI declaration free (16/2/15). This has been achieved by increased senior nurse visibility and reviews, effective MDT working and excellent care planning.

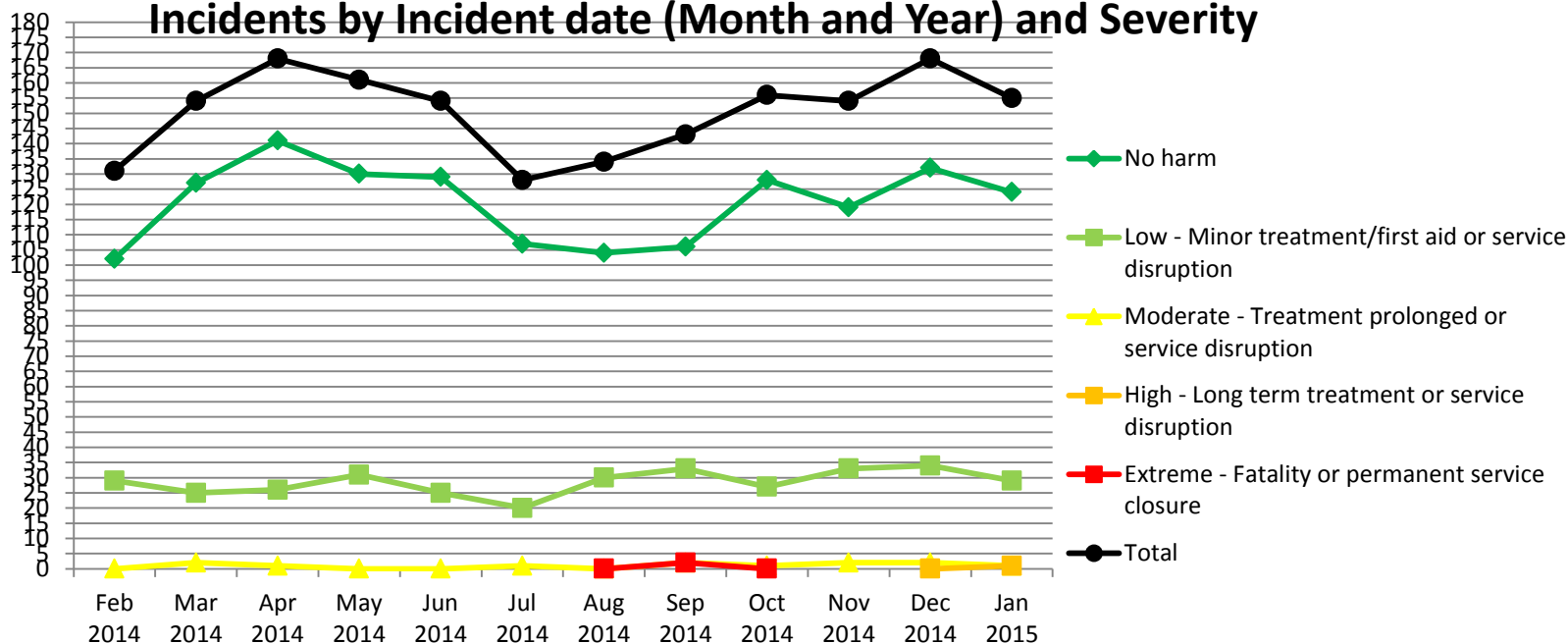
7. Patient Safety: January 2015

- Incident Profile: Falls

Falls											
Lead Director	June	July	August	September	October	Nov	Dec	January	Movement	2014/2015 Target	Date expected to meet standard
	151	151	125	143	157	154	169	154	↔	100	July 2015

Falls with Harm				
No Harm	Moderate	Severe	Death	Falls related Fractures
1652	20	3	0	7

Incidents by Incident date (Month and Year) and Severity



Overview: The graph shows the profile of falls across both acute and community services including bed-based care and patients' own homes. It is important to note that this data is sourced from incident reporting and is not individually verified. There has been a small decrease in the number of falls over the last month which is not statistically significant. Preliminary analysis of incident reports in January shows that the majority of falls are un-witnessed occurring during the night and early hours of the morning and linked to toileting needs.

Actions: A proposal for a safety lead with a focus on falls has been developed with the corporate nursing team. Patient information leaflets on falls prevention and bed rail use are being reviewed by patients for feedback prior to approval. The electronic multifactorial risk assessment has been rolled out into clinical areas which replaces the falls risk prediction tool and is NICE compliant.

7. Patient Safety: January 2015

- Infection Control

MRSA						
Lead Director	December	January	Movement	2014/2015 Threshold	Forecast Feb-14	Date expected to meet standard
JH	1	1	▲	0	G	-

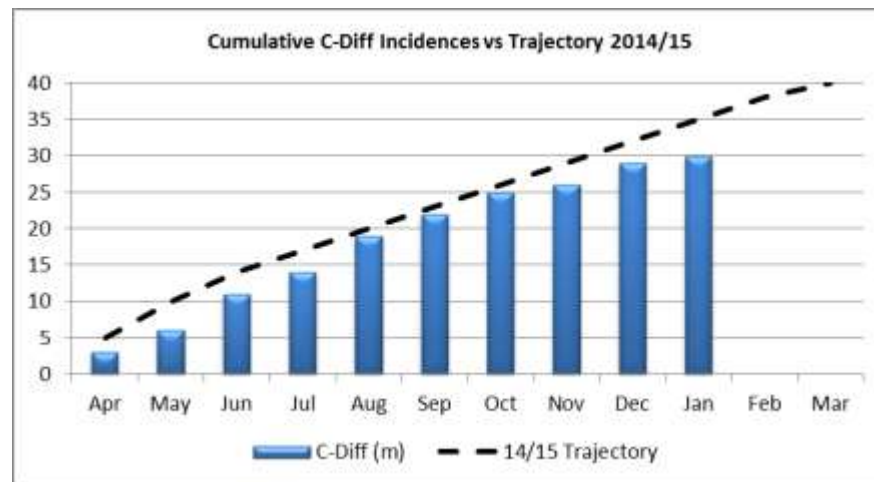
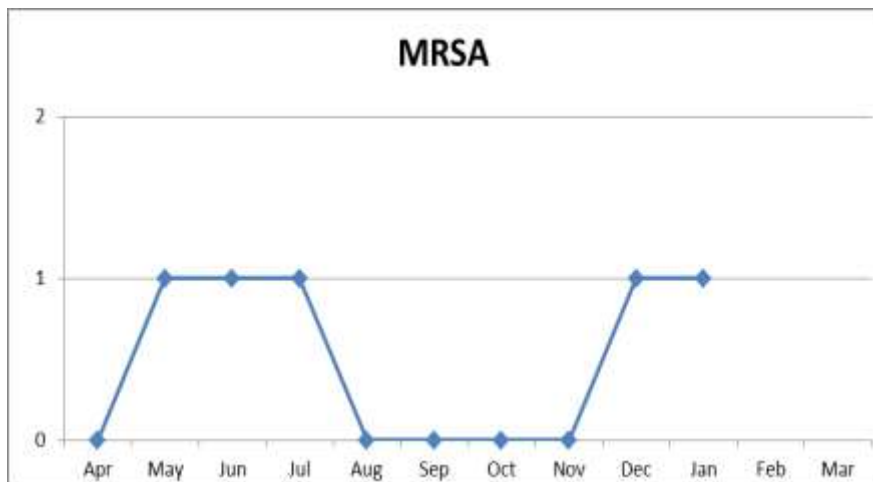
Peer Performance – YTD January 2015				
STG	Croydon	Kingston	King's College	Epsom & St Helier
5	TBC	TBC	TBC	TBC

C-Diff						
Lead Director	December	January	Movement	2014/2015 Threshold	Forecast Feb - 14	Date expected to meet standard
JH	3	1	▼	40	G	-

Peer Performance – YTD January 2015 (annual trajectory in brackets)				
STG	Croydon	Kingston	King's College	Epsom & St Helier
30(40)	(17)	(24)	(58)	(40)

In 2014/15 the Trust has a target of no more than 40 C. diff incidents and zero tolerance against MRSA. With a zero tolerance against this target, the trust is non-compliant with 1 incidents in January and 5 incidents year to date. The last incident was related to an infected sternal wound. This is still within the de minimis limit of 6 applied to each trust by the NTDA so no penalty score has been applied.

In January there was 1 C. diff incident, a total of 30 for the period April to January. This is against a trajectory of 35 and an annual threshold of 40. Close monitoring will continue to ensure compliance is maintained.



7. Patient Safety

- VTE

VTE Risk Assessment

1. Overview: The Trust continues to achieve the national threshold for VTE Screening **during** admission. The target for risk assessment for VTE **during** admission is set at 95%.

Data Source	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unify2 (extracted from Merlin D/C summaries, from Sept 2014 EPMA data will be incorporated)	96.31%	96.40%	97.33%	97.28%	96.60%	96.84%	94.91%	93.18%	93.51%			

2. Overview: Nursing staff collect data monthly across a range of safety indicators via the safety thermometer. Data is collected for all patients across the Trust on a single day of the month, representing a snapshot in time. Data is obtained from the drug chart and measures the number of **complete** VTE risk assessments (all sections of the form complete). The Trust continues to consistently perform above the national average in this audit.

Data Source	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Safety Thermometer (SGH)	86.67%	86.05%	85.22%	89.94%	86.51%	86.44%	85.39%	86.56%	75.92%	79.08%		
National average	85.57%	84.83%	84.83%	84.62%	90.87%	85.50%	85.04%	84.19%	83.98%			

VTE Quality Standards (NICE CG92 Venous Thromboembolism: Reducing the Risk)

Overview: NICE has outlined 7 quality standards which should be considered for provision of a high-quality VTE prevention service. Data is collected by the pharmacy team for 10 patients/ward/month.

Quality Standard (Target)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1. VTE RA 'on admission' (>95%)	RA Attempted	-	-	95.8%	99%	95.4%	97.1%	94.1%	85.8%	96.7%	94.5%	
	RA complete and correct			92%	89%	82%	81%	88%	78%	88%	87%	
2. Written information 'on admission' (100%)	-	-	12.8%	13.2%	21.1%	50%	50%	56%	71.8%	85.7%		
3. AES fitted and measured in line with NICE	Stand-alone audit (Co-ordinator: Thrombosis CNS, Date planned: January 2015)											
4. VTE risk re-assessed at 24hr (70%)	-	-	68.2%	64%	65.7%	76.1%	67.1%	64.1%	72.7%	73.6%		
5. VTE prophylaxis offered in line with NICE (>98%)	-	-	94.6%	94.8%	93.1%	92.9%	95%	92.3%	92%	88.5%		
6. Written information 'on D/C'	Stand-alone audit (Co-ordinator: Anticoagulation Pharmacist, Date Planned: January 2015)											
7. Extended prophylaxis in line with NICE	Audit Complete											

(RA = risk assessment, AES = anti-embolism stockings, D/C = discharge) **(NB: No data entered for 5 of the wards live with electronic prescribing for December – results unreliable)**

Risk assessment rates have dropped on wards where the electronic prescribing system has been launched. This is reflected in the drop in RA attempted on admission. These areas, and areas where roll out is planned, need to be focussed on to ensure standards are maintained when using the new system.

Root Cause Analysis (RCA) of Hospital Acquired Thrombosis (HAT)

Data from Jan-Dec 2014 (inclusive)

HAT cases identified to date (attributable to admission at SGH)	98	
Mortality rate	Total	15.3% (15/98)
	VTE primary cause of death	4.1% (4/98)
Initiation of RCA process	100%	
RCA pending	>28 days since notification (reminder sent) and notes requested	20.4% (20/98)
RCA complete		79.6% (78/98)

Overview: The themes identified from the root cause analysis process will be fed back to the Patient Safety Committee.

Trends identified (findings from 78 cases for whom RCA is complete):

- General breakdown includes:
 - 30.8% (24/78) – patients had active cancer
 - 6 cases of thrombosis in obstetric patients
 - 6 cases of thrombosis 1-16 days after major trauma
 - 6 cases where root cause unable to be identified due to missing notes
- Adequate prophylaxis received 64.1%(50/78) –Examples of contributing factors to failure of prophylaxis:
 - 14 patients - malignancy +/- complications arising from malignancy
 - 10 patients – pharmacological prophylaxis contraindicated
- Inadequate prophylaxis received 23.1% (18/78) – Examples of reasons for inadequate prophylaxis:
 - 9 patients - Prophylaxis not offered in high risk patients
 - 5 patients - Dose of LMWH not escalated appropriately in obesity
 - 4 patients – no evidence of risk assessment

7. Patient Safety : February - Safeguarding Children

Safeguarding Training Compliance - Children

February			Movement	2014/15 Target	Forecast February 15	Date expected to meet standard
Level 1	Level 2	Level 3				
87%	78%	56%		85%	G	-

Target areas: FGM is still a current targeted area, and raising awareness among all staff is being facilitated by a series of training sessions. Safeguarding Children training compliance is a constant agenda item which is being tackled by a variety of approaches, it is therefore a matter of deep frustration that the achievement data remain largely unchanged. The named professionals are due to meet with the OD lead to drill down to individual roles in the various divisions in order to ensure that individual training requirement levels (level 1,2, or 3) are accurate and role appropriate.

Serious Case Reviews and Internal Management Reviews: There has been a noticeable increase in the number of SCR's recently . There are clear reasons to explain this. The Deputy Named Nurse, and the Named Midwife attended a meeting with Merton SCB in January about a baby seen at St George's who was diagnosed with multiple fractures. It was decided that this did not meet the threshold for an SCR, but that individual agencies would compile an IMR. The Named Nurse has prepared a chronology and report which will be approved by the Chief Nurse prior to submission. This case is also an SI and it is recommended in NHS England draft guidance that all such cases should provoke an SI. A second SCR concerns a baby from the Croydon area, who has died was briefly seen by St George's health visitor – subsequently the community Named Nurse is preparing a chronology and report. Finally a baby from Haringey has died at the age of 6 months of a head injury. This case is already promoting much media interest . The Haringey SCB have requested information from agencies that might have had contact. St George's maternity services did provide some antenatal care to the child's mother, although the baby was delivered at the North Middlesex Hospital. The Named Midwife is preparing a chronology and summary in the first instance.

Other: 1. It has been decided that the Consultant Midwife for Public Health will be attending the Merton SCB meetings so that this information can feed into the CYPSCM chaired by the Chief Nurse.

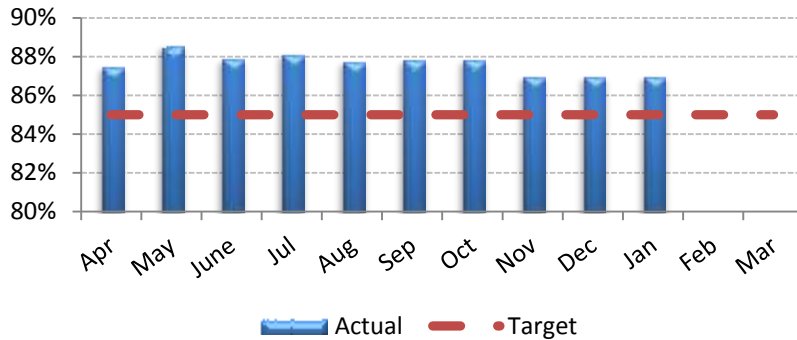
7. Patient Safety

- Safeguarding: Adults

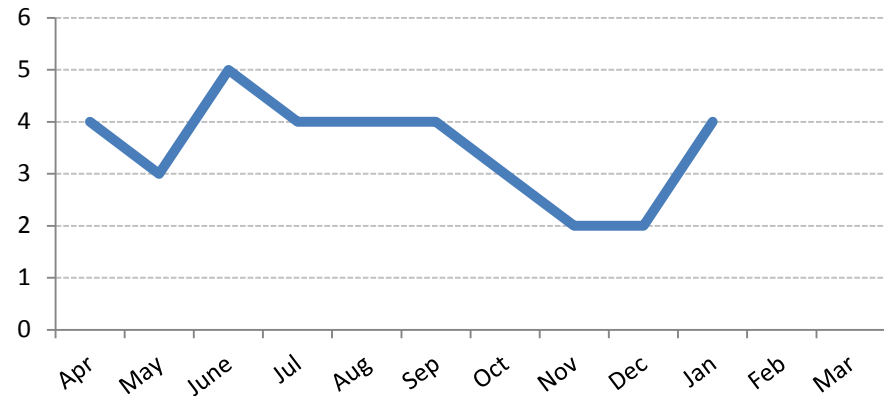
Safeguarding Training Compliance - Adults										
Lead Director	Aug	Sep	Oct	Nov	Dec	Jan	Movement	2014/2015 Target	Forecast July - 14	Date expected to meet standard
JH	87.77%	87.86%	87.86%	87.5%	87.3%	87%		95%	A	-

Safeguarding Adults Training Compliance by Division – Jan 15				
Med & Card	Surgery & Neuro	Community	Children's and Women's	Corporate
82%	84%	92%	90%	86%

Safeguarding Training Compliance by Month 2014/15



DOLS 2014/15



Overview:

There is consistency across the whole Trust with regard to adult safeguarding training which is part of induction and e-MAST training. This awareness is reflected in the high number of referrals to the lead nurse for safeguarding adults.

April – 74, May 76, June 77, July 84, Aug 45, Sep 74 Oct 76, Nov 75, Dec 68, Jan 77

Currently there is no centrally held record of MCA training but as part of the action plan around MCA following the CQC report, training has been delivered and recorded, beginning with Queen Mary's, Roehampton., where 99% staff have been trained

Since April and the Supreme Court judgement there has been a significant increase in DOLS activity which is to expected and reflected nationwide.. There has been new guidance from the Chief Coroner around the reporting of deaths of those patients subject to DOLS .

Actions:

Continue to monitor safeguarding training via WIRED

Roll out MCA training across trust, audit effectiveness

Review DOLs activity and impact on resources. Monitor demand on services versus capacity to complete assessments. Produce fresh guidance on DOLS in conjunction with DH guidance which is likely Feb 2015 Revised briefing paper with legal team was presented to EMT In November indicating current position, impact on resources and future options to manage the governance and workload.. New DOLS paperwork circulated Jan 15. New procedure in draft to ensure reporting of those subject to DOLS are reported to the coroner

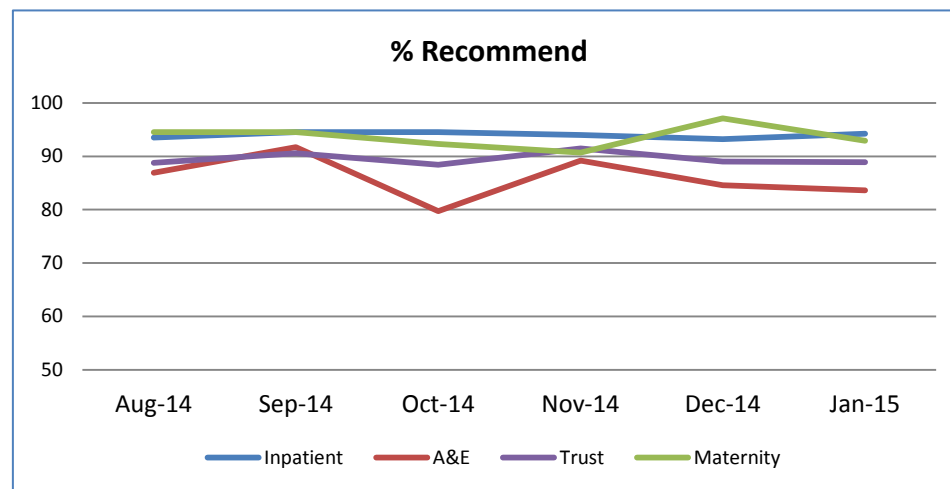
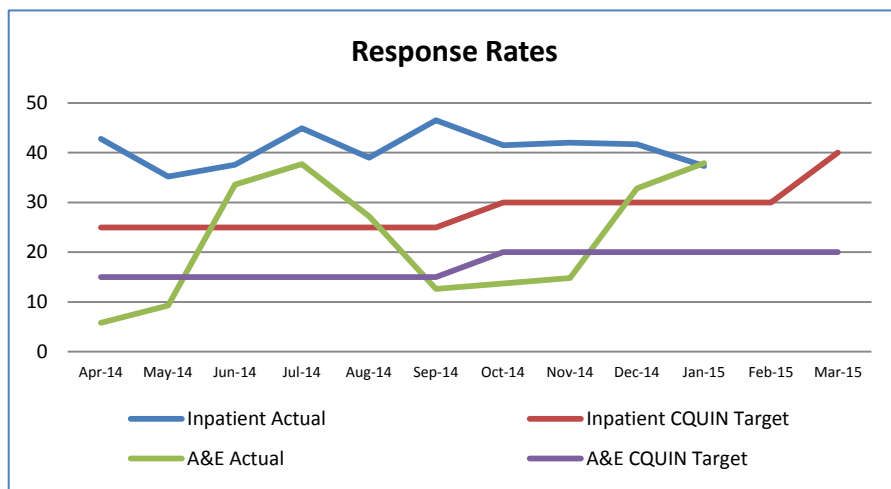
Patient Experience

8. Patient Experience

- Friends and Family Test

FFT Response Rate							
Domain	Nov-14	Dec-14	Jan-15	Movement	2014/2015 Target	Forecast	Date expected to meet standard
Trust	23.5	32.3	34.9	▲	-	G	-
Inpatient	42	41.7	37.3	▼	30%	G	-
A&E	14.8	32.8	37.9	▲	20%	G	-
Maternity	20.7	12	16.8	▲	-		-

FFT Response Score			
Nov-14	Dec-14	Jan-15	Movement
91.5	89	88.9	▼
94	93.2	94.2	▲
89.2	84.6	83.6	▼
90.7	97.1	92.9	▼



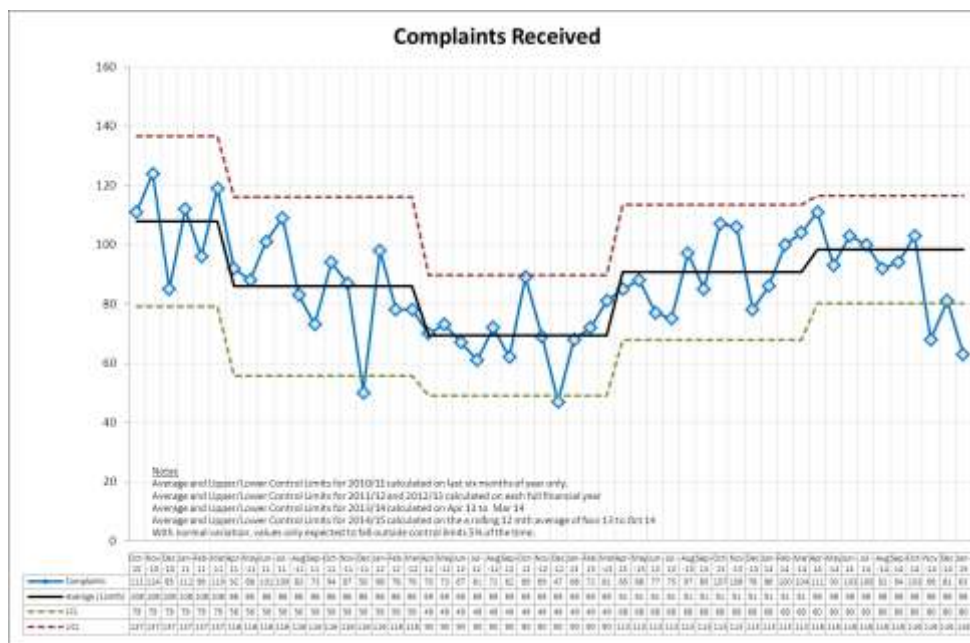
Overview : Response rates improved in Maternity in January 2015 and continue to improve in A&E areas. Both inpatient and A&E are meeting the CQUIN trajectories of 30% for inpatients and 20% for A&E. However in order to meet the 40% trajectory for inpatients during the month of March, further input will be required, as this month this response rate dropped below that trajectory. The percentage of respondents who are 'extremely likely' or 'likely' to recommend a particular service has slightly dipped this month

Action :

- Texting solution in A&E has managed to sustain good performance in A&E throughout January 2015
- Raised awareness throughout February and March will be required to improve inpatient score to meet March trajectory. This will be communicated across the nursing Divisions
- A review of key themes will be shared at next Patient Experience Committee in April 2015 and also various for a and committees
- The RaTE system is now being shared and utilised as a commercial enterprise across GP services in 3 London Boroughs and across several Acute Trusts

8. Patient Experience - Complaints Received

Complaints Received											
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Movem ent
Total Number received	111	92	100	99	92	94	107	68	81	63	↓



Overview:

This report provides a brief update on complaints received since the last board report (so in January 2015) and information on responding to complaints within the specified timeframes for complaints received in quarter 3 of 2014/2015. It also includes actions taken and planned in quarter 2, a report of the latest work on severity rating of complaints and posts on NHS Choices and Patient Opinion.

Total numbers of complaints received in January 2015

There were 63 complaints received in January of 2015, a significant reduction when compared to December 2014 when 81 complaints were received. Of note complaints about General Medicine care group reduced from 10-2, the same reduction as in Obstetrics and Gynaecology care group. There were no complaints received about the ENT and Audiology care group compared to 4 in December 2014. Complaints about Emergency Medicine remained high at 12 and complaints about Community Services – Older People and Rehabilitation rose from 1-4. 4 of these 5 are about community nursing (two different teams, all different nurses).

8. Patient Experience- Complaints – Q2 actions

Medicine and Cardiovascular Division

Emergency Department

A review of complaints has shown a rise in the number received related to treatment / assessment in December / January. Whilst individuals are spoken to about the complaints the Head of Nursing and Clinical Director have introduced learning from complaints and how to avoid complaints into local induction of doctors and nurses in the department. There has been an emphasis on discussion of management plans and early escalation of concerns to the senior team as well describing expectations on staff behaviour.

Acute Medicine

A recent complaint from a bereaved family who were given wrong information following the death of their relative has resulted in training sessions being organised for ward staff by the bereavement team. Invitations to this training session has been extended across other wards to ensure greater learning.

Endoscopy

A call waiting system has been introduced in Endoscopy. One extension was being used for multiple purposes causing frustration to patients who kept getting an engaged tone when they called to make appointments. This system redirects callers to other extensions and informs them where they are in the queue which improves the service to patients.

Cardiothoracics

The matron and ward sister on Caroline Ward have noted an increase in complaints related to pain management particularly where bank / agency staff have been looking after patients. They are developing a leaflet for these staff explaining unique pain patients experience post thoracic surgery and a quick reference guide. The thoracic CNS is also producing short booklets on common thoracic surgery and post operative complications to help temporary staff in managing these patients. A second CNS for thoracics is being appointed which will help allow the majority of patients to be pre assessed. This will allow greater discussion about post operative care so the patient will be aware what to expect and understand how to use the Patient Controlled Analgesia (PCA) alongside oral analgesia.

Surgery and Neurosciences Division

Trauma and Orthopaedics

- Restructuring of fracture clinic to reduce delays. We now have a consultant who is not booked to see patients, but sits in a central control room so that they can offer advice and support to the registrars who see a high volume of patients. They can advise in complex clinical cases and as they do not have their own list of patients, are easily accessible to all registrars. This has reduced delays in fracture clinic and improved patient care.
- Ward issues –junior doctor rotas have been restructured so that the workload is more equitably balanced across all levels. Physician Associates are now fully established, and rotate through clinical areas offering support in more areas that just the ward.

Neurosciences

Nursing /HCA Staff - Poor communication continues to be a theme from nursing/HCA staff on the wards. One of the significant drivers for this has been due to the reliance currently on agency and bank staff (due to sickness, vacancy and complexity of patients). In the last quarter, recruitment for the agreed additional seven HCA's has been successful and they commence in February/March.

Outpatients/patient interface with the hospital - A common theme for the neurosciences directorate over the last year has been the challenge patients face in booking appointments and contacting St George's. Neurosciences currently has a full work stream to improve its outpatient services. The expected start date of this project will be February 2015. Furthermore, the directorate expect to set up a hotline/query number for patients, alongside improving its current website.

General Surgery

Waiting times for surgery - Pathways established to use available theatre capacity at Kingston and Croydon for general surgery and urology to reduce waiting times for high volume simple work. This has reduced the number of patients waiting over 18 weeks.

Waiting times in outpatients - The Rapid Access Proctology Clinic is no longer a walk-in service. This clinic had significant waiting times and patients were often turned away. The clinic is now booked in advance and appointment times offered to reduce waits. There is now a weekly clinic plan for the breast symptomatic service which is circulating on a weekly basis with an outline of bookings for the next six weeks. This allows better planning and better management of clinics to improve patient experience.

8. Patient Experience

- Complaints – Q2 actions

Children's and Women's Division

Diagnostics

An emergent theme in Q3 within Diagnostics is staff attitude and poor customer care. This has been seen across a number of different staff groups, ranging from radiographers to the administrative team. The team are ensuring that named individuals receive additional customer care training and their conduct is monitored accordingly.

Obstetrics

Women's have made significant improvements against the performance targets in Q3, which is against a back drop of an increase in volume of complaints. Additionally a number of complaints are extremely complex, require meetings and / or home visits which can make meeting the targets challenging. Staff attitude and poor communication are featured themes; themes that are consistent with Q2. The Deputy Director of Midwifery continues to work with the midwifery team in regard to this key aspect. Alongside this there has been further focus on the Midwifery Futures project to assist in addressing some of the communication concerns. In direct response to complaints regarding the triage process within the delivery suite signs are now displayed outlining the triage process, which aims to both inform and manage patient expectation.

Corporate Outpatients

The main theme for this quarter relates to the lack of notes and the subsequent impact of this. The COS team continue to roll out the Electronic Documentation Management system, which in the long term will improve the overall availability of notes. It is however recognised that whilst estates enabling works continue and medical records relocate larger volumes of notes off-site there is a potential risk for delays in notes being returned to the site in a timely fashion. This is being monitored within the division and mitigation is being developed should this become an area of concern. The service improvement project within COS continues and it is hoped that some of the administrative errors experienced with appointments will continue to be reduced through this initiative. It is worthy of note that there were no complaints relating to staff attitude in Q 3 within COS; this is extremely positive and hopefully reflects the service improvement work that has focused on staff.

Children's

There is no real theme for the complaints within children's in Q3. It is very encouraging to see in this quarter that there are no complaints regarding nurse attitude; this is particularly positive in light of the Children's Futures initiative that has been progressing for the last six months. Children's have also received a number of complex complaints during this period involving safeguarding issues which have been challenging for the service to meet the agreed time frames.

Community Services Division

Older People and Neuro-rehabilitation Community Nursing

In response to concerns raised that the community nurse was uncooperative in dealings with the patient's carers and did not respond to telephone calls, the nurse agreed to be more self aware in relation to communication style and to attend further training. A facilitated meeting is to be set up between patient, carers and staff member (with consent of patient and carers) to establish communication plan.

Offender Healthcare

In response to a complaint about incorrect test results being sent to another prison all staff have been reminded of the importance of printing their name in full in addition to a signature. Staff have also been reminded of the importance of the accurate recording of patient information via a memo.

Corporate Directorates

Transport

A training schedule was set up in December and all trust staff now have access to training on the transport systems and processes on a monthly basis. The training covers issues such as ensuring the correct transport booking is submitted and escalation procedures are reinforced to ensure delays to patient journeys are minimised.

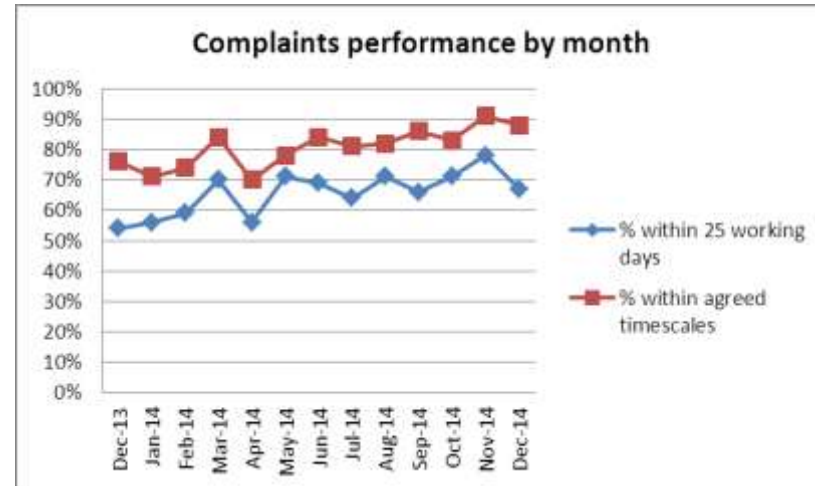
Catering

A parent raised concerns regarding her son's inpatient stay as a nut allergy sufferer. We were able to provide assurance that the patient meals provider is reviewing the labelling of their products in relation to the phrase 'may contain nuts' and this is to be reviewed in March as part of the annual review. In addition, the entire restaurant catering team has undergone specific training on allergens and is following the guidelines, so that they are compliant with the new European Union (EU) legislation that comes into force mid-December 2014.

8. Patient Experience

- Complaints Performance against targets

Performance Against Targets quarter 3				
Division	Total number of complaints received	Number within 25 working days	% within 25 working days	% within 25 working days or agreed timescales
Children's & Women's	75	53	71%	(7) 80%
Medicine and Cardiovascular	63	45	71%	(10) 87%
Surgery & Neurosciences	69	50	72%	(8) 84%
Community Services	28	20	71%	(5) 89%
Corporate Directorates	15	11	73%	(2) 87%
Totals:	250	179	72%	(34) 85%



Overview:

For complaints received in quarter 3 72% were responded to within 25 working days, an improvement when compared to quarter 2 when 66% of complaints were responded to within this timescale.

For the same period 85% of complaints are planned to be responded to within 25 working days or agreed timescales, an improvement when compared to quarter 2 when 80% of complaints were responded to within this timescale. The final percentage may change depending on whether all of the agreed extensions are eventually met.

Actions:

Referring to the trajectories for improvement reported to October board for quarter 3:

- Medicine and Cardiovascular had committed to achieving 75% and 92% respectively and this was not achieved.
- Surgery and Neurosciences had committed to achieving 85% and 100% by the end of October. This was not achieved.
- Women's and Children's had committed to achieving 75% and 89% and this was not achieved.
- Community Services had committed to achieving 85% and 100% and this was not achieved.

All divisions have committed to reaching the trust targets of 85% and 100% respectively in quarter 4.

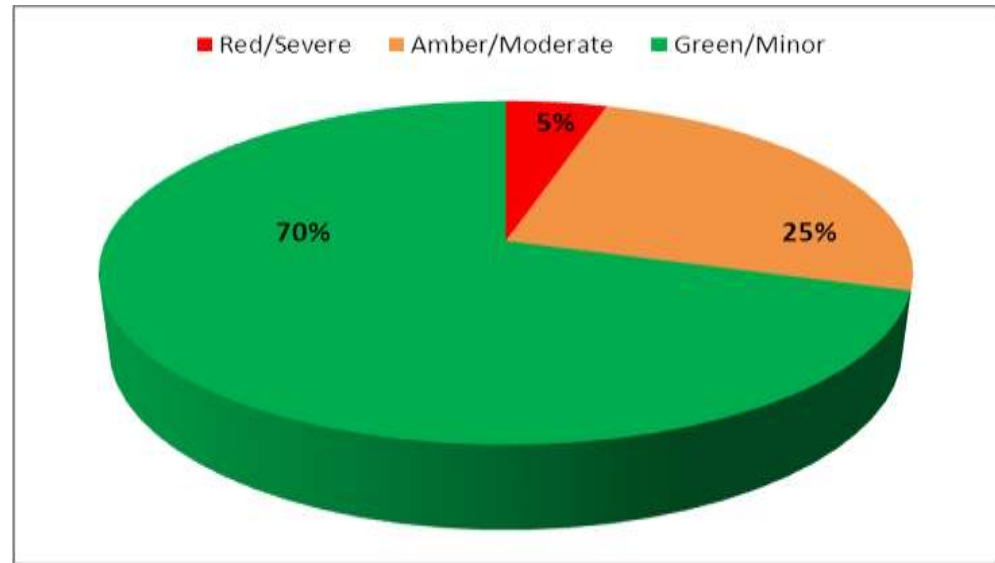
8. Patient Experience

- Complaints Severity Rating Overview

The Complaints and Improvements Co-ordinators make an initial assessment of each complaint and grade them for severity in accordance with a matrix. It is the responsibility of the General Manager/Head of Nursing investigating the complaint to adjust the grading if necessary following the investigation.

This is vital to ensure that urgent/critical matters are dealt with by relevant senior staff and in a timely way. If there is a concern about a possible serious incident (SI) or safeguarding issue these are discussed with the risk department and the relevant safeguarding lead(s) for children or adults.

This system is an internal flag to ensure critical issues or incidents are escalated and investigated appropriately. It is not an attempt to determine how serious the complainant thinks/feels it is.



A summary of ratings for quarter 3 is presented below. A more detailed report will be presented at the Quality and Risk Committee and the Patient Experience Committee.

In Quarter 3 a total of 12 complaints were categorised as Red/Severe.

The red severity cases have been examined to decipher if they should still remain red after investigation and response completed. However some of the cases are still open therefore the total figure for red severity cases may change and will be reflected in the end of year final report.

The reasoning for the red ratings included:

- Death noted.
- Serious Injury/ Serious Adverse Outcome.
- Vulnerable patient, possible neglect. Safeguarding issues.
- Complex case as more than one service involved.
-

In Quarter 3 a total of 62 complaints were categorised as Amber/Moderate.

The most common reasons for the amber ratings were an adverse injury or outcome and the complaint being complex and/or involving 2-4 services.

In Quarter 3 a total of 176 complaints were categorised as Green/Minor.

8. Patient Experience

- Service User comments posted on NHS Choices and Patient Opinion

Overview:

The Patient Experience Manager and Patient Advice and Liaison Service Manager are responsible for checking and responding to comments posted on the NHS Choices website and the Patient Opinion website. Comments are passed on to relevant staff for information/action. Often the comments are anonymous so it is not possible to identify the patient or the staff involved, but such comments are still fed back to departments to consider themes and topics.

If a comment is a cause for concern then the individual is given information via the website about how to obtain a personalised response via the Patient Advice and Liaison service (PALS) or the complaints and improvements department. The number and nature of comments are reported to the Board quarterly. Below are some examples of comments/stories posted on NHS Choices and Patient Opinion since the last board report.

Anonymous gave Accident and Emergency and Paediatric services at St George's Hospital (London) a rating of 5 stars

Impressive leadership, coordination and compassion

We were emergency transferred from St Peter's Chertsey because our 5 year old had fallen down the stairs and fractured his skull leading to a bleed on the brain. The whole operation when we arrived at St George's was impressive: I was greeted by someone who introduced himself and briefly explained what was going to happen and his role. He instantly put us at ease. He then introduced us to key personnel including the neurosurgical team and paediatric doctors. He then turned his attention to our son and it was massively reassuring to see the clarity of thought and organisation as our son's precise details and condition were described to what seemed to be a massive team of people. We were taken from there to the Relatives Room. All the way through we were checked on and kept informed as to what was happening. We were then taken to complete the Consent Forms by one of the A&E nurses who was compassionate and reassuring. This helped us to relax knowing that our son was being well-cared for.

The operation to release the bleed/pressure on his brain was successful and he is well on the way to making a full recovery thanks to the tens of NHS staff who intervened and cared for him since the accident. What particularly impressed us was that the nurse made the effort to come to check on how he was doing at the start of his next shift the following day. This was indicative of people taking pride in their job and doing it well but also going the extra mile to care for us and most importantly our son at a really traumatic time. We will be forever grateful for how the 3 of us were treated by the A&E team (as well as the nurses and doctors in PICU/Nicholls Ward for which we have written a separate review).

Visited in January 2015. Posted on 13 January 2015

G.B gave St George's Hospital (London) a rating of 1 stars

Poor outpatient support

I received a letter from endoscopy asking me to contact them within 14 days to book a procedure and that is what I did!

When i called them I was told that they were short of staff and she was not able to provide me with the appointment. I was asked to leave a telephone number so that someone would have contacted in the next few days.

What a shambles this is .

You also ask below but the endoscopy department is not listed!

Visited in February 2015. Posted on 11 February 2015

Anonymous gave Ear, Nose & Throat at St George's Hospital (London) a rating of 1 stars

1 hour and 45 minutes late

This is a joke. Me and my son waited to be seen for a 1 hour and a half when our appointment was at 10:30 we got in at 12. The doctor we saw she was lovely however I wasn't impressed with 110 minutes before we were actually seen and told the reason why she was late. Why the nurse couldn't have told us earlier so we at least could get a drink as the ward was ridiculously hot. Not impressed at all.

Visited in February 2015. Posted on 02 February 2015

Workforce



8. Workforce: December 2014

- Safe Staffing profile for inpatient areas

Overview

The information provided on the table above relate to staffing numbers at ward/department level submitted nationally on Unify for January 2015. In line with new national guidance this table shows the number of filled shifts for registered and unregistered staff during day and night shifts. In January the trust achieved an average fill rate of 91.3%, an improvement from 88.78% submitted for December. A further data cleansing exercise has taken place to ensure that the report is being run consistently and only relevant front line nursing roles are included. It is thought that this and a better fill rate has improved the January position.

Although some of our wards are operating below 100% the data does not indicate if a ward is unsafe. Safe staffing is much more complex than an observation of percentages and takes in to account many key aspects such as:

Nurses, midwives and care staff work as part of a wider multidisciplinary ward team. The demand on wards can change quickly and it will always be a clinical judgement as to whether to bring more staff in or reduce the amount the staff as per requirement.

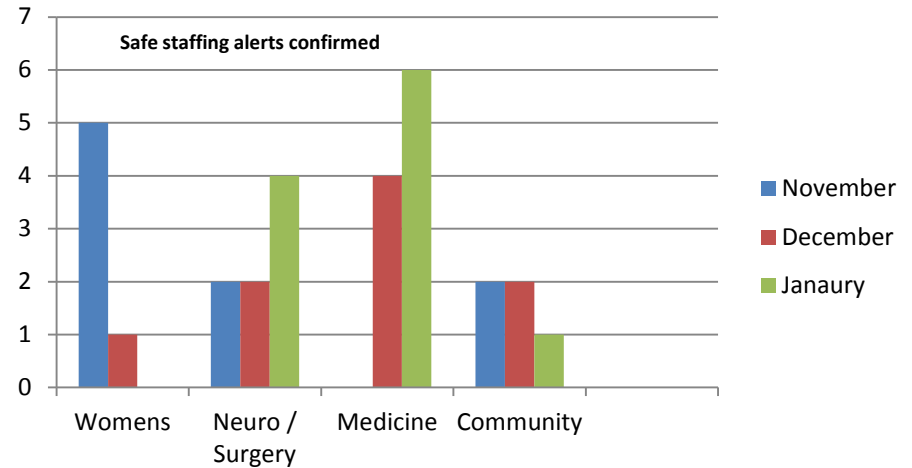
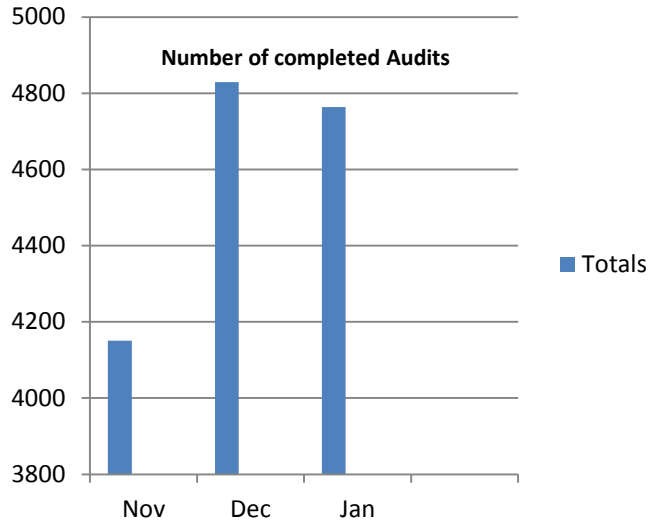
- The data does not take into account the on-going considerations for ward managers in ensuring that on each shift there is the right level of experience and expertise in the ward team.
- The nature of each ward varies. The number and type of patients seen on some wards will be relatively consistent. The number and type of patients seen on other wards will vary more dramatically, meaning that there could be greater change from the planned level and the average will be somewhere in the middle of the highs and lows of this variation.
- There needs to be the operational context of the reasons for staffing levels month on month, for example reduced demand.
- Higher than 100% fill rates relate to areas which require more staff than they are profiled for. This could be because the patients the team are looking after are exceptionally unwell or require one to one nursing or supervision called specialing.
- Lastly St George's Healthcare NHS Trust has a safe staffing policy and a system in place for monitoring staffing levels on a daily basis. Nursing and midwifery clinical leaders visit their clinical areas across the trust at least once a day to ensure safe staffing and staff are encouraged to escalate any concerns they have to the chief nurse on duty. The acuity/dependency of patients (how sick or dependent they are) is also monitored closely as this ultimately affects the type and amount of care patients need. If concerns are raised about staffing levels, the clinical leaders may make the decision move members of staff across the trust so that the area is safely staffed. This ensures that our patients are well cared for.

Actions

- The Nursing programme board is now driving forward the recommendations from the establishment review and the remit has been extended to oversee the Trust wide Nursing/ Midwifery Workforce programme. This includes work-streams for recruitment, retention and temporary staffing. Colleagues from HR, Finance and Divisional representation support the delivery of the programmes of work.
- The above work-streams are making progress in taking forward a range of actions, e.g. direct recruitment of King's and Kingston nursing students.
- A detailed plan has now been developed to indicate the numbers of registered staff required over the next 12 month period taking into account a reduction vacancy factor, reduction in turnover, staffing required for the increased capacity and the results of the spring 2014 establishment review. Focus will now be on delivery of the plan and ensuring there is clear sight of progress against the plan and risk which is reported to the Workforce and Education Committee.

9. Workforce

January 2015 - Safe Staffing alerts



Overview: The purpose of the daily safe staffing audit is to identify areas that are unsafely staffed (known as alerts) and to ensure through a process of escalation that this situation is remedied. Alerts (identifying that a ward is unsafely staffed) are raised to senior nurses through a daily report on the RATE system. The safe staffing policy provides guidance on escalation and interventions that can be undertaken to make areas safe.

The total number of safe staffing audits completed over the past three months were: November 4151, December 4829 and January 4764. There was a slight increase in the number of final alerts reported from 9 in December to 11 in January. The number of alerts reduced to a concern (ward is safely staffed but some care needs will not be completed) has decreased during the previous three months following on the day investigation (November 11, December 31, January 19).

19 nursing related safe staffing concerns were raised on Datix system compared to 27 in December. 4 matched a similar entry on the RATE system, no change since December 2014. The information contained in the some of the datix reports suggests that some of these could have been recorded as an alert or as a minimum as a concern on the daily safe staffing audit.

HMS prison Wandsworth and Nightingale House have commenced recording safe staffing. Gordon Smith ward has opened on 3rd February 2015 and is set up to commence recording safe staffing from then onwards.

Actions: Raise the link between datix and the rate system with the nursing body with the aim to achieve greater consistency.

Heatmap Dashboard Ward View

		INCIDENCE OF C.DIFFICILE	INCIDENCE OF MRSA	TRUST ACQUIRED PRESSURE SOR..	PERCENTAGE OF HARM FREE CARE	PATIENT SATISFACTION (FRIENDS & FA..	FRIENDS & FAMILY RESPONSE RATE	WARD STAFFING: UNFILLED DUTY HOURS	FALLS (WARD LEVEL)	SERIOUS INCIDENTS (WARD LEVEL)	SICKNESS/ ABSENCE RATE - (WARD)
Children & Women's	CARDIOTHORACIC I..	0.0	0.0	0.0	100.0	93.3		5.2	0.0	0.0	4.6
	CARMEN SUITE	0.0	0.0	0.0	100.0		0.0	3.8	0.0	0.0	18.0
	CHAMPNEYS	0.0	0.0	0.0	100.0	100.0	7.7	7.6	5.0	0.0	3.7
	DELIVERY	0.0	0.0	0.0	100.0		0.0	3.8	1.0	4.0	5.5
	FREDDIE HEWITT	0.0	0.0	0.0	100.0		0.0	6.3	0.0	0.0	2.1
	GENERAL ICU/HDU	0.0	0.0	1.0	86.7	100.0	16.7	7.3	1.0	1.0	5.8
	GWILLIM	0.0	0.0	0.0	100.0	89.2	19.1	-1.0	0.0	0.0	6.8
	JUNGLE	0.0	0.0	0.0			0.0	20.8	0.0	0.0	13.2
	NEONATAL ICU	0.0	0.0	0.0	100.0	100.0		9.4	0.0	0.0	4.9
	NEURO ICU	0.0	0.0	0.0	91.7		0.0	4.8	0.0	0.0	4.5
	NICHOLLS	0.0	0.0	0.0	90.0		0.0	4.2	0.0	0.0	1.9
	PICU	0.0	0.0	0.0	94.4	100.0		-22.1	0.0	0.0	5.9
	PINCKNEY	0.0	0.0	0.0	100.0	58.3	100.0	1.7	0.0	0.0	0.0
	Medicine & Cardiovascular	ALLINGHAM	0.0	0.0	0.0	100.0	91.7	41.4	11.0	3.0	1.0
AMYAND		0.0	0.0	0.0	90.6	100.0	23.1	15.0	3.0	0.0	3.4
BELGRAVE		0.0	0.0	0.0	96.4	87.3	42.6	13.2	6.0	0.0	1.7
BENJAMIN WEIR		0.0	1.0	0.0	92.3	98.0	45.0	17.0	3.0	0.0	5.7
BUCKLAND		0.0	0.0	0.0	88.9	95.7	57.5	9.3	7.0	0.0	0.5
CAESAR HAWKINS		0.0	0.0	0.0	100.0	95.8	24.7	6.0	10.0	0.0	9.1
CARDIAC CARE UNIT		0.0	0.0	0.0	100.0	93.8	100.0	11.2	0.0	0.0	5.5
CAROLINE		0.0	0.0	0.0	100.0	85.2	26.2	14.8	2.0	0.0	5.1
CHESELDEN		0.0	0.0	2.0	100.0	100.0	30.4	9.7	3.0	2.0	6.7
DALBY		0.0	0.0	2.0	95.5	100.0	14.3	14.0	5.0	2.0	14.5
EMERGENCY DEPAR..		0.0	0.0	0.0		86.9	37.9	6.9	4.0	12.0	4.6
HEBERDEN		0.0	0.0	0.0	82.6	100.0	6.7	10.4	0.0	0.0	6.8
JAMES HOPE		0.0	0.0	0.0	100.0	99.2	57.9	4.0	0.0	0.0	0.7
MARNHAM		1.0	0.0	0.0	92.9	88.2	32.1	9.8	2.0	0.0	2.8
MCENTEE		0.0	0.0	0.0	94.4	100.0	26.3	6.6	5.0	0.0	0.5
RICHMOND		0.0	0.0	0.0	89.1	81.8	13.5	13.7	13.0	0.0	5.6
RODNEY SMITH		0.0	0.0	1.0	92.9	100.0	14.3	6.3	7.0	2.0	4.8
RUTH MYLES		0.0	0.0	0.0	83.3	100.0	15.0	-21.2	1.0	0.0	2.9
TREVOR HOWELL		0.0	0.0	0.0	94.7	89.5	44.2	-8.8	6.0	0.0	4.3
Surgery & Neurosciences		BRODIE NEURO	0.0	0.0	0.0	93.1	100.0	32.1	10.8	2.0	0.0
	CAVELL	0.0	0.0	1.0	100.0	92.3	18.0	12.9	2.0	1.0	7.5
	FLORENCE NIGHTIN..	0.0	0.0	0.0	100.0	98.1	96.4	10.1	1.0	0.0	7.5
	GRAY WARD	0.0	0.0	0.0	100.0	89.4	34.3	13.2	3.0	0.0	1.8
	GUNNING	0.0	0.0	0.0	96.3	88.0	68.5	12.7	4.0	0.0	9.2
	GWYN HOLFORD	0.0	0.0	0.0	100.0	100.0	100.0	4.6	7.0	0.0	4.8
	HOLDSWORTH	0.0	0.0	1.0	89.5	97.4	59.4	7.7	0.0	1.0	2.9
	KEATE	0.0	0.0	0.0	100.0	96.4	72.4	5.4	2.0	0.0	1.2
	KENT	0.0	0.0	0.0	96.7	100.0	30.3	11.3	3.0	2.0	2.3
	MARY SEACOLE	0.0	0.0	0.0	86.1	100.0	14.6	11.4	13.0	0.0	5.5
	MCKISSOCK	0.0	0.0	1.0	96.0	97.4	61.9	10.7	1.0	1.0	0.6
VERNON	0.0	0.0	1.0	89.7	96.4	32.9	11.0	2.0	1.0	10.2	
WILLIAM DRUMMON..	0.0	0.0	0.0	94.4	93.5	43.1	11.2	3.0	0.0	1.2	

10. Ward Heatmaps: Medical and Cardiovascular Division

Dalby

2 red flags allocated for 2 PUs. RCA investigation not yet completed. **Falls:** these are on a downward trend and have been occurring at night. **Action:** the patients who are at risk of falling are nursed together where possible to enable closer observation / level of specialising. A nurse is based in the bay at night to be available to help patients trying to get up unassisted. **FFT:** rate of return down. **Team** reminded of importance of getting patient feedback, one person will be nominated on a daily basis to ensure that someone owns this responsibility each day. Education of staff around seeking FFT feedback from carers of patients with dementia. Sickness 14.5% is combination of long and short term sick which is being managed according to the policy.

Heberden

Harm free care – 82.6% - 5 harms identified 3 for patients admitted with pressure ulcers and 1 patient admitted with urinary infection. Only 1 harm is acquired on ward from grade 2 PU. **FFT:** low level of returns. Team reminded of importance of gathering this information and where needed to ask family members to help. Staff reminded that family and friends can be completed 48 hrs before the patient is discharged. 3rd flag for sickness rate 6.8% which is marked improvement on previous months and is being actively managed.

Rodney Smith

2 red flags for **Grade 3 PU** - RCA is in progress. 2nd SI related to patient who died with flu recorded on death certificate. Full SI investigation is in progress. **FFT:** flag for low rate of returns which has been highlighted with the team and the Matron as the ward have not reached the 20% target for 4 consecutive months. 7 falls recorded with no / low harm. Action: specials provided for patients identified as at risk or who have had previous falls. Patients at risk grouped in bays where possible to minimise use of specials.

Cheselden

2 red flags for trust acquired PUs. Patient transferred to Cheselden ward from CTICU with a pre-existing G2 pressure ulcer on their sacrum which deteriorated to G3. Second patient developed G3 PU – RCA in progress. 6.7% Sickness- 1 x long term sickness, managed via sickness absence policy. 3 episodes short term sickness - staff have not triggered further monitoring at this stage. Percentage looks higher as they have 2 x B5 on secondment, 1 x ML and 7.8 WTE vacancies

Ben Weir

MRSA bacteraemia wrongly attributed to ward. Patient was swabbed and cultures taken within 48 hours of admission to Ben Weir ward from CTITU. Has been reassigned to CTITU.

ED: – 3 flags from slight rise in sickness – 4.6% which is being managed by the Matrons. 12 SIs relate to a number of 60min LAS breaches. These are being investigated altogether as 1 SI, report due in March.

Richmond

4 red flags. **13 Falls:** As an admissions ward with very high turnover of patients presenting in their acute phase the ward does have higher number of falls averaging 13.6 month. Risk assessments completed and appropriate steps taken to try and reduce the occurrence / level of harm. Matron has planned an audit of completion of falls documentation. FFT response: There is a plan in progress to improve the response rate as last 4 months have shown below target numbers. A member of staff is allocated daily to collect responses. The department will also be trailing a bed coordinator role and this will also form part of that role. **Sickness:** Richmond ward has had 4 people off on long term sick, 3 have now returned to work. They also had a number of staff off with confirmed flu and due to the time of year the sickness rate increased. 4 members of staff on stage 1 sickness and one to go to a stage 2. All are being managed appropriately and are discussed in monthly meeting with HR. Increased pressure on Richmond this month with vacancies and sickness has meant the matron, band 7 and PE have been working clinical shifts and have not been so able to supervise and monitor.

Buckland & Ruth Myles both had red flags for harm free care due to 2 patients on each ward having an “old grade 2 pressure ulcer” which was not acquired in the trust.

10. Ward Heatmaps: Women's and Children's Diagnostics and Therapies Division

Trust Acquired Pressure Ulcers

There was one grade 3 pressure ulcer reported on GICU in January 2015. The root cause analysis for this is being completed, but early indication suggests that this was an unavoidable pressure ulcer due to the patient's clinical condition. This pressure ulcer will be presented to the pressure ulcer serious incident board in April 2014.

% of harm free care

GICU – 86.7%

15 patients were surveyed and harm was identified for 3 patients. These harms related to 2 pressure ulcers; 1 old grade 3 and 1 new grade 3. In addition there was one old CAUTI identified.

Friends and Family Response Rate

Champneys ward have reported a very low return rate of 7.7% in January 2015. This poor response rate is a result of a technical issue where despite capturing the responses electronically the data did not upload. This is being investigated by the matron and FFT technical support. In the meantime the team are to revert to paper documentation to ensure that responses are captured.

Ward Staffing: Unfilled Duty Hours

Jungle reported unfilled duties of 20.8 % in January. January was challenging for Jungle ward due to sickness and maternity leave, however there were no safe staffing alerts for Jungle in month.

Falls

Champneys ward reported 5 falls in January which is high against the usual ward baseline for falls. During this month there was one particular patient that fell several times, who was subsequently provided with one to one supervision. In addition in January, Champneys ward also saw an increase in the number of medical patients on the ward, which also contributed to this figure.

Serious Incidents

4 serious incidents were reported in the delivery suite in January, 3 of these related to unexpected admissions to NNU and the other to a neonatal death. These incidents are all being reviewed as part of the serious incident process.

The serious incident reported for GICU relates to the pressure ulcer acquisition as noted.

Sickness

A number of areas are reporting higher than average sickness rates. Some of this relates to long term sickness, all of which is being managed appropriately. Bi-monthly rota management meetings are held within the division with the ward sisters and matrons and this includes a review of sickness absence rates and the overall management of sickness.

10. Ward Heatmaps: Surgical, Theatres, Cancer and Neuroscience Division

January 2015

Scorecard Narrative – STNC

The report focuses on those areas with 3 or more red flags unless significant indicator

- **Cavell**
- 1 grade 3 Pressure ulcer – this unfortunately involved a paraplegic pt that declined the pressure relieving mattress. The pt was off the ward 3 times a week for renal dialysis for long periods. However compounding this was the fact that documentation & communication regarding skin condition were inconsistent.
- FFT – 18 and accurate unfortunately not Wi-Fi related- new senior sister driving this incorporating into daily checklists and NIC shift management routine.
- SI - pressure ulcer related
- Sickness- long terms sickness related (2 staff out of 3 now back)- focus on return to work interviews & LTS management

- **Vernon**
- Pressure Ulcer- 1 grade 3- focus on NIC and matron rounds to monitor compliance with good practice, documentation and risk assessments. Particular attention to performance management due to level of training now completed.
- Harm free care- relates to pressure ulcer
- Falls- 2 involving the same pt who was confused - it is felt that intentional rounding has started to impact upon falls
- SI – pressure ulcer related
- Sickness – relates to 4 maternity related LTS. All now started mat leave. Also 2 LTS, one about to retire and the other staff member now back at work following 8 wks leave.

- **Holdsworth**
- Pressure ulcers- 1 grade 3- RCA underway- actions as described above
- Harm free care & SI red flags - pressure ulcer related

- **Kent**
- SI's – related to two VTE related incidents- currently being investigated

- **McKissock**
- Pressure ulcer & SI related – RCA underway

- **Gwynne Holford**
- Falls- 7 individual falls- all amputees' trialling new prosthetics.
- A significant improvement noted on gunning this month, following 7 red flags in December. Concerns re Surgery more generally given pressure of work and a loss of a matron leading to less support for the ward teams. This is compounded by vacancy factor and sickness levels. Recruitment is slowly improving although the skill mix is quite dilute as a result of newly qualified starters.

10. Ward Heatmaps: Community Services – KPI Exception Report – Jan 2015

Community CQR Meeting: February 2015 Jan 2015 KPI Exception Report

- **Serious Incidents:**
- 3 SI - PU community nursing

- **Pressure ulcers:**
- In January there were 3 pressure ulcers acquired in our care all of which were Grade 3's

- **Falls:**
- There were 22 No Harm and Low severity fall were reported in January. 1 fall is recorded as moderate harm as patient presented to A&E from home following a fall – details of the case waited to determine if known to community caseload.

- **Complaints:**
- Community Services received 9 complaints in January which is a reduction on the previous month (1x adults services, 2 x OHC, 3 x OPNR still open).
-

- **Human Resources:**
- Sickness absence increased slightly in January to 5.5% compared to 5.1% in December 2014. HR continues to work with service managers to reduce sickness absence.
- The upward trend in turnover continues, with an increase in turnover from 20.2% in November to 20.4% in December.
- The division continues to experience high vacancy levels, with an increase in the vacancy rate from 18.4% in November 2014 to 20.4% in December. A recruitment action plan is focusing on key priority areas: OHC, community nursing and MS ward.
- Appraisal rates for Medical staff fell in December to 76.2% and the divisional non-medical appraisal rate is currently at 83.3%. Plans are in place to ensure all outstanding appraisals are completed.
-
- Alison Ludlam DDNG
- 12 February 2015

11. Community Services - CQR Scorecard – Jan 2015 Page 1 of 2

Domain	Patient Safety & Experience															Direction	Comments	
	Indicator	Frequency	2014/2015 Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15			
				Quarter 1 2014/15			Quarter 2 2014/15			Quarter 3 2014/15			Quarter 4 2014/15					
Patient Safety	SI's REPORTED	Monthly		3	7	2	9	3	4	7	5	5	3			▼		
Patient Safety	Number of SI's breached	Monthly	0					0	0	0	0	1	0			▼		
Patient Safety	Grade 3 & 4 Pressure Ulcers	Monthly		3	4	1	7	3	2(2 Grade 3) 1 grade 4 shared and being investigated	6	4	4	3			▼		
Patient Safety	Grade 4 Pressure Ulcers	Monthly							1	0	0	1	0			▼		
Patient Safety	Number of Fall of No Harm and Low Severity	Monthly		10	10	3	16	3	20	14	12	10	21			▲		
Patient Safety	Number of moderate falls	Monthly	0	0	0	0	0	0	0	0	0	0	0			▶		
Patient Safety	Number of major falls	Monthly	0	0	0	0	0	0	0	0	0	0	1			▲		
Patient Safety	Number of falls resulting in death	Monthly	0	0	0	0	0	0	0	0	0	0	0			▶		
Patient Safety	MRSA	Monthly	0	0	0	0	0	0	0	0	0	0	0			▶		
Patient Safety	CDiff (cumulative)	Monthly	40	0	0	0	0	0	0	0	0	0	0			▶		
Patient Safety	CAS ALERTS - Number ongoing-received (Trust)	Monthly		13	16	13	12	15	8	7	6	7	NA			▼		
Patient Safety	CAS ALERTS - Number not completed within due date (Cumulative) Trust	Monthly	0	1	1	1	1	1	1	1	1	1	1			▶	Ongoing since 2009	
Patient Safety	Number of Quality Alerts	Monthly		8	3	6	5	3	7	10	5	2	NA			▼		
Safeguarding	% of staff compliant with safeguarding adults training	Monthly	95%	91.1%			92.01% as at 8th Sept 2014			91.21% as at 7th Oct 2014	92.81% as at 11th Nov 2014	92% as at 7th Jan 2015		92% Feb/06/15			▶	
Safeguarding	% of staff compliant with safeguarding childrens training	Monthly	Level 1 95%	91.7%			92.62% as at 8th Sept 2014			91.97% as at 10th Oct 2014	92.65% as at 11th Nov 2014	91% as at 7th Jan 2015		90% Feb/06/15			▼	
			Level 2 95%	78.4%			80.31% as at 8th Sept 2014			81.27% as at 7th Oct 2014	83.86% as at 11th Nov 2014	84% as at 7th Jan 2015		84% Feb/06/15			▶	

11. Community Services - CQR Scorecard – Jan 2015 Page 2 of 2

			Level 3 95%	74.2%			78.42% as at 8th Sept 2014		73.97% as at 7th Oct 2014	77.87% as at 11th Nov 2014	76% as at 7th Nov 2014		70% Feb/06/15						
Patient Outcomes	Mortality SHMI ratio (Trus)	Monthly	<100	<100	<100	<100	<100	<100	<100	<100	<100	<100					▼		
Patient Experience	Active Claims	Monthly		2	0	1	0	0	2	1	2	1	NA					▶	
Patient Experience	Number of Complaints received	Monthly		26 April (12), May (5) June (9)			17			11	10	7	9					▲	
Patient Experience	Number of Complaints responded to within 25 days (reporting 1 month in arrears)	Monthly	85%	46% April (50%), May (40%) June (33%)			44%			66%	64%	90%	Data available mid Feb					▲	
Patient Experience	Number of Complaints responded to within 25 days with an agreed extension	Monthly	95%	54%			50%			100%	82%	100%							▲
Patient Experience	FFT Score (Mary Seacole and MIU)	Monthly		Mary Seacole Score = 68							100%	61%							tyobservatory.n hs.uk/index.php ?option=com_ cat&view=item &Itemid=28&ca
Patient Outcomes	Catheter related UTI (Trust)	Monthly	National 0.005	0.00	1.56	1.43	0.00	1.47	1.41	1.47	1.32	1.29							http://www.hsc ic.gov.uk/sear cheatalogue?
	Number of new VTE (Trust)			0.76	0.35	0.21	0.07	0.07	0.37	0.00	0.69	0.29							
Workforce	Number of DBS Request Made (Dec 14)	Monthly										199	Data available mid Feb 2015						
Workforce	Sickness Rate -	Monthly	3.50%	5.37%	5.06%	5.48%	3.82%	4.0%	4.2%	4.4%	5.1%	5.5%							▲
Workforce	Turnover Rate-	Monthly	13%	14.87%	14.76%	14.98%	16.48%	17.1%	18.0%	19.9%	20.2%	20.4%							▲
Workforce	Vacancy Rate-	Monthly	11%	12.45%	13.10%	14.61%	14.67%	15.7%	15.9%	17.9%	18.4%	20.4%							▲
Workforce	Appraisal Rates - Medical	Monthly	85%	54.05%	62.07%	71.43%	78.57%	80.8%	78.3%	86.4%	86.4%	76.2%							▼
Workforce	Appraisal Rates - Non-Medical	Monthly	85%	79.64%	77.36%	74.80%	77.90%	81.1%	79.5%	84.3%	81.3%	83.3%							▲

REPORT TO THE TRUST BOARD

Paper Title:	Open and Honest Care: Driving Improvement Programme
Sponsoring Director:	Jennie Hall- Chief Nurse/ Director Infection Prevention and Control
Authors:	Jennie Hall- Chief Nurse/ DIPC
Purpose:	To Inform the Board about the Programme
Action required by the board:	To agree for the Trust to participate in the Programme
Document previously considered by:	

Executive summary

NHSE London has made a commitment to participate in “Open and Honest Care” a programme which is designed to support the delivery of high quality care for all patients and to build improved services for the future. A letter is attached in appendix one outlining the background to the programme.

The programme began in December 2013 involving NHS organisations publishing monthly reports across a range of areas in a standardised format on their websites. A link then to each Trusts report will be published then on the NHS England open and Honest Care webpage. The programme has been evaluated and been shown to drive improvements across the region and this initiative is now being rolled out more widely.

The types of indicators that are reported are:

- National Patient Safety Thermometer date
- Pressure Ulcers
- Falls Incidents
- Infection Control (MRSA/ C Difficile rates)
- Maternity Metrics
- A Patient Story
- An Improvement Story
- An additional information that the Trust wishes to include

A sample report from South Tyneside NHS Foundation Trust is included for information (appendix two). This is the format that we would need to populate should we participate in the programme.

With the exception of the Maternity Metrics the Trust is already including these metrics within the Quality and Performance Report which is now provided Monthly to the board and published on the website. This is positive, it was intended that the monthly maternity dashboard would be included going forward.

However the key element is how the information is presented in a standard format for all Trusts with the objective that it is easy to read both for patients and staff. Some system resource will be made available to support the Trust in terms of starting within the programme and some analytical support in relation to trend analysis and the facilitation of the sharing of good practice.

We would need to consider how this report might be populated alongside the Quality report or if we can use this format for the Quality report going forward, however in relation to the principal of

<p>publication of this data it is recommended that the Board should support this initiative.</p>	
<p>Key risks identified: None</p>	
<p>Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i></p>	
<p>Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i></p>	
<p>Equality Impact Assessment (EIA): Has an EIA been carried out? If no, please explain you reasons for not undertaking and EIA. Not applicable</p>	

To: London Provider Directors of Nursing

London Region
Southside
105 Victoria Street
London
SW1E 6QT

29 January 2015

T. 0203 182 4973
Caroline.alexander2@nhs.net

Dear Colleague

Last week the London region made a commitment to join the Open and Honest Care: Driving Improvement Programme. I would like to take this opportunity on behalf of NHS England (North), that lead on the programme, to provide you with some information and invite your organisation to become an early implementer of the programme in the London region.

Aims of the Programme

The Open and Honest Care: Driving Improvement Programme is a central part of NHS England's commitment to making more information available about the quality of care in the NHS. The overarching aims are to ensure that every patient receives high-quality care and to build improved services for the future. The programme forms part of the key actions of the Nursing Midwifery and Care Staff Strategy:

Compassion in Practice (DH 2012); NHS England North leads on initiatives that will deliver the outcomes required in Action Area 3: Delivering High Quality Care and Measuring Impact. The Open and Honest Care: Driving Improvement Programme is aligned to Action Area 3 and is intended to support organisations to become more transparent and consistent in publishing safety, patient and staff experience and improvement data, using clear definitions in a format that patients have told us is easy to understand. The overall aim is to drive improvements in practice and create a culture of compassion, dedicated to learning and improvement.

Participating organisations

The programme began in the North in December 2013 with 23 Acute organisations publishing monthly reports. Subsequently the programme has advanced with the development of Community and Maternity metrics, and there are currently thirty two organisations in the North publishing monthly acute, community and maternity reports. An independent evaluation of the programme in the North has demonstrated that it is a highly valued part of the NHS improvement strategy, which facilitates ward based staff to identify areas for improvement, empowers them to act and contributes to a culture of learning across their organisations.

Midlands and East region have recently signed up to the programme, with 15 early implementers planning to publish information on their websites within the next three months. A group of early implementer Mental Health organisations in the North are also currently working together to develop a set of mental health metrics and a reporting template.

What are Trusts being asked to do?

Organisations joining the programme will be asked to gain approval from their Board to join the Open and Honest Care: Driving Improvement Programme and publish a monthly report on the 23rd of each month on their websites using an agreed template. The report will include safety metrics comprising of the National Safety Thermometer data, Pressure Ulcer and Falls incidences and Health Care Associated Infections (rates of C Difficile and MRSA bacteraemia); maternity metrics comprising of the numbers and types of deliveries, numbers of actual harms in relation to perineal tears, post partum haemorrhage, apgar score and stillbirths; patient and staff experience data; a patient's story; an improvement story and any relevant additional information that Trusts wish to include. In the near future Trusts will also be asked to publish data on safer staffing and never events (definitions and format for these to be agreed). A link to each Trusts reports will be published on the NHS England Open and Honest Care webpage.

What support will NHS England (North) provide?

There will be help and support available from NHS England North throughout the whole process in the form of pre-existing documents (a board compact, a standard operating procedure and publication guidelines), a mentoring and buddying system with North Trusts, guidance and support from dedicated Compassion in Practice Programme Managers, analysis of your data to enable you to see trends over time, facilitation of the sharing of good practice for the rapid scale and spread of improvement, information on future developments and events and access to the Investing in Behaviours Programme (a cultural change human factors programme developed in the North which supports quality improvement).

Next steps

I would like to take this opportunity to ask you to reflect upon all of the information above and consider expressing your interest in your organisation becoming an early implementer of the Open and Honest Care: Driving Improvement Programme. Please express your interest by making contact with one of the Compassion in Practice Managers below, from NHS England North, who will be supporting the London region. They will also be extremely happy to answer any questions and queries you may have at this stage:

Andrea Gillespie a.gillespie@nhs.net Mobile No. 07900715288
(CIP Programme Manager)
Julia De Soyza j.de-soyza@nhs.net Mobile No. 07721231672
(CIP Programme Manager)

The Open and Honest Care: Driving Improvement Programme is a significant commitment to openness and transparency and its success in the North is a signal of real culture change; this is a success that the London region would like to share. I do hope you will be interested in participating.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Caroline Alexander', with a stylized flourish at the end.

Caroline Alexander
Regional Chief Nurse

cc: CCG Directors of Nursing (for information)

Open and Honest Care in your Local NHS Trust



The *Open and Honest Care: Driving Improvement* programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.

Report for:

**South Tyneside NHS
Foundation Trust**

December 2014

Open and Honest Care at South Tyneside NHS Foundation Trust : December 2014

This report is based on information from December 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about South Tyneside NHS Foundation Trust's performance.

1. SAFETY

NHS Safety thermometer

On one day each month we check to see how many of our patients suffered certain types of harm whilst in our care. We call this the safety thermometer. The safety thermometer looks at four harms: pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place. This helps us to understand where we need to make improvements. The score below shows the percentage of patients who did not experience any harms.

94.7% of patients did not experience any of the four harms whilst an in patient in our hospital

92.7% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 93.1% of patients did not experience any of the four harms in this trust.

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

Health care associated infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteremia are the most common. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria does not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C.difficile, people on these antibiotics are at greater risk.

The MRSA bacteria is often carried on the skin and inside the nose and throat. It is a particular problem in hospitals because if it gets into a break in the skin it can cause serious infections and blood poisoning. It is also more difficult to treat than other bacterial infections as it is resistant to a number of widely-used antibiotics.

We have a zero tolerance policy to infections and are working towards eradicating them; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough. The table below shows the number of infections we have had this month, plus the improvement target and results for the year to date.

Although community providers do not have targets for reduction in the numbers of HCAI, planned programmes for infection prevention and control are embedded into practice for all of our community services across South Tyneside, Gateshead and Sunderland.

We also work very closely with infection prevention and control teams from other acute Trusts and primary care to reduce the number of HCAIs. Examples of this can be found on our website.

Patients in hospital setting	C.difficile	MRSA
This month	1	1
Trust Improvement target (year to date)	10	Zero avoidable
Actual to date	6	1

For more information please visit:

<http://www.sthct.nhs.uk/services/nursing-patient-safety/infection-prevention-control>

Pressure ulcers

Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of pressure. They are sometimes known as bedsores. They can be classified into four categories, with one being the least severe and four being the most severe. **The pressure ulcers reported include all avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 21 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 79 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Sunderland Community setting	Number of pressure ulcers in our Gateshead Community setting	Number of pressure ulcers in our South Tyneside name Community setting
Category 2	21	26	31	15
Category 3	0	5	1	1
Category 4	0	0	0	0

The pressure ulcer numbers include all pressure ulcers that occurred from hours after admission to this Trust

In the hospital setting, so we know if we are improving even if the number of patients we are caring for goes up or down, we calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report pressure ulcers in different ways, and their patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1,000 bed days: Hospital Setting

In the community setting we also calculate an average called 'rate per 10,000 CCG population'. This allows us to compare our improvement over time, but cannot be used to compare us with other community services as staff may report pressure ulcers in different ways, and patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, our community may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 10,000 Population: Sunderland

Rate per 10,000 Population: Gateshead

Rate per 10,000 Population: South Tyneside

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. **This includes avoidable and unavoidable falls sustained at any time during the hospital admission.** Falls within the community setting are not included in this report.

This month we reported 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	0
Death	0

So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1,000 bed days:

2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.



Patient experience

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge from hospital, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment? We ask this question to patients who have been an in-patient and/or attended Accident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT score*	78	% recommended. This is based on 254 patients asked
A&E FFT score*	65	% recommended. This is based on 349 patients asked

* Currently the Friends and Family Test is in development for community services.

For the patient and staff experience the Trust has a nine question format for patients in hospital, seven question format for patients in the community setting and a three question format for staff. The Trust does not use the net promoter score for this but an average percentage score. For how we work out the average percentage score see Supporting Information at end of this report.

We asked 84 patients the following questions about their care in the hospital:

	%
Were you involved as much as you wanted to be in decisions about your care and treatment?	97%
When you had important questions to ask a nurse, did you get answers that you could understand?	96%
Were you given enough privacy when being examined or treated?	99%
Did you have confidence and trust in the nurses treating you?	99%
If you were ever in pain, do you think the ward staff did everything they could to help control your pain?	100%
Did you get enough help from staff to eat your meals?	100%
On reflection, did you get the nursing care that mattered to you?	99%
If a friend or relative needed similar care or treatment, would you recommend this ward?	98%
Did you always have access to the call bell when you needed it?	98%

We also asked 23 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	98%
Did the health professional you saw listen fully to what you had to say?	98%
Did you agree your plan of care together?	96%
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	87%
Did you feel supported during the visit?	98%
Do you feel staff treated you with kindness and empathy?	98%
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	98%

A patient's story

Prevention of In-Patient Falls

Our patient was an elderly lady who lived at home independently she had been admitted to hospital following a fall at home in which she suffered fractured humerus.

The patient was assessed as being at risk of further falls and a falls risk assessment was completed in the patient notes. The patient had a number of support mechanisms identified to prevent further falls including using aids, falls monitor and being accompanied by staff whilst moving around the ward.

As part of the patients re-enablement plans to support discharge back to independent state the patient became less reliant on support from staff and fall monitor was removed.

Whilst going to the bathroom unaided the patient fell causing further injury. A scoping exercise was undertaken to highlight learning or areas for improvement.

See the Improvement story below for the outcome from our findings.

Staff experience

We asked 109 staff in the hospital the following questions:

	%
I would recommend the ward/department as a place to work	81%
I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment	84%
I am satisfied with the quality of care I give to the patients, carers and their families	82%

We asked 31 staff working in the community setting the following questions:

	%
I would recommend this service as a place to work	71%
I would recommend the standard of care in this service to a friend or relative if they needed treatment	90%
I am satisfied with the quality of care I give to the service, patients, carers and their families	82%

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

A scoping exercise was undertaken to understand the incident as well as the assessment processes undertaken.

At the time of the fall it was noted by staff that the patient was accessing a disabled toilet with drop down arms. It was however noted that the arms had been left in the up position and therefore the patient had no support which had contributed to her fall.

Outcomes

A Visual sign was developed to be placed in all accessible toilet areas in the wards area to remind patients / staff to return drop down arms to down position after use.

We also shared the incident learning with ward team to remind them of the need to reposition drop down arms after use.

The learning has also been shared across all in patient areas.

IN THE INTERESTS OF PATIENT SAFETY

Please could staff and visitors ensure the safety rails are in the **DOWN** position when leaving the toilet



Supporting information

PATIENT AND STAFF EXPERIENCE SCORING

The Patient and Staff Experience responses are weighted:

Response	Weighting
Always/Definitely	+ 2
Sometimes/To some extent	+ 1
No	0

The formula to work out the % for each question

$\frac{\text{sum total of responses} \times 100}{\text{number of relevant responses} \times 2}$ (max score available)

e.g. for 10 responses, 6 x Always/Definitely (6 x 2 = 12), 3 x Sometimes/To some extent (3 x 1 = 3), 1 x No (1 x 0 = 0) add these together (12 + 3 + 0 = 15) divide this by max score available (10 x 2 = 20) - 15/20 = 0.75 x 100 = 75%

Any n/a (e.g. no need to ask or patient declined to answer) answers are not scored or counted in these percentages.

Finance Report

Draft January 2015 results – Month 10

Trust Board (26th February 2015)

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FINANCE AND ACTIVITY SUMMARY

Area of Review	Key Highlights	Month	Year End rating
Financial Position	<p>As these results are the last the month the Trust reports to the TDA the January results are treated as our final accounts and will be subject to audit and so these results are currently draft As at Month 10, the Trust is showing a deficit YTD of £6.5m which is £11.5m adverse to the YTD target of £5.0m surplus. This is an adverse movement in month of £7.2m. The month 10 results have seen a worsening of the position as a result of under delivery of SLA income targets and excess costs of extreme operational pressures during January. The Trust has also had final confirmation of losses around project diamond and from the Education contract.</p> <p>In response, the Executive is taking further exceptional action to reduce expenditure in the fourth quarter. A detailed review of all budgets and costs centres has been undertaken led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified was reviewed by the Chief Nurse and Medical Director on 30 January to remove any measures that represent a material risk to patient or staff safety.</p> <p>Income remains ahead of plan offset by overspends in Medical, Nursing and non pay. The Trust had amended its forecast with the TDA to be a £5.5m deficit and £12.49m adverse to plan to reflect the worsening position.</p>		
Activity / Income	<p>Income was behind plan in month due to lower elective activity and impact of Emergency threshold on Non elective activity. Activity income has also underperformed for Exclusions and Bed Day activity. In-patient elective activity has underperformed as there continues to be difficulties in treating planned elective work due to shortfalls in bed and theatres capacity. Commissioners have funded additional work to achieve RTT targets, requiring some work to be sent to private facilities.</p>		
Expenditure	<p>Pay costs are overspending for the year to date primarily due to premium costs of Medical Junior Doctors cover especially in ED, Paediatrics and Surgery. Nursing now overspending in month due to agency/bank nursing cover for maintaining safe staffing levels, covering vacancies and use of nurse specials still high. Non pay is overspent in drugs which are largely reclaimable. There are pressures in other non pay costs especially the use of private facilities for additional capacity and IT upgrading.</p>		
EBITDA	<p>This was behind plan in month by £7.01m mainly due to difficulties achieving income and expenditure CIPs and inpatient activity levels at suitable margins. Overall YTD was behind plan by £12.97m as total expenditure pressures exceed additional income received to date.</p>		
Cash	<p>The cash balance was £19.5m at M10 (M09: £6.7m) an increase of £12.8m on last month. When the unexpended balance of the LEEF loan is excluded, the underlying cash balance £7.9m.</p> <p>There was a trading loss in January of £6.2m (IFRS); however a significant reduction in debtors from £87.2m to £65.9m contributed to the improved cash position.</p> <p>The Trust escalated the NHSE debt position to senior NHSE managers and then to the CEO of NHSE Specialised Commissioning on 23rd December and has formed a NHS Debt Reduction Group comprising senior finance, credit management and contracts team staff to ensure internal processes are stream-lined as much as possible to expedite responses on data quality and to agree the ring-fencing of disputed values to maximise cash receipts from commissioners. Following escalation the Trust is expecting to receive part payment of over-performance from NHSE in February.</p> <p>As reported since M06, the cash balance includes approx £11.7m relating to the unexpended balance of the LEEF loan which was drawn down early to provide temporary cash resilience. The loan is easing working capital pressures providing time for the actions to reverse some of the adverse change in working capital that has arisen since year end.</p> <p>An increase in the underlying cash balance is dependent on improvements in both the trading position and in working capital. Stock has reduced by £1.7m since it peaked in M04 and further reductions are planned in the remaining 2 months As a consequence the Trust is continuing to exert tight management of payments.</p>		

<p>Capital</p>	<p>Actual capital expenditure in month 10 was £2.8m. YTD expenditure is £30.6m against the budget of £45.9m – an under spend of £15.3m.</p> <p>The IMT over spend is unchanged from M09 and the Head of Computing has implemented measures to ensure IMT capital spend for the year is contained within the control total of £10.656m.</p> <p><u>Overall forecast</u></p> <p>The updated M10 forecast indicates the Trust will generate an <i>under spend in terms of overall capital expenditure of £14.9m.</i></p> <p>The Trust has asked the Dept of Health to confirm that additional PDC capital of approx £1.5m will be received this year.</p> <p>It should be noted, however, that in the event that the PDC allocation is not awarded and/or the forecast capital outturn above deteriorates, further reductions in internally-financed capital spend will be necessary.</p>		
<p>CIPs</p>	<p>The total CIP target for 14/15 is £45.2m, of which £40.0m has been identified. Year to date CIP performance is £4.8m adverse. This reflects overprogramming targets not being achieved and some adverse delivery requiring mitigation.</p>		

EXECUTIVE SUMMARY

The Trust's 2014/15 plan agreed with the Trust Development Agency (TDA) is to achieve a £6.99m surplus. The month 10 results will be our final accounts with the TDA and so are draft at this time.

For the YTD to January, the Trust is showing a £6.5m actual deficit compared to the YTD planned surplus of £5.0m, therefore the Trust showed a £11.5m adverse variance to plan.

In January, the Trust was behind its monthly income target by £934k. Overall SLA income slowed in January having over-performed for the YTD by £11.76m. Activity in month underperformed for Elective, Emergency, Exclusions & Bed Day activity but overperformed for Outpatients and Programme activity. The YTD position includes £8.6m of systems resilience funding from local commissioners to support achievement of RTT 18 week's targets and winter pressures. The Trust has received notification of reductions in its Project Diamond, HCAS and educational funding causing a variance of £1.9m in month.

Elective throughput continues to be affected by bed and theatres capacity shortages and winter pressures resulting in work being cancelled or sent to external facilities. There are issues with 18 week target breaches and achieving A&E targets which may result in potential fines. The Trust has renegotiated Emergency activity thresholds and the excess levels above the 2012/13 outturn levels are being paid at a 30% marginal rate.

Pay is overspent by £4.78m YTD. There is high use of Nursing Agency and bank to cover additional facilities and maintain safe staffing levels and Junior Drs spend to maintain rotas. Change in VAT recovery of admin agency increased costs. CIP schemes not removable from budgets if actions are not fully delivered are coming through as overspends.

Non pay is overspent on drugs which are primarily reclaimable as exclusions, while clinical consumables are also overspent reflecting higher activity. There have been pressures on cost premiums incurred on the use of external facilities to achieve RTT targets and pressures on upgrading IT facilities and on the requirement to deliver savings. In addition depreciation estimates increased by £0.96m in month. The position includes recognition of significant non recurrent benefits through income and expenditure reductions.

SUMMARY I&E	Month 10				Month 9		Movement by Division						
	YTD	YTD	YTD	YTD	YTD	Curr mth	CWDt	MedCard	SNT	CS	Corp	Other	
	Plan	Actual	Variance	Variance	Variance	Mvt							£000s
Income													
SLA Income	491,407	503,167	11,760	2.4%	12,339	-579	-111	-64	-1,403	-199	-8	1,206	
Other Healthcare	7,799	8,000	201	2.6%	0	201	82	216	-171	-7	46	34	
Other Income	96,331	100,940	4,609	4.8%	5,164	-555	135	-202	48	49	163	-749	
Operating income	595,537	612,107	16,570	2.8%	17,503	-934	106	-49	-1,525	-157	201	491	
Expenditure													
Pay	-362,109	-366,890	-4,781	1.3%	-3,529	-1,252	-313	-573	-174	-190	78	-81	
Drugs	-35,470	-39,894	-4,424	12.5%	-4,162	-262	-41	-373	-88	243	3	-5	
Clinical supplies	-73,783	-76,890	-3,106	4.2%	-2,150	-957	-132	167	-245	-586	-22	-138	
Other non pay	-93,249	-110,479	-17,231	18.5%	-13,624	-3,607	-664	-1,142	-649	207	-407	-951	
Operating expenditure	-564,611	-594,153	-29,542	5.2%	-23,464	-6,078	-1,150	-1,921	-1,156	-327	-348	-1,176	
EBITDA	30,926	17,954	-12,973	-41.9%	-5,961	-7,012	-1,044	-1,970	-2,681	-484	-148	-685	
Depreciation	-18,038	-18,038	0	0.0%	325	-325	0	0	0	0	0	-325	
Dividend	-6,354	-6,414	-60	0.9%	-74	14	0	0	0	0	-2	16	
Other	-2,643	-2,642	1	0.0%	16	-16	-148	8	-2	0	-10	136	
Net I&E position	3,892	-9,140	-13,032	-334.9%	-5,694	-7,339	-1,192	-1,962	-2,684	-484	-160	-858	
excl. IFRS/ donated assets	1,158	2,641	1,482	128.0%	1,325	157						157	
Net NHS Performance	5050	-6500	-11550	-228.7%	-4,368	-7,182	-1,192	-1,962	-2,684	-484	-160	-701	
CASH & CAPITAL													
Cash balance	20,653	19,562	-1,091	-5.3%	-13,915	12,824							
Capital programme	-45,856	-30,850	15,006	-32.7%	12,241	2,765							

As part of their forecasts, Divisions have identified material risks to the delivery of its financial targets and the performance against forecasts are reviewed as part of this paper. The reduction in Project Diamond, HCAS and education funding places the Trust at greater risk of a large deficit. In response, the Executive has taken further exceptional action to reduce expenditure in the fourth quarter. A detailed review of all budgets and costs centres was undertaken led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified were reviewed by the Chief Nurse and Medical Director in January to remove any measures that represent a material risk to patient or staff safety.

The detail behind the summary position and the Divisional view of the financial situation is given in the report.

SECTION 1: OVERALL INCOME AND EXPENDITURE

ST GEORGE'S HEALTHCARE NHS TRUST

Finance Department

Income and expenditure account January 2015

NOTE CHANGE TO ACCOUNTING CONVENTION FOR ALL I&E AND VARIANCES PRESENTED

	CURRENT MONTH M10			CUMULATIVE YTD				FORECAST		
	Current Mth Budget £000	Current Mth Amount £000	Current Mth Variance £000	YTD Budget £000	YTD Amount £000	YTD Variance £000	% Variance	Previous Variance £000	Annual Budget £000	Forecast Outturn £000
Income										
SLA Elective	5,433	4,795	-638 A	52,310	48,547	-3,763 A	-7.2%	-3,125 A	63,175	58,660
SLA Daycase	2,279	2,217	-63 A	22,394	22,426	32 F	0.1%	95 F	26,953	26,991
SLA Non Elective	9,450	8,976	-473 A	92,796	93,446	650 F	0.7%	1,123 F	110,780	111,560
SLA Outpatients	9,454	9,840	386 F	92,622	95,850	3,229 F	3.5%	2,843 F	111,785	115,659
SLA A&E	1,309	1,223	-86 A	12,925	12,991	66 F	0.5%	152 F	15,420	15,500
SLA Bed Days	5,071	4,877	-194 A	49,779	49,175	-604 A	-1.2%	-410 A	59,712	58,987
SLA Programme	1,226	1,429	203 F	12,021	13,840	1,819 F	15.1%	1,616 F	14,707	16,890
SLA Exclusions	2,975	2,118	-858 A	28,865	34,601	5,736 F	19.9%	6,594 F	35,426	42,309
SLA Other	12,279	13,749	1,470 F	133,488	137,241	3,753 F	2.8%	2,263 F	160,942	165,333
SLA Provisions QIPP/KPIs & Y/E Settlement	-579	-905	-326 A	-5,790	-4,948	842 F	100.0%	1,168 F	-6,949	-5,938
Subtotal - SLA Income	48,896	48,318	-579 A	491,407	503,167	11,760 F	2.4%	12,339 F	591,952	605,952
Private & Overseas Patient	536	611	74 F	4,496	4,255	-241 A	-5.4%	-315 A	5,569	5,280
RTAs	317	447	130 F	3,187	3,634	446 F	14.0%	316 F	3,821	4,357
Other Healthcare Income	12	8	-4 A	115	111	-4 A	-3.7%	0 A	139	134
Levy Income	4,319	4,000	-320 A	40,307	40,520	213 F	0.5%	533 F	48,196	48,452
Other Income	5,628	5,393	-236 A	56,024	60,420	4,395 F	7.8%	4,631 F	67,281	72,423
Total income	59,710	58,776	-934 A	595,537	612,107	16,570 F	2.8%	17,603 F	716,959	736,598
Expenditure										
Pay Total	-36,178	-37,430	-1,252 A	-362,109	-366,890	-4,781 A	1.3%	-3,529 A	-433,805	-438,793
Drugs	-3,540	-3,802	-262 A	-35,470	-39,894	-4,424 A	12.5%	-4,162 A	-42,551	-47,860
Clinical Consumables	-7,643	-8,600	-957 A	-73,783	-76,890	-3,106 A	4.2%	-2,150 A	-88,166	-91,893
Other Total	-7,986	-11,692	-3,607 A	-93,249	-110,479	-17,231 A	18.5%	-13,624 A	-113,520	-133,146
Total expenditure	-55,347	-61,425	-6,078 A	-564,611	-594,153	-29,542 A	5.2%	-23,464 A	-678,041	-711,692
EBITDA (note 1)	4,363	-2,649	-7,012 A	30,926	17,954	-12,973 A	-2.2%	-5,961 A	38,918	24,906
Disposal of Assets	0	0	0 A	0	0	0 A	0.0%	0 A	0	0
Interest payable	-273	-286	-14 A	-2,726	-2,708	18 F	-0.7%	32 F	-3,875	-3,833
Interest receivable	8	6	-2 A	83	66	-17 A	-20.7%	-15 A	100	80
PDC Dividend	-635	-621	14 F	-6,354	-6,414	-60 A	0.9%	-74 A	-7,896	-7,995
Depreciation	-2,439	-2,764	-325 A	-18,038	-18,038	0 F	0.0%	325 F	-21,645	-21,645
Total interest, dividends & deprec'n	-3,338	-3,665	-326 A	-27,034	-27,094	-59 A	0.2%	268 F	-33,316	-33,393
NET +Surplus /-Deficit	1,024	-6,314	-7,338 A	3,892	-9,140	-13,032 A	-334.8%	-5,694 A	5,602	-8,488
exc. IFRS/Donated Assets Adjustment	116	273	157 F	1,158	2,641	1,482 F	128.0%	1,325 F	1,390	2,988
TDA FIMS Report +Surplus /-Deficit	1,140	-6,041	-7,181 A	5,050	-6,500	-11,549 A	-228.7%	-4,368 A	6,992	-5,500

Notes

1* - EBITDA = Earnings before interest, tax, depreciation & amortisation

All accounting conventions were changed from July 12 onwards to agree to NHS/FT accounting presentation. F represents favorable and A represents adverse variances.

COMMENTARY

At Month 10, the Trust's YTD net I&E variance (comparing actual against budgeted income and costs) is showing an adverse variance of £11.5m compared to plan. The month end actual performance stands at £6.5m deficit against a planned surplus of £5.0m.

The Trust plan was to achieve a year end surplus of £6.99m but its current forecast is £12.49m adverse to this which would give a £8.488m deficit outturn position in NHS performance terms or a £5.0m deficit position under IFRS. Further action is being taken by the Executive team to control and reduce quarter 4 expenditure to minimise this deficit. A detailed review of all budgets and costs centres was undertaken led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified were reviewed by the Chief Nurse and Medical Director to remove any measures that represent a material risk to patient or staff safety.

The Trust made an actual deficit of £6.m in month, which was £7.2m behind plan. The Trust profiled planned surplus increases for the remainder of the year to reflect higher activity income profiled over the winter period and the need to deliver additional savings.

Included in the position is a favourable variance within the IFRS adjustment of £157k in month as there was a shortfall in new donated asset income received. The IFRS adjustment is calculated every month and relates to the accounting changes from the adoption of IFRS affecting PFI schemes and Donated capital assets.

For the year to date, Trust total income is £16.57m ahead of planned targets, and net expenditure is over-spent by £29.60m. Along with the favourable IFRS cost adjustment of £1.482m, this gave a net adverse position of £11.549m against the YTD plan.

In month, the Trust's clinical divisions showed an adverse variance of £6.32m which is partly offset by the use of contingency, other mitigations and benefits however Project Diamond, HCAS and educational income losses accounted centrally collectively gave an adverse position of £7.181m. There continue to be issues with incomplete submissions and also high levels of uncoded patient activity data that need to be resolved. Estimates have been calculated and included to cover these issues where relevant. This is a major ongoing concern and a task and finish group chaired by the FD continues to meet to resolve these issues. (Section 3).

Income £934k Adverse in month (£16.57m Fav YTD) (Section 3)

The position includes additional income from commissioners and TDA funding for Systems resilience and RTT work but to date the Trust costs are greater than this funding. Divisions have deteriorated in their performance against in month SLA targets. There are under performances in Surgical, Neuro and Cardiac Elective inpatients due to significant cancellations from lack of beds and theatre capacity. Emergency inpatients have overperformed but have been heavily impacted by the Emergency threshold which has negated the financial benefits in month. Outpatients and excluded drugs & devices have over performed to date. Critical Care bed day activity has underperformed in month due to lower case mix of emergency medical patients compared to elective surgical patients and Paediatric activity is falling to achieve the higher seasonal targets. Within other income, private patient has improved but is underperforming overall. The Trust has been notified of a reduction of £2m YTD in its Project Diamond, HCAS and Educational funding.

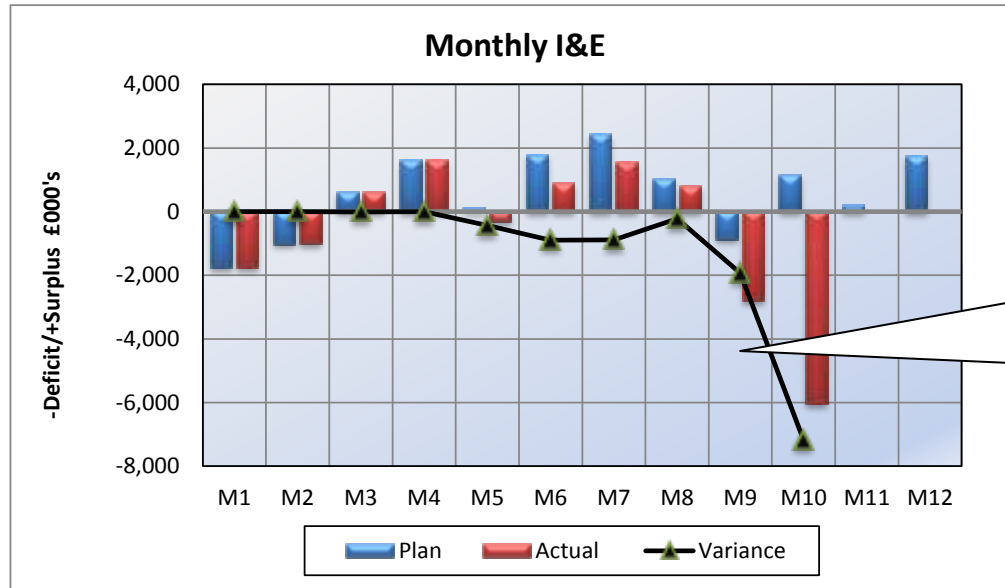
Pay £1.252m Adverse in month (£4.781m Adv YTD) (Section 4)

Pay is overspent in month by £1.252m. Across the Trust the operational pressures has seen significant increases in costs .YTD has seen pressures on Nursing due to maintaining safe staffing levels, leave and vacancy cover and use of specialist nurses. Medical junior doctor's costs were overspent due to premiums paid on vacancy cover in ED, Paediatrics and Surgery. Agency usage has been rising during the year and admin agency costs are no longer VAT reclaimable. Significant temporary Pay spend is associated with various schemes funded from System Resilience monies which are funded on a non recurrent basis this year.

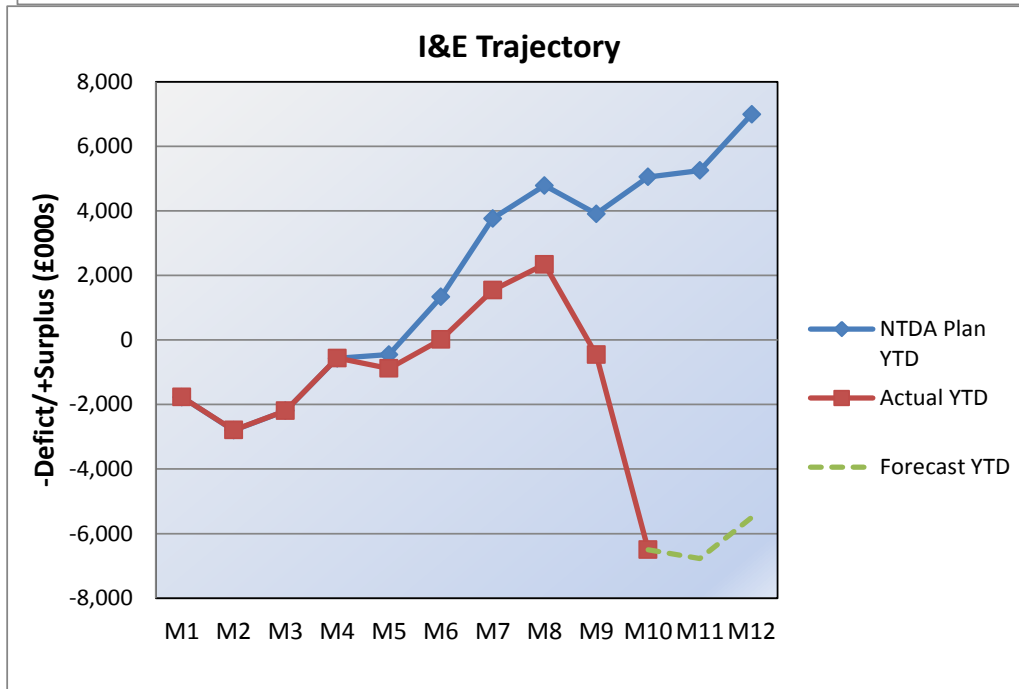
Non Pay £4.82m Adverse in month (£24.765m Adv YTD) (Section 5)

In the current month costs of drugs and clinical consumables are over plan but are largely offset by SLA income on exclusions and programme activity. There is significant expenditure on external healthcare facilities to help achieve RTT targets and on IT upgrading costs which can not be capitalised. There are significant CIP targets not allocated to specific budget lines within Non pay. The position was helped by application of another month of contingency budgets. The Trust's CIP performance was showing £1.6m adverse variance in January and £4.8m adverse YTD variance (See section 8).

Charts showing in month and cumulative position against plan



Includes the impact of the underfunding of Project Diamond/ HCAS and Education from NHSE. £2m ytd and £3.0m annually as shown the lower forecast below



SECTION 2: DIVISIONAL POSITION

SUMMARY OF DIRECTORATE PERFORMANCE
As at January 2015

NOTE CHANGE TO ACCOUNTING CONVENTION FOR ALL I&E AND VARIANCES PRESENTED

Responsible	Directorate	CURRENT MONTH M10			CUMULATIVE YTD				Previous Variance	Annual Budget £000's
		Current Month Budget £000's	Current Month Amount £000's	Current Month Variance £000's	YTD Budget £000's	YTD Amount £000's	YTD Variance £000's	% Variance		
Director of Operations	<u>C&W, Diagnostics, Therapies</u>									
	Childrens Services	683	-91	-774 A	4,539	1,302	-3,237 A	-71.3%	-2,463	5,933
	Womens Services	1,351	1,331	-20 A	13,179	12,587	-592 A	-4.5%	-572	16,079
	Diagnostics	-1,273	-1,853	-580 A	-13,122	-14,940	-1,818 A	-13.9%	-1,238	-15,641
	Critical Care	757	511	-247 A	4,574	3,285	-1,289 A	-28.2%	-1,042	6,086
	Outpatients	-855	-981	-125 A	-8,620	-9,092	-472 A	5.5%	-347	-10,331
	Therapies	-693	-759	-66 A	-7,101	-7,352	-251 A	3.5%	-186	-8,491
	CWDT Division Management	-190	42	232 F	-1,895	-952	942 F	-49.7%	710	-2,274
	Pharmacy	-442	-54	388 F	-4,486	-4,809	-323 A	7.2%	-711	-5,365
	Total - Division	-663	-1,854	-1,192 A	-12,931	-19,972	-7,040 A	54.4%	-5,848	-14,005
	Southwest London Pathology	251	251	0 A	-503	-503	0 A	0.1%	0	0
	<u>Medicine and Cardiac</u>									
	Acute Medicine	786	785	0 A	6,542	6,545	3 F	0.1%	4	7,811
	Emergency Department	501	156	-345 A	4,899	4,263	-636 A	-13.0%	-291	5,940
	Cardiothoracic & Vascular Services	2,299	1,668	-632 A	21,083	18,120	-2,964 A	-14.1%	-2,332	25,667
	Specialist Medicine	983	977	-6 A	9,369	10,188	819 F	8.7%	825	11,603
	Renal & Oncology	671	-308	-979 A	8,106	6,819	-1,287 A	-15.9%	-307	10,716
	Total - Division	5,240	3,278	-1,962 A	49,999	45,935	-4,064 A	-8.1%	-2,102	61,737
	<u>Surgery, Neuro, Theatres and Anaes</u>									
	Surgery	4,369	3,250	-1,118 A	40,839	33,020	-7,819 A	-19.1%	-6,700	49,451
	Neuro	2,647	1,134	-1,513 A	22,583	18,277	-4,306 A	-19.1%	-2,794	27,778
	Theatres and Anaesthetics	-2,958	-2,986	-28 A	-29,089	-29,228	-138 A	0.5%	-110	-34,998
	Cancer	-39	-63	-24 A	-423	-575	-151 A	35.8%	-127	-501
	Total - Division	4,019	1,336	-2,684 A	33,910	21,495	-12,415 A	-36.6%	-9,731	41,730
Community COO	<u>Community Services</u>									
	Adult + Diagnostic Svcs	1,787	1,537	-250 A	17,466	14,647	-2,818 A	-16%	-2,569	21,103
	Provider Management	-65	-92	-27 A	-711	-1,119	-408 A	57%	-380	-770
	Children+FamilyServices	370	399	29 F	3,670	4,162	492 F	13%	463	4,408
	Community PLD	48	3	-45 A	484	642	158 F	33%	204	579
	GU Medicine	547	664	117 F	5,324	6,848	1,524 F	29%	1,407	6,419
	Provider Older Services	36	-175	-210 A	303	-1,713	-2,016 A	-666%	-1,805	374
	Prison Services	157	38	-119 A	1,049	415	-634 A	-60%	-514	1,138
	Senior Health (See* Note 1 below)	0	0	0 A	0	0	0 A		0	0
	Provider Overheads	-1,120	-1,098	22 F	-11,354	-11,412	-59 A	1%	-81	-13,594
	Total - Division	1,759	1,275	-484 A	16,230	12,470	-3,760 A	-23%	-3,276	19,657
	Total - Clinical Directorates	10,607	4,286	-6,321 A	86,704	59,425	-27,279 A	-31.5%	-20,957	109,119
	<u>Overheads</u>									
Chief Executive	Chief Executive, Governance	-998	-1,017	-19 A	-9,975	-10,040	-65 A	0.6%	-46	-11,971
Director of Finance	Finance, Info, Procurement, Computing	-1,792	-1,795	-3 A	-17,967	-20,185	-2,218 A	12.3%	-2,215	-21,390
Director of Operations	Operations & Service Improvement	-369	-302	67 F	-3,685	-3,320	364 F	-9.9%	297	-4,424
Director of Nursing	Nursing Directorate	-239	-166	72 F	-2,423	-2,256	168 F	-6.9%	95	-2,901
Director of HR	HR, Ed & Training	-385	-399	-14 A	-3,916	-3,631	285 F	-7.3%	299	-4,686
Other	Other	-1	0	1 F	-14	-21	-6 A	44.5%	-8	-17
Director of Estates	Estates & Facilities	-3,402	-3,665	-263 A	-34,629	-36,408	-1,779 A	5.1%	-1,516	-41,152
Director of R&D	Research & Development Total	-80	-81	-1 A	-199	-198	1 F	-0.5%	2	-223
Others	Trust Income	-1,571	-2,028	-457 A	-2,171	6,865	9,036 F	-416.2%	9,493	-2,768
	Disposal of Assets - Central	0	0	0 A	0	0	0 A	0.0%	0	0
	Central Budgets	671	268	-403 A	-18	5,890	5,907 F	-32872.4%	6,310	-3,731
	Contingency Funds	-250	0	250 F	-2,500	0	2,500 F	0.0%	2,250	-3,000
	Interest Payable Loans	-2	-12	-9 A	-22	-38	-16 A	0.0%	-7	-631
	Interest Receivable	8	6	-2 A	83	66	-17 A	-20.7%	-15	100
	Central Capital Charges (PDC/Deprc'n)	-1,173	-1,410	-237 A	-5,377	-5,289	88 F	0.0%	325	-6,723
	Total - Non Clinical	-9,583	-10,599	-1,017 A	-82,812	-68,565	14,247 F	-17.2%	15,264	-103,517
NET +Surplus / -Deficit		1,024	-6,314	-7,338 A	3,892	-9,140	-13,032 A	-334.8%	-5,694	5,602
exc. IFRS Adjustment		116	273	157 F	1,158	2,641	1,482 F	128.0%	1,325	1,390
TDA FIMS Report +Surplus / -Deficit		1,140	-6,041	-7,181 A	5,050	-6,500	-11,549 A	-228.7%	-4,368	6,992

*Note 1 - Variances for Senior Health from M4 onwards are now reported as part of Medicine Cardiac Division

Divisional Position (1)

General

As at Month 10, the Trust is reporting a £11.5m adverse variance to the planned surplus of £5.0m. Within this the clinical divisions are showing an £27.279m adverse variance to plan. Taking the corporate areas, estates and central capital charges, and the IFRS adjustment into account generates an adverse £1.769m variance to plan. This leaves £17.498m of central adjustments, non recurrent benefits and contingency and other reserves which are explained below. Of these work continues to allocate benefits to divisions where possible each month.

Central Budgets / Contingency

The benefits here are from the contingency reserves created in the Trusts plan and from the work creating the fighting fund to manage additional in year risks. For the YTD 10/12ths (£5m) of the £6m of the contingency was allocated to offset in year pressures. Of this £2.5m was reallocated to Divisions to offset legacy cost pressures. There has been £2.4m of balance sheet/fighting funds released and a further £3.3m of other mitigations and benefits (VAT/Balance Sheet) and other central expenditure reductions reflected. There is a central adjustment of £0.4m to reflect changes in divisional budget profiles where their activity profiles have changed to match capacity or where CIP delivery has been rephased.

Central Budgets

	£m	
Contingency	2.5	Share of Remaining contingency released following allocation to Divisions
Fighting Fund	2.4	Non recurring benefits identified
Inflation Releases	0.0	Inflation to be allocated to divisions
VAT & Other benefits	3.3	Continuing review of VAT and other accruals
Agreed Divisional Reprofiles	0.4	Timing difference to original plan
TOTAL	8.5	

Trust Income

Trust income captures income which couldn't be or has yet to be allocated out to Divisions and changes to central provisions. The main non recurring benefits are from income gained through external funding of FT bid costs £2.7m, a one off benefit finalising 13/14 Q4 patient activity data £0.7m and additional £2.8m systems resilience and RTT funding. There are £2.4m of estimated benefits from CQUIN performance provisions and data challenges from Commissioners being below the planned levels. These are reviewed against performance data. There are estimated adjustments to SLA activity due to incomplete submission of data and timing differences which cannot be fully attributed to Divisions totalling £2.3m. The aim is to get as much of this to be embedded into SLAM reporting processes in future months.

Trust Income

	£m	
Cdiff Fine	0.0	Trust below fine level
CQUINS Provision	1.6	Provision offset in Divisions
Central review of challenges	0.8	Challenges held in Divisions
Donated Income	-1.2	Timing difference offset by IFRS adjustment
Non recurrent benefits	2.8	Sale of Land and FT funding
System Resilience Income	2.9	Funding for 18 weeks RTT & Systems resilience
VV Income Timing	1.0	Additional VV income to be allocated to Divisions
Q4 Freeze 2013/14	0.7	Billable activity 13/14 in 14/15 SLAM
Activity Reporting Timing	1.3	Activity which was not yet on Cerner at reported date
Other	-0.8	Activity adjustments not yet attributed to Divisions.
TOTAL	9.0	

Divisional Position (2)

SLA Exclusions & Expenditure on High Cost Drugs and Devices – (Refer to Section 5 Non Pay)

- In the I&E table above SLA exclusions show a favourable variance of £5.736m, the analysis of this by Division is shown below
- SLA exclusions are a range of high cost drugs and devices which are excluded from the usual tariff the Trust receives for its activity.
- These items are billed to commissioners as they are used.

SLA Exclusions summary Table

	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Division	Current Month Budget	Current Month Amount	Current Month Variance	Annual Budget	YTD Budget	YTD Amount	YTD Variance
C&W, Diagnostics, Therapies	128	202	74	1,536	1,258	1,834	576 F
Surgery and Neurosciences	677	698	21	7,844	6,312	7,724	1,412 F
Medicine and Cardiovascular	1,866	1,790	-77	22,394	18,253	20,657	2,404 F
Community Services	16	-679	-695	198	163	450	286 F
Overheads	288	245	-43	3,454	2,878	2,983	105 F
Trust Income	0	-137	-137	0	0	953	953 F
Grand Total	2,975	2,118	-858	35,426	28,865	34,601	5,736 F

- As we show the budget for exclusions as it was presented in the annual plan any over or under performance shows through as a variance.
- The same process follows through on the expenditure side and so you will have an equal and opposite figure within non pay
- For example in the table above Med/Card show a £2.404m over/recovery on SLA exclusions but within their overspend of £2.678m on non pay clinical supplies, £2.404m will relate to spend on high cost drugs and devices.
- In month, £953k is accrued centrally for items not yet recorded within SLAM, mainly due to the reporting cut-off date. When the exact usage is known these are allocated to divisions in the following month.

CHILDREN'S, WOMENS, DIAGNOSTICS & THERAPIES

I&E Summary

Type	Cat	Current Month Budget £ks	Current Month Amount £ks	Current Month Variance £ks	Annual Budget £ks	YTD Budget £ks	YTD Amount £ks	YTD Variance £ks	
Income	SLA Healthcare Income	11,875	11,764	-111	135,536	111,521	111,363	-159	A
	Other Healthcare Income	89	171	82	1,040	862	943	82	F
	Other Income	2,106	2,240	135	25,069	20,858	20,730	-127	A
Income Total		14,070	14,176	106	161,645	133,240	133,036	-204	A
Expenditure	Pay	-10,603	-10,916	-313	-126,024	-105,179	-106,198	-1,020	A
	Clinical Supplies	-1,494	-1,667	-173	-17,963	-14,975	-16,011	-1,035	A
	Other	-2,014	-2,678	-664	-24,205	-19,803	-24,439	-4,636	A
Expenditure Total		-14,111	-15,261	-1,150	-168,192	-139,957	-146,648	-6,691	A
Post Ebitda	Post Ebitda	-621	-769	-148	-7,457	-6,215	-6,360	-145	A
Post Ebitda Total		-621	-769	-148	-7,457	-6,215	-6,360	-145	A
Grand Total		-663	-1,854	-1,192	-14,005	-12,931	-19,972	-7,040	A

COMMENTARY

Current Position

The Division is overspent by £7m (54%) YTD M10 and £1.2m overspent in month. The main issues are:

Children Services reported £3.2m (71%) adverse YTD (£773k adverse this month) January activity levels have not performed as forecast against the higher profiled target for the winter period in bed day and daycase activity. Emergency activity recoding issues have been resolved but this activity is also underperforming. Pay overspend is due to agency cover for medical staff and nursing. Critical Care £1.3m (28%) adverse YTD faced a case mix problem where lower level organ were supported than projected. Pay overspend on nursing is less than earlier in the year but is above average this month. Women £592k (4%) adverse YTD. Following the cleansing of data on SLAM FMU activity an adjustment had been put in (£347k) to reconcile to the invoicing and the income expected from other providers. FMU move to come under the maternity pathway has reduced income expectations compared to plan including achieving CIP schemes for 14-15.

Diagnostics is £1.8m adverse YTD (14%). Pathology overspend includes £1.5m YTD cost pressure for the impact of SWLP on the Trust. This includes a gap between the planning budget and cost of tests budgets (£2.2m including the plan £1.1m CIP) adjusted YTD for share of SWLP deficit (£147K) the net benefit of Gynae Cytology income transferred to StG (£0.3m) and income contributions from KHT and CHS for capital investment (£0.3m). Pharmacy £323k (7%) YTD This service has benefited from non recurrent resilience funds to support winter/7day working. The income is expected to improve for PP activity and Production income from Harley Street. Nonpay is incurring a significant cost pressure partly due to the increasing cost of the Chemotherapy service which is funded from the Cancer HRGs but not resourced in the Pharmacy budget. Corporate Outpatients £472k (5%) adverse YTD. This service is now charging specialties for the cost of supporting additional activity for overperformance in normal working hours and the premium cost of OOH clinics to meet RTT and other activity demands

Forecast

The initial M10 forecast is £9.2m of which £1.8m is due to the cost pressure for SWLP once this is moved centrally the net forecast is £8.0m. The position worsened £1.9m mainly due to the underperformance in Paeds activity and downgrading of the forecast (£1.5m) in Q04 as a consequence. SWLP cost pressure worsened £180k. The position is being supported by £790k of non recurrent resilience funding in Pharmacy and Therapy and includes cost pressure for Chemotherapy support in Pharmacy for other specialties.

Improvements from CIPs

The Division has developed recovery plans for each directorate and hold fortnightly meetings with GM's to review forecasts and proposals bridge gap between forecast and control total. Plans have now been approved so will be implemented in the remaining months of the year. A number of schemes in the Divisions original plan have not been achievable (eg Critical Care bed capacity) or have slipped (eg Womens Champneys scheme) resulting in a significant CIP gap which will need to be replaced by new schemes or non-recurrent savings until they come online.

Other Factors and Actions Planned

Support services can only cross charge to mitigate cost pressure create from increased demand for there services by the Specialties and encourage spend control eg charge for adhoc clinics. Agency spend is a key focus but is impeded by recruitment delays and unattractive bank rates. Services will try to maximise income performance over winter.

Key uncertainties, variables & dependencies that may impact on the FOT

Key financial risks for the Division: - EDM programme not be achieved this year. Risk part year winter funding will not cover full year higher levels of capacity. CQUIN - Risk of underperformance on KPIs (£500k assuming worst case 15% underperformance). Womens income OP overperformance may be challenged. FMU activity income has reduced with its integration into the Maternity Pathway. Underachievement of CIPs - current forecast is gap of £2.9m. We know that the SWLP forecast and settlement of its share of costs means £1.6m overspend for the Trust, the CWDT forecast covers part of this cost pressure and the remainder needs to be covered centrally by the Trust.

CHILDREN'S, WOMENS, DIAGNOSTICS & THERAPIES

CIP Summary

	2014/15
DIVISIONAL TARGET	10.2
TOTAL FORECAST TO DATE	7.2
TOTAL FORECAST GAP	<u>3.0</u>
% ASSURANCE	65%
	19%
	15%

14/15 FOT	PMO PROCESS RAG			TOTAL	GAP	TARGET
DIR	RED	AMBER	GREEN			
CHILDRENS	50	83	1,759	1,892	974	2,866
CRITICAL CARE	179	25	720	924	187	1,111
DIAGNOSTICS	184	213	700	1,097	504	1,601
OUTPATIENTS	50	23	176	248	304	552
PHARMACY	90	94	305	489	220	709
THERAPIES	50	108	582	740	275	1,015
WOMENS	513	844	494	1,852	534	2,386
C&W OVERHEADS	0	0	0	0	0	0
TOTAL	1,116	1,391	4,736	7,243	2,997	10,240

SWL PATHOLOGY	400	700		1,100	0	1,100
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14/15 PERF	IN MONTH (M10)			YEAR TO DATE (M10)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CHILDRENS	287	305	-18	2,293	1,319	974 A
CRITICAL CARE	111	-2	113	889	728	161 A
DIAGNOSTICS	160	140	20	1,281	737	544 A
OUTPATIENTS	55	17	38	442	212	229 A
PHARMACY	71	51	20	567	387	181 A
THERAPIES	102	77	25	812	586	226 A
WOMENS	239	200	38	1,909	1,438	470 A
C&W OHEADS	0	0	0	0	0	0 A
TOTAL	1,024	787	237	8,192	5,407	2,785 A

SWL PATHOLOGY	110	55	55	880	990	-110 F
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Introduction

CWDT Target for 14-15 is £10.2m and plan of schemes is £7.2m and a forecast gap £3m. It has £1.1m Red schemes mainly in Women's and Diagnostics.

Performance Overview

The Division has a deficit of £2.8m for YTD M10. Main issues are SLA income underperformance in Paeds. Pay overspends in ward nursing and support services. Nonpay has the impact of the SWLP development on StG Pathology finances (£2m YTD). The operational performance has impacted on the CIP Programme and the ability to mitigate schemes that have not delivered including Outpatients EDM, Critical Care bed expansion, Childrens post PICU ward stays and Women's Champneys service improvement.

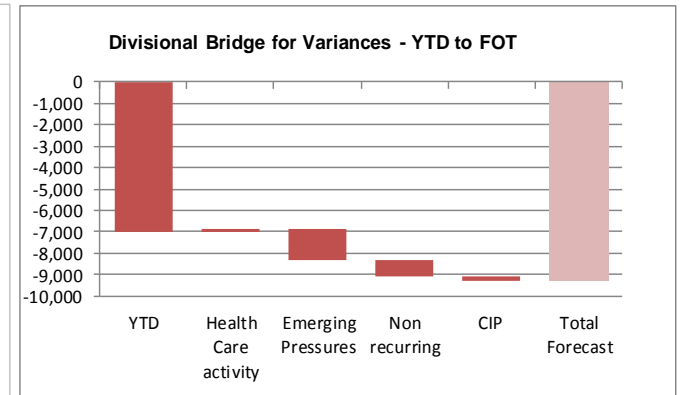
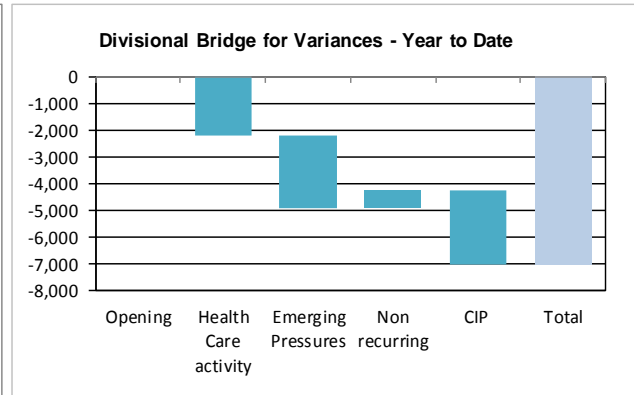
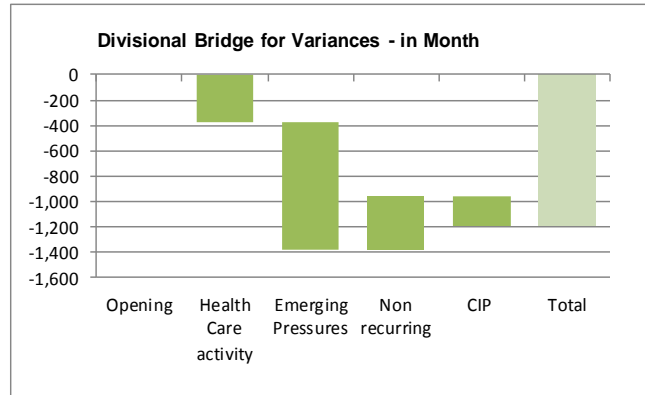
Forecast

The forecast shows that the Division has plans to achieve £7.2m of schemes in 2014-15. The Division reviews opportunities to close the gap of £3m in fortnightly meetings with GMs. The PMO meet GM's to update the schemes ratings. Recovery plans have been approved recently by the Trust which will now be implemented.

Risks and Opportunities

- Critical Care Schemes capacity has not been realised as planned.
- The Outpatients EDM CIP will not deliver.
- The Procurement programme for the year has scaled down from the original plans for 14-15.
- Women's services has seen its projected income for OP activity reduced with FMU coming under the Maternity Pathway.
- Therapy Services has seen technical difficulties with recording activity effect their ability to improve income performance
- Diagnostics has seen improvement in activity income from its care groups
- The recovery plans will focus on reducing costs and managing within the capacity to deliver activity.

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

NOTE THIS IS IN TRUST REPORT FORMAT

BRIDGE ANALYSIS OF VARIANCES

+ve = Favourable and -ve = Adverse Variance

DIVISION NAME CWDT

CURRENT MONTH M10

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	-339	0	394	-82	-27	526	0	769	-818	477	6	0	0	-982	-976	-520	0	-769	-164	-1,453
OTHER INCOME	132	0	0	0	132	-681	0	0	0	-681	-669	-114	0	0	-783	12	-114	0	0	-102
Total INCOME	-207	0	394	-82	105	-155	0	769	-818	-204	-663	-114	0	-982	-1,759	-508	-114	-769	-164	-1,555
														0						
PAY	185	-350	0	-147	-312	1,257	-1,589	0	-688	-1,020	277	-1,453	0	-739	-1,915	-980	136	0	-51	-895
DRUGS	-39	0	0	0	-39	-475	0	0	0	-475	-538	0	0	0	-538	-63	0	0	0	-63
CONSUMABLES	-123	228	0	0	105	-1,197	436	-53	0	-814	-173	-53	-53	0	-279	1,024	-489	0	0	535
OTHER NON PAY	-188	-886	32	-8	-1,050	-1,625	-1,585	-38	-1,279	-4,527	-895	-2,614	0	-1,276	-4,785	730	-1,029	38	3	-258
Total EXPENDITURE	-166	-1,008	32	-155	-1,296	-2,040	-2,738	-91	-1,967	-6,836	-1,329	-4,120	-53	-2,015	-7,517	711	-1,382	38	-48	-681
Total I&E	-373	-1,008	426	-237	-1,191	-2,195	-2,738	678	-2,785	-7,040	-1,992	-4,234	-53	-2,997	-9,276	203	-1,496	-731	-212	-2,236

MEDICINE AND CARDIOVASCULAR

I&E Summary

Type	Cat	Current Month Budget £ks	Current Month Amount £ks	Current Month Variance £ks	Annual Budget £ks	YTD Budget £ks	YTD Amount £ks	YTD Variance £ks	
Income	SLA Healthcare Income	16,717	16,654	-64	197,927	164,432	171,573	7,141	F
	Other Healthcare Income	524	741	216	6,312	5,263	5,985	722	F
	Other Income	1,036	834	-202	12,421	10,349	10,347	-2	A
Income Total		18,278	18,229	-49	216,660	180,044	187,904	7,860	F
Expenditure	Pay	-7,823	-8,396	-573	-94,281	-78,734	-81,430	-2,696	A
	Clinical Supplies	-5,055	-5,261	-207	-56,997	-47,796	-50,474	-2,678	A
	Other	217	-925	-1,142	876	254	-6,300	-6,553	A
Expenditure Total		-12,661	-14,582	-1,921	-150,402	-126,277	-138,204	-11,927	A
Post Ebitda	Post Ebitda	-377	-369	8	-4,521	-3,768	-3,765	3	F
Post Ebitda Total		-377	-369	8	-4,521	-3,768	-3,765	3	F
Grand Total		5,240	3,278	-1,962	61,737	49,999	45,935	-4,064	A

COMMENTARY

Current Position

The Division is showing an adverse position in month of £1.962m and £4.064m YTD a final review of the SLAM data to m9 resulted in a £0.3m transfer from Med card. Income underperformed by £49k in month and over performed £7.860m YTD. Expenditure overspent by £1.913m in month and £11.924m YTD. Renal Oncology main concern relates to income being captured and coded. The performance requires further analysis to understand the driver behind the underperformance of VV Drugs, EL Income. The Unbundled income actuals do not reflect the anticipated level of performance and further validation is on-going by Information & Coding teams to confirm the methodology applied. Cardiology reported an underperformance mainly under VV and EM income due to low activity reported in the month. Cardiac Surgery has over performed in month mainly under Elective and this is in line with the increase in the no of case and activity reported carried out on site. The directorate reported financial position was as per the month 09 forecast. Staffing remains a challenge, including recruitment issues and reduction on agency spend. Theatres Capacity has been an issue over the last 12 months for elective and emergency work. The key issue continues to be the lack of theatre capacity to push through cardiac activity in house and avoid outsourcing costs of £2.968m predicted by year end. ED saw low acuity attendances decrease due to widespread media coverage, impacting on income for A&E attendances. High acuity attendances, especially the frail and elderly are often admitted through CDU to Richmond, meaning the tariff is attributed to Gen Medicine. This caused a significant decrease in ED CDU income (ES). This was partly mitigated by overperformance in RTA income in month of £130k. Pay remains high due to winter pressures, specifically additional nurses in majors and CDU2 (4 shifts a day total), and dedicated admin support in majors and paed, along with a high sickness absence rate requiring bank and agency usage to fill vacant shifts. Specialist Medicine is unfavourable by £40k in month and £785k favourable position YTD. There is under performance in VV, UB and PR income, and a need to further improve the mechanism for claims for these PODs. There has been a transfer of outpatient costs for additional clinics that are not recognised by the directorate contributing to position. Pay is underspending due to vacancies in medical and nursing to deliver the run rate CIP. Acute Medicine is adverse by £25k in month and £21k YTD. This is £70k better than forecasted position. The Directorate position is in line with the increased activity. The Directorate continues to overspend on nursing, due to use of bank and agency to support the use of escalation areas and provide specials.

Forecast

The initial Division is forecasting £5.3m deficit YTD against plan. The Control Totals given to the Division was £3.750m. The Division is working with the Strategic FM to put actions in place to mitigate where possible the proposed control total gap of £1.588m. However this forecast is largely influenced by the Cardiac directorate which is forecasting a £4.265m due to operating in the independent sector which will not be resolved in year. Therefore has limited ability to reduce its deficit. Renal Onc is forecasting a £1.241m deficit due to income issues.

Improvements from CIPs

The Division has delivered CIP's of £8.2m against £9.1m YTD CIP target. The profiling of the target is £78% year to date of £11.5m full year target. There is an YTD shortfall in the CIP of the division of £950k. The shortfalls are mainly within the directorates of Cardiovascular (£836k), Senior Health (£264k), and ED (£178k) further opportunities of £538k (Tranche 1&2) have been submitted to PMO office for implementation in the last quarter of the year

Other Factors and Actions Planned

On an overall basis, the major risks to the division in meeting its current forecast are the availability of beds to deliver on its more profitable activities in cardiovascular, and the delivery of the small but highly profitable BMT and kidney transplants. The Division has prepared a recovery plan which is being reviewed on an on-going basis, and weekly recovery meetings have been implemented to monitor these recovery plans within the Cardiovascular and Renal Haematology & Oncology directorates. The division continues to explore further opportunities to close the CRP as well as deliver a balanced budget.

Key uncertainties, variables & dependencies that may impact on the FOT

The key risks relate to the availability of beds and utilisation of the additional beds that will be available to cope with the medical workload and protect elective access.

MEDICINE AND CARDIOVASCULAR

CIP Summary

	2014/15
DIVISIONAL TARGET	11.5
TOTAL FORECAST TO DATE	10.3
TOTAL FORECAST GAP	<u>1.2</u>

% ASSURANCE	51%
	6%
	43%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ACUTE MED	1,338	177	333	1,848	-1	1,847
CARDIOVASCULAR	1,325	101	633	2,059	1,106	3,165
ED	241	113	1,047	1,402	257	1,659
RENAL & ONCOLOGY	1,033	46	1,483	2,562	-31	2,531
SENIOR HEALTH	17	8	4	29	329	358
SPECIALIST MED	104	210	1,560	1,873	-161	1,712
MED OHEADS	341	0	222	563	-341	222
TOTAL	4,399	655	5,282	10,335	1,159	11,494

14/15 PERF	IN MONTH (M10)			YEAR TO DATE (M10)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ACUTE MED	185	165	20	1,478	1,512	-34
CARDIOVASCULAR	317	195	122	2,532	1,696	836
ED	166	134	32	1,327	1,149	178
RENAL & ONCOLOGY	253	253	0	2,025	1,900	124
SENIOR HEALTH	36	3	33	286	22	264
SPECIALIST MED	171	171	1	1,370	1,550	-181
MED OHEADS	22	74	-52	178	416	-238
TOTAL	1,149	995	155	9,195	8,245	950

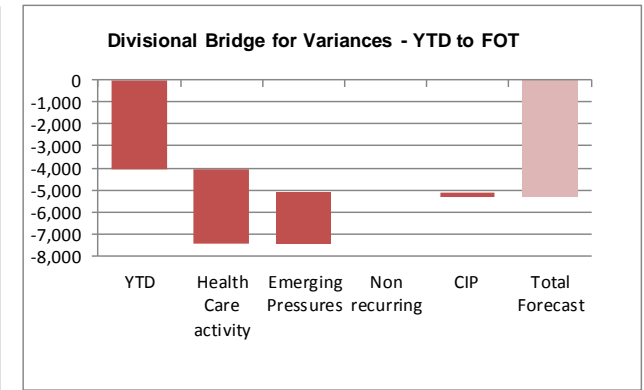
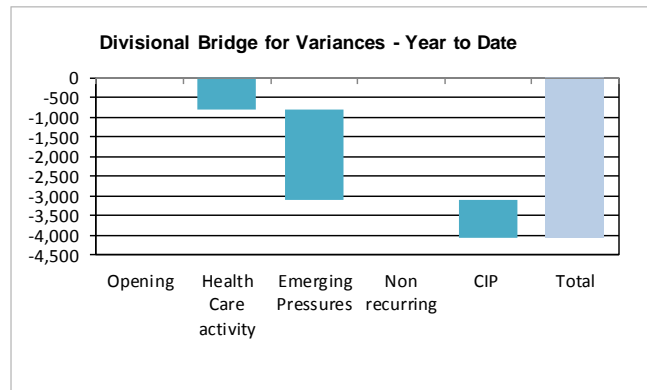
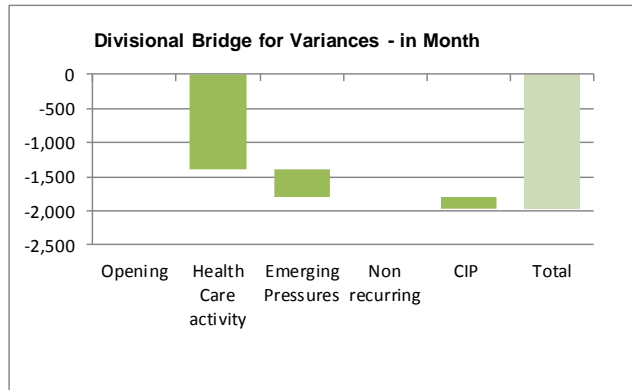
The Division of Medcard has delivered CIP's of £8.2m against £9.1m YTD CIP target. The profiling of the target is £78% year to date of £11.5m full year target.

There is an YTD shortfall in the CIP of the division of £950k. The shortfalls are mainly within the directorates of Cardiovascular (£836k), Senior Health (£264k), and ED (£178k) further opportunities of £538k (Trench 1&2) have been submitted to PMO office for implementation in the last quarter of the year.

On an overall basis, the major risks to the division in meeting its current forecast are the availability of beds to deliver on its more profitable activities in cardiovascular, and the delivery of the small but highly profitable BMT and kidney transplants. The Division has prepared a recovery plan which is being reviewed on an on-going basis, and weekly recovery meetings have been implemented to monitor these recovery plans within the Cardiovascular and Renal Haematology & Oncology directorates.

The division continues to explore further opportunities to close the CRP as well as deliver a balanced budget

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

NOTE THIS IS IN TRUST REPORT FORMAT

BRIDGE ANALYSIS OF VARIANCES

+ve = Favourable and -ve = Adverse Variance

DIVISION NAME Med Card

CURRENT MONTH M10

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN					
	In month - Healthcare Activity	In month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	115	0	0	0	115	8,462	0	0	0	8,462	9,692	0	0	0	9,692	1,230	0	0	0	0	1,230
OTHER INCOME	-164	0	0	0	-164	-601	0	0	0	-601	-722	0	0	0	-722	-120	0	0	0	0	-120
Total INCOME	-49	0	0	0	-49	7,860	0	0	0	7,860	8,971	0	0	0	8,971	1,110	0	0	0	0	1,110
PAY	-573	0	0	0	-573	-2,696	0	0	0	-2,696	-3,235	0	0	0	-3,235	-539	0	0	0	0	-539
DRUGS	-371	0	0	0	-371	-3,867	0	0	0	-3,867	-4,640	0	0	0	-4,640	-773	0	0	0	0	-773
CONSUMABLES	-449	0	0	0	-449	-2,471	0	0	0	-2,471	-2,965	0	0	0	-2,965	-494	0	0	0	0	-494
OTHER NON PAY	60	-425	0	-155	-520	369	-2,309	0	-950	-2,890	-2,310	0	0	-1,159	-3,469	-2,678	2,309	0	-209	0	-578
Total EXPENDITURE	-1,333	-425	0	-155	-1,913	-8,665	-2,309	0	-950	-11,924	-13,150	0	0	-1,159	-14,309	-4,485	2,309	0	-209	0	-2,385
Total I&E	-1,382	-425	0	-155	-1,962	-805	-2,309	0	-950	-4,064	-4,179	0	0	-1,159	-5,338	-3,375	2,309	0	-209	0	-1,275

SURGERY, NEUROSCIENCES & THEATRES

I&E Summary

Type	Cat	Current Month Budget £ks	Current Month Amount £ks	Current Month Variance £ks	Annual Budget £ks	YTD Budget £ks	YTD Amount £ks	YTD Variance £ks	
Income	SLA Healthcare Income	12,854	11,450	-1,403	147,730	122,242	122,202	-40	A
	Other Healthcare Income	244	73	-171	2,085	1,597	893	-704	A
	Other Income	1,418	1,466	48	17,071	14,235	14,215	-20	A
Income Total		14,515	12,990	-1,525	166,886	138,075	137,310	-764	A
Expenditure	Pay	-8,317	-8,491	-174	-98,234	-81,597	-83,446	-1,849	A
	Clinical Supplies	-2,083	-2,416	-333	-25,135	-20,964	-24,292	-3,328	A
	Other	229	-420	-649	2,113	1,646	-4,816	-6,462	A
Expenditure Total		-10,171	-11,327	-1,156	-121,256	-100,915	-112,554	-11,639	A
Post Ebitda	Post Ebitda	-325	-327	-2	-3,900	-3,250	-3,261	-11	A
Post Ebitda Total		-325	-327	-2	-3,900	-3,250	-3,261	-11	A
Grand Total		4,019	1,336	-2,684	41,730	33,910	21,495	-12,415	A

COMMENTARY

Current position

The Division is reporting an YTD M10 deficit of £12.4m, a deterioration of £2.7m from the YTD M09 deficit of £9.7m. The M10 £2.7m over spend comprises: £1.5m income under performance, £0.2m pay under spend, £0.6m non pay overspend & £0.4m unmet CIP / business planning gap. Income YTD M10 is a deficit of £0.8m 1% under performance. The month 10 £1.5m deficit is mainly due to SLA under performance in electives for Neurosurgery [assumed additional activity from TY / Wolfson bus case], General Surgery [high no of cancellations], ENT [offset by reduction in nonpay overspend] and Plastics daycases [recoding of EM not in position]. Other under performing areas include: QMH Neurorehab bed days, emergency activity for Neurosurgery, Neurology, T&O and private patient income.

The overall income position is reporting a surplus on recharging CCGs expensive drugs / devices, excess bed days and Neuro bed days, offset by under performance on electives [mainly Bariatrics], loss of CQUINs and private patient income. The Pay YTD M10 position is over spent £1.8m [2% unfavourable]. This is due to medical staffing costs £1.2m & high agency / bank spend for RMN specials £0.6m. The Nonpay YTD M10 overspend £6.7m includes drugs over spends recharged to CCGs, additional costs of providing healthcare in the private sector, unfunded cross charges for OP adhoc clinics, cross charges for estates / facilities and high consumable / equipment spend in T&O and Neurosurgery. The YTD M10 unmet CIP / business planning gap is £2.6m & nursing pay adjustment £0.5m.

YE Forecast

The Initial Division forecast is a YE deficit of £14.4m which is an improvement of (£1.5m) against a straight line forecast of £15.9m. The forecast has deteriorated by £1.5m from the previous forecast of £12.9m mainly due to the M10 deficit in elective healthcare income £1.2m and medical staffing pay £0.3m.

The key improvements include: Increased elective, day case and OP income activity, improved Surgery activity coding, a reduction in usage of healthcare in the private sector, reduced T&O / Neurosurgery theatre costs, reduced use of medical staffing locums, theatre agency, nursing agency and improve theatre start times to reduce overtime payments.

Improvements from CIP's

YE CIP forecast is still £7.8m, with the majority of this from additional SLA income of £3.3m. The division has saved £5.9m YTD M10 and is forecasting to save £1.9m in February / March on increased SLA income, reduced nursing agency / bank spend as recruitment improves to substantive posts, reduce junior doctor agency spend, theatres pay efficiency and reducing the number of patients being treated in the private sector.

Other factors and actions planned

A further £0.2m of schemes has been identified to reduce spend & increase healthcare income in last 2 months by cancelling clinical governance sessions and spend in the private sector.

Key uncertainties, variables & dependencies that may impact on the FOT

Having sufficient bed capacity and staffed theatre sessions to deliver SLA income. Not delivering on high tariff elective activity due to cancellations. Ensuring SLA emergency income is correctly coded between Divisions. Losing CQUIN income and income challenges from CCG's e.g. on readmissions. Incurring additional pay and nonpay costs in providing unfunded healthcare in the private sector. Delays to the completion of additional Neurosciences bed capacity in AMW and QMH. Continuing high cost of unfunded nurse RMN specials. Not receiving sufficient nonpay inflation funding & compliance cost pressure funding.

SURGERY, NEUROSCIENCES & THEATRES

CIP Summary

	2014/15
DIVISIONAL TARGET	10.0
TOTAL FORECAST TO DATE	7.8
TOTAL FORECAST GAP	<u>2.2</u>

% ASSURANCE	60%
	28%
	12%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
CANCER, HEAD & NECK	79	139	977	1,195	338	1,533
GEN SURG & UROLOGY	93	366	402	861	1,023	1,884
NEUROSCIENCES	469	1,648	785	2,902	660	3,562
THEATRES	0	12	676	688	18	706
T&O, PLAST	161	34	1,794	1,988	9	1,998
SURG OHEADS	148	0	0	148	131	278
TOTAL	949	2,199	4,634	7,781	2,179	9,960

14/15 PERF	IN MONTH (M10)			YEAR TO DATE (M10)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CANCER, HEAD & NECK	153	37	117	1,226	1,052	175 A
GEN SURG & UROLOGY	188	124	65	1,507	607	899 A
NEUROSCIENCES	356	434	-78	2,850	2,034	816 A
THEATRES	71	68	3	565	546	19 A
T&O, PLAST	200	211	-12	1,598	1,552	46 A
SURG OHEADS	28	23	5	222	92	131 A
TOTAL	996	897	99	7,968	5,883	2,085 A

Performance Overview

The Division achieved £0.9m of savings in M09 mainly on T&O / Pain Clinic / Neurosurgery elective income, pay productivity and stopping 18 week activity in the private sector.

Performance Forecast

The Division is forecast to save £7.8m this year with the majority of this from additional SLA income £3.3m and is working on identifying specific schemes to reduce the "unmet" gap, by drawing down on central schemes or initiatives within the Division.

The Division has saved £5.9m YTD M10 with schemes to save £1.9m in the last 2 months on SLA income £0.8m, pay £0.6m, nonpay £0.3m and non SLA income £0.2m.

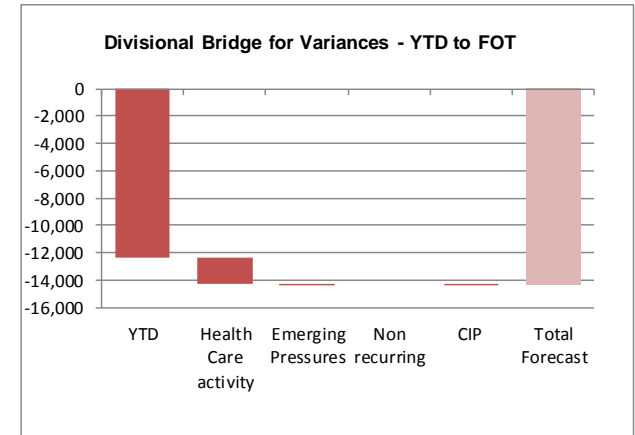
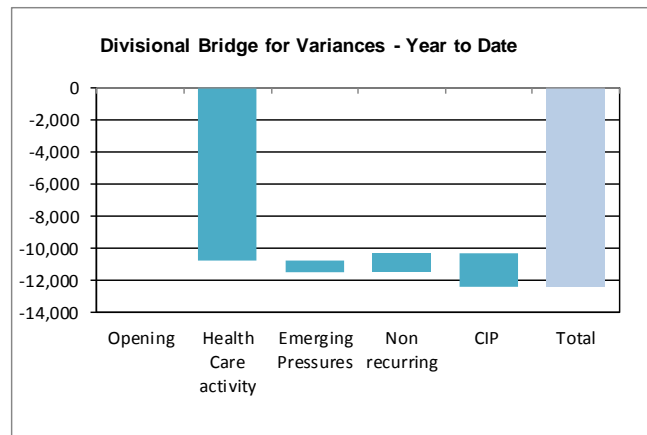
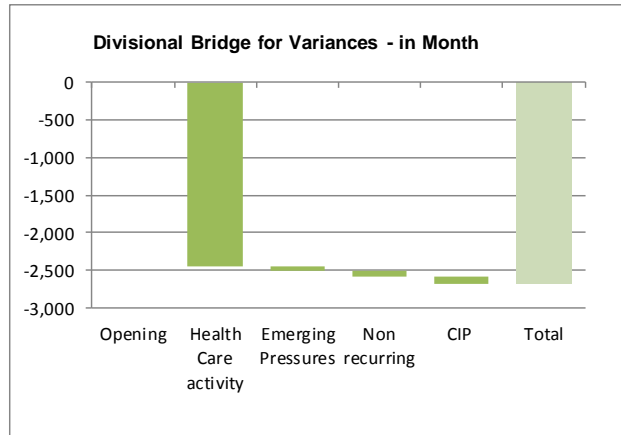
Key risk issues

Not having enough staffed theatre sessions to deliver the elective SLA income CIPs and having to resort to increased use of private sector capacity. Delays to the completion of additional Neurosurgery & Neurology bed capacity to deliver extra private patient and SLA income. Incurring additional pay costs such as RMN nurse specials and not achieving productivity savings.

Future opportunities

The Division continues to identify cost reduction schemes and to draw down on central schemes as they become more definitive.

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

BRIDGE ANALYSIS OF VARIANCES

DIVISION NAME DIVSCNT
CURRENT MONTH M10

NOTE THIS IS IN TRUST REPORT FORMAT

+ve = Favourable and -ve = Adverse Variance

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN					
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	
SLA INCOME	-1,325	0	-78	0	-1,403	-1,308	0	1,268	0	-40	-1,449	0	1,268	0	-181	-141	0	0	0	0	-141
OTHER INCOME	-122	0	0	0	-122	-816	0	91	0	-724	-1,007	0	91	0	-915	-191	0	0	0	0	-191
Total INCOME	-1,448	0	-78	0	-1,525	-2,124	0	1,359	0	-764	-2,456	0	1,359	0	-1,097	-332	0	0	0	0	-332
PAY	-120	-54	0	0	-174	-1,050	-706	-94	0	-1,849	-809	-767	-94	0	-1,669	241	-61	0	0	0	180
DRUGS	-88	0	0	0	-88	-1,526	0	0	0	-1,526	-1,797	0	0	0	-1,797	-271	0	0	0	0	-271
CONSUMABLES	-245	0	0	0	-245	-1,762	0	-40	0	-1,802	-1,946	0	-40	0	-1,986	-184	0	0	0	0	-184
OTHER NON PAY	-552	0	0	-99	-651	-4,375	0	-13	-2,085	-6,473	-5,680	0	-13	-2,179	-7,872	-1,306	0	0	0	-93	-1,399
Total EXPENDITURE	-1,005	-54	0	-99	-1,158	-8,713	-706	-146	-2,085	-11,651	-10,233	-767	-146	-2,179	-13,325	-1,520	-61	0	0	-93	-1,674
Total I&E	-2,453	-54	-78	-99	-2,684	-10,837	-706	1,213	-2,085	-12,415	-12,689	-767	1,213	-2,179	-14,421	-1,852	-61	0	-93	0	-2,006

COMMUNITY SERVICES

I&E Summary

Type	Cat	Current Month Budget £ks	Current Month Amount £ks	Current Month Variance £ks	Annual Budget £ks	YTD Budget £ks	YTD Amount £ks	YTD Variance £ks	
Income	SLA Healthcare Income	9,114	8,915	-199	108,855	90,562	88,877	-1,685	A
	Other Healthcare Income	8	1	-7	93	77	19	-58	A
	Other Income	218	267	49	2,463	2,028	2,281	253	F
Income Total		9,340	9,183	-157	111,411	92,667	91,177	-1,490	A
Expenditure	Pay	-4,093	-4,283	-190	-48,998	-40,881	-42,186	-1,306	A
	Clinical Supplies	-1,573	-1,916	-344	-18,873	-15,727	-15,825	-97	A
	Other	-1,898	-1,691	207	-23,679	-19,658	-20,525	-867	A
Expenditure Total		-7,564	-7,891	-327	-91,549	-76,266	-78,536	-2,269	A
Post Ebitda	Post Ebitda	-17	-17	0	-206	-171	-172	0	A
Post Ebitda Total		-17	-17	0	-206	-171	-172	0	A
Grand Total		1,759	1,275	-484	19,657	16,230	12,470	-3,760	A

COMMENTARY

Current Position

Community Services Division reflects a month 10 position of £3.7m deficit YTD and an in month adverse movement of £484k. The reason for this adverse movement is mainly around income variables in month.

The SLAM for month 10 for Adults & Diagnostics QMH income is showing a deficit year to date of £763k, while Older Services had an income over performance of £66k. The SLAM for non-contracted activity (NCA) income for Adults & Diagnostics had an over performance of £127k while Older Services had an over performance of £254k which is unchanged from the previous month. The AQP income for January is showing a deficit of £881k against the activity target to date.

This month's position has been impacted by Hardware income adjustment relating to Opicare from the previous month which has had an £175k adverse effect on Older People Service. Also research funding relating to PLD income of £75k was deferred in month as this was income intended for 2015/16.

Forecast

Based on current assumptions the forecast for Community Services Division is likely to be a deficit of £5.6m. This includes two additional cost pressure items £450k relating to Nelson Healthcare which the Trust is expecting to be funded by Merton CCG but has yet to be confirmed in Adults and a contractual issue with our Homecare drugs provider in GU Medicine.£960

Improvements from CIPs

In month the marginal cost resource scheme 14-15-5640 of £1.5m within Provider Management was removed. It was viewed this was not easily identifiable given the current level of spend. This has led to a revised CIP total and the likelihood of achieving a planned delivery of £6.9m position by March 2015 is improbable.

Other Factors and Actions Planned

The majority of opportunities to improve this position are related to income over performing. It is expected that Bank & Agency spend will improve. There are further anticipated savings within the Community Adult Health Service (CAHS) pathway and GU Medicine will continue to deliver additional income from the opening of its Saturday clinic/additional activity from this month January 2015.

Key uncertainties, variables & dependencies that may impact on the FOT

There are still uncertainties around Bank and Agency spend. Any vacant posts will need to be filled and usage reduced, which may have an impact on Nightingale step down beds facility with the current spend at £400k YTD. In addition to the above, Nelson Healthcare leasing equipment costs being funded through the appropriated channels is crucial to maintaining the forecast.

COMMUNITY SERVICES

CIP Summary

	2014/15
DIVISIONAL TARGET	6.9
TOTAL FORECAST TO DATE	4.1
TOTAL FORECAST GAP	<u>2.8</u>
% ASSURANCE	35%
	49%
	16%

14/15 FOT	PMO PROCESS RAG			TOTAL	GAP	TARGET
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ADULT & DIAG	2	256	464	722	1,886	2,608
CHILD & FAM	0	87	202	289	941	1,230
COMM LEARN	0	5	67	72	77	149
GUM	34	3	254	292	278	570
OFFENDER HEALTH	0	313	118	431	61	492
OLDER PEOPLE	358	139	280	777	995	1,772
PROV MANAGEMENT	250	1,195	32	1,477	-1,388	89
PROV OHEADS	3	3	1	7	-7	0
Grand Total	648	1,999	1,419	4,066	2,844	6,910

14/15 PERF	IN MONTH (M10)			YEAR TO DATE (M10)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ADULT & DIAG	261	79	182	2,086	527	1,559 A
CHILD & FAM	123	39	84	984	214	770 A
COMM LEARN	15	6	9	119	57	62 A
GUM	57	34	23	456	224	232 A
OFFENDER HEALTH	49	36	13	394	353	40 A
OLDER PEOPLE	177	72	105	1,418	635	783 A
PROV MANAGEMENT	9	-993	1,002	71	1,147	-1,075 F
PROV OHEADS	0	0	-0	0	1	-1 F
Grand Total	691	-727	1,418	5,528	3,158	2,370 A

Performance Overview

Community Services Division has delivered a saving of £3.1m year to date and this has resulted in an adverse movement of £2.4m against plan. In month the marginal cost resource scheme 14-15-5640 of £1.5m within Provider Management was removed. It has been viewed this was not easily identifiable given the current level of spend. This has led to a revised achieved CIP total and the likelihood of achieving a planned delivery of £6.9m position by March 2015 is improbable.

Performance Forecast

Progressing forward, the Red & Amber schemes will need to be looked at further, along with some high risk schemes being profiled in the next two reporting months.

Adult QMH Income schemes: The additional activity in relation to these schemes has not yet crystallised although plans are in place to bridge this gap. It is anticipated that this will happen later in the year. This has now been agreed to be reduced and revised to a £200k target. Some mitigating schemes have been developed to cover any slippage in achieving the AQP target which is included in this gap.

Children's Therapy team move

Delays in the works to enable the Children's therapy team to move from QMH to 166 Roehampton Lane have occurred, thereby decreasing the value of the scheme this year. As a result this reflects the current YTD adverse movement. Local plans are in place to close this gap.

Workforce draw downs: The direct impact of these needs to be identified within the community services expenditure pay lines and the true value of this also needs to be quantified.

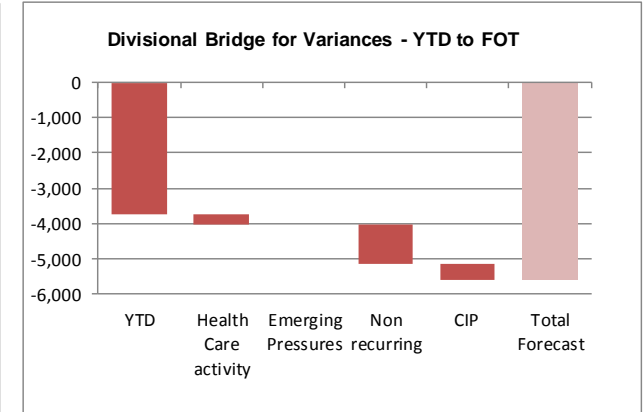
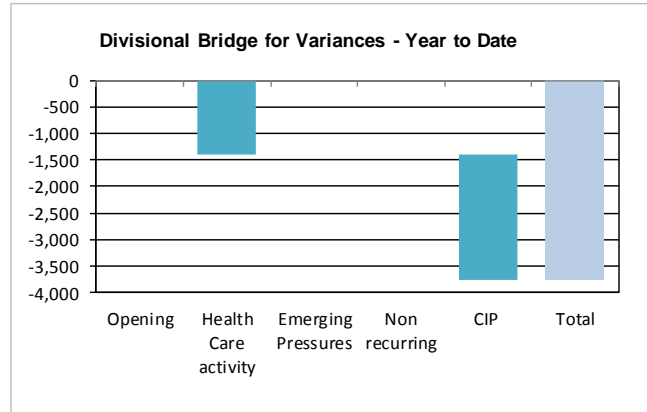
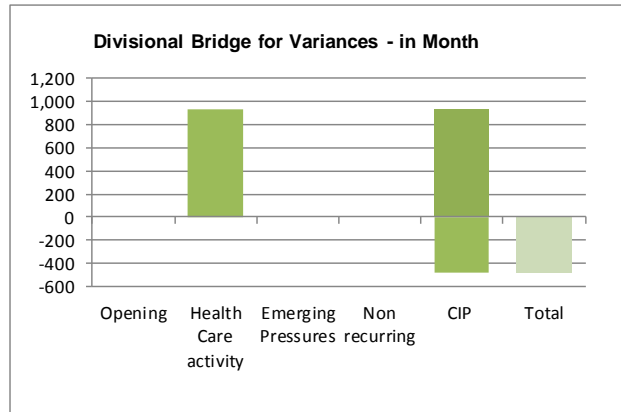
Older People

This needs to be identified within the respective services which will feature later on in the year, as there has been a change to the directorate configuration (transfer of Rehabilitation & Adult Therapies to Older People directorate) therefore constituting the amount that represents the CIP gap. However the CIP target remains unchanged.

Future opportunities

Schemes are currently being drawn up for 15/16. Work is being done to turn these into viable schemes and reviewing opportunities to make further efficiency savings. The Division will also continue to review the current target and the impact it will have.

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

NOTE THIS IS IN TRUST REPORT FORMAT

BRIDGE ANALYSIS OF VARIANCES

+ve = Favourable and -ve = Adverse Variance

DIVISION NAME CS
CURRENT MONTH M10

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	-291	0	0	0	-291	-765	0	0	0	-765	-918	0	0	0	-918	-153	0	0	0	-153
OTHER INCOME	135	0	0	0	135	-724	0	0	0	-724	-869	0	752	0	-117	-145	0	752	0	607
Total INCOME	-156	0	0	0	-156	-1489	0	0	0	-1489	-1787	0	752	0	-1035	-298	0	752	0	454
PAY	-191	0	0	0	-191	-1306	0	0	0	-1306	-1567	0	0	0	-1567	-261	0	0	0	-261
DRUGS	242	0	0	0	242	1471	0	0	0	1471	1765	0	-960	0	805	294	0	-960	0	-666
CONSUMABLES	-368	0	0	0	-368	-2475	0	0	0	-2475	-2970	0	-882	0	-3852	-495	0	-882	0	-1,377
OTHER NON PAY	1407	0	0	-1418	-11	2409	0	0	-2370	39	2891	0	0	-2844	47	482	0	0	-474	8
Total EXPENDITURE	1090	0	0	-1418	-328	99	0	0	-2370	-2271	119	0	-1842	-2844	-4567	20	0	-1,842	-474	-2,296
Total I&E	934	0	0	-1418	-484	-1390	0	0	-2370	-3760	-1668	0	-1090	-2844	-5602	-278	0	-1,090	-474	-1,842

OVERHEADS

I&E Summary

Type	Cat	Current Month Budget £ks	Current Month Amount £ks	Current Month Variance £ks	Annual Budget £ks	YTD Budget £ks	YTD Amount £ks	YTD Variance £ks	
Income	SLA Healthcare Income	303	295	-8	3,636	3,030	3,205	175	F
	Other Healthcare Income	0	46	46	0	0	78	78	F
	Other Income	1,206	1,369	163	13,012	10,843	11,102	259	F
Income Total		1,509	1,710	201	16,648	13,873	14,385	513	F
Expenditure	Pay	-3,277	-3,199	78	-39,213	-32,657	-31,660	998	F
	Clinical Supplies	-10	-29	-20	-115	-96	-302	-206	A
	Other	-4,577	-4,984	-407	-53,883	-45,414	-50,011	-4,596	A
Expenditure Total		-7,864	-8,212	-348	-93,211	-78,168	-81,972	-3,805	A
Post Ebitda	Post Ebitda	-823	-835	-12	-9,876	-8,230	-8,207	23	F
Post Ebitda Total		-823	-835	-12	-9,876	-8,230	-8,207	23	F
Grand Total		-7,178	-7,338	-160	-86,440	-72,525	-75,794	-3,269	A

COMMENTARY

Current Position

Corporate Services performance showed a ytd deficit of £1.4m, but an in month surplus of £187k. The main factors which causing the ytd deficit are in Computing where CIP targets totalling £250k are not met. The Danwood contract is causing a ytd deficit of £380k. Costs in ICLIP are high and caused a ytd deficit of £344k. SWL Portal costs were transferred to SWL Budgets and this helped the in-month position £251k. Telecommunications also showed a ytd deficit of £307k. This was due to high telephone costs. HR and Information are overspending due to unmet cip targets. Finance Directorate shows a ytd deficit £237k and mainly due to Agency / Consultancy costs.

The Estates and Facilities service showed a ytd deficit of £1.9m and an in month deficit of £378k. The main areas of concern are Engineering Services (£1.1m ytd) due to high agency costs and costs for cooling areas such as Datacentre. Postage showed a ytd deficit of £116 and waste showed a ytd deficit of £52k. Car park income for January showed a surplus of £40k. SLAM income for Transport decreased by £45k in month. CIP target gap contributed to a ytd deficit of £559k (£107k in month).

Forecast

The initial forecast for Estates & Facilities is a deficit of £2.6m and Corporate Services is a deficit of £1.8m after Q4 savings plans commence. The main concern for 14/15 is work required for compliance issues. The risk register for Estates & Facilities is currently showing £3-4m. This discussion is continuing. The forecast variance for Overheads is a deficit of £4.4m (excluding the risk register). Also Computing continues to overspend against budget month on month. There are still more capital to revenue transfers due and work is ongoing to identify these costs.

Improvements from CIPs

The improvements will come from non-recurring mitigations and run rate savings, especially from the corporate areas. Estates and Facilities are finding it increasingly difficult to find savings, especially when there is a large risk register to the value of £3m.

Other Factors and Actions Planned

The improvements will come from non-recurring expenditure savings from Feb – Mar 2015. For E&F, this equates to £369k and for Corporates the total saving to be made is £576k, making a total of £945k. Work is also being carried out to evidence expenditure which should be capitalised.

Key uncertainties, variables & dependencies that may impact on the FOT

The key uncertainty is the income from NHS Property Services. Although all invoices were raised in 13/14, there is still a risk they will not pay (£220k). Ongoing discussions are in place with them to agree way forward in 14/15. Energy income is at risk as work has commenced to agree agreed recharging. Also, the boilers are in need of replacing and although this project has started, there could be breakdowns sooner. There has been an issue with the water bore-hole and this cost is £45k per month but should be completed by Feb 2015.

OVERHEADS

CIP Summary

	2014/15
DIVISIONAL TARGET	5.5
TOTAL FORECAST TO DATE	4.8
TOTAL FORECAST GAP	<u>0.7</u>

% ASSURANCE	70%
	22%
	8%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ESTATES	200	29	1,561	1,790	1,103	2,893
CORPORATES:						
<i>FINANCE & IT</i>	0	510	363	873	663	1,535
<i>GOVERNANCE & CEO</i>	0	318	1,190	1,508	-1,285	224
<i>HR & EDUCATION</i>	5	93	245	342	157	499
<i>DON & OPS</i>	200	83	0	283	61	344
Grand Total	405	1,034	3,358	4,797	699	5,496

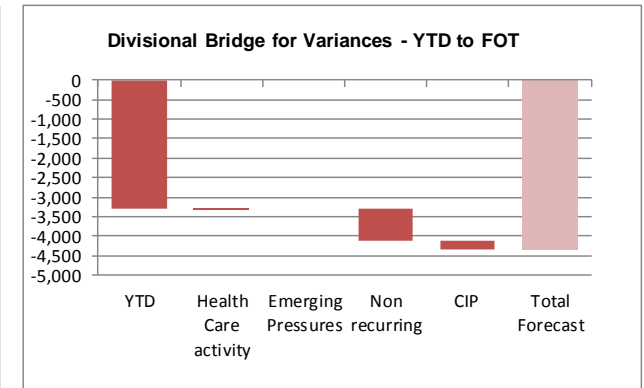
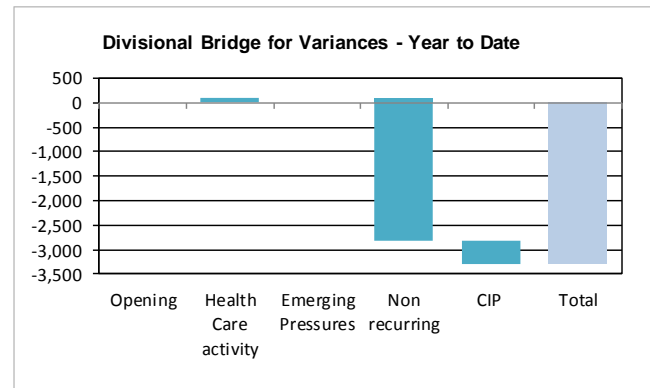
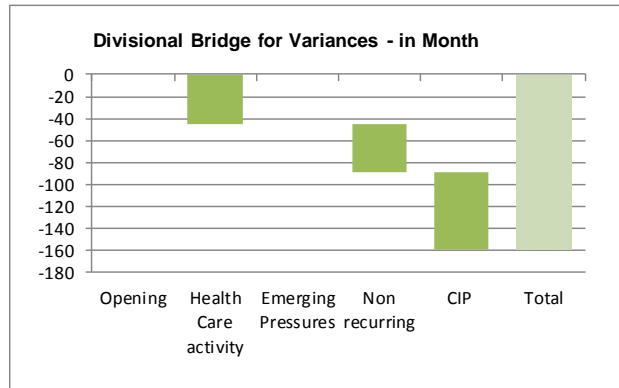
14/15 PERF	IN MONTH (M10)			YEAR TO DATE (M10)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ESTATES	289	134	155	2,314	1,523	792 A
CORPORATES:						
<i>FINANCE & IT</i>	154	216	-62	1,228	1,688	-459 F
<i>GOVERNANCE & CEO</i>	22	24	-2	179	207	-28 F
<i>HR & EDUCATION</i>	50	9	41	400	95	304 A
<i>DON & OPS</i>	34	96	-61	275	399	-123 F
Grand Total	550	479	70	4,397	3,912	485 A

Estates & Facilities showed a ytd deficit of £792k against a plan of £2.3m. The biggest schemes in E&F are Catering and cleaning benchmark efficiencies for non-clinical back office services, which are achieving. The total of this scheme is £250k and to date has realised £208k. The next scheme is Estates Maintenance efficiencies (£200k) and to date this has achieved £167k. Property related changes / rates had a ytd target of £52k and to date achieved £112k. Procurement draw down has to date achieved £95k.

The car parking income scheme made a total ytd saving of £189k. Nominated land rights realised £200k. Charges for use of site has not benefitted from planned income to date, however, there was mitigating income of £50k for 13/14 activities which covered and £300k was released from reserves to reduce CIP gap. The gap currently stands at £1.11m.

Corporate Services showed a ytd surplus of £306k and an in month surplus of £84k against a ytd target of £2.08m. Consultancy reduction contributed a ytd saving of £160k. Run rate savings from vacancies have made a contribution of £198k ytd. Corporate Productivity using Growth Funding contributed £773k of savings. VAT reduction from business activities contributed to £217k of savings. The total target for this scheme is £260k and a Preceptorship fund annual savings target of £150k contributed to £125k ytd. Now that the Trust has been given FT status, this has benefitted in a saving of £300k (£180k ytd).

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

NOTE THIS IS IN TRUST REPORT FORMAT

BRIDGE ANALYSIS OF VARIANCES

+ve = Favourable and -ve = Adverse Variance

DIVISION NAME Overheads

CURRENT MONTH M10

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	-45	0	0	0	-45	103	0	0	0	103	124	0	0	0	124	21	0	0	0	21
OTHER INCOME	0	0	207	0	207	0	0	320	0	320	0	0	384	0	384	0	0	64	0	64
Total INCOME	-45	0	207	0	162	103	0	320	0	423	124	0	384	0	507	21	0	64	0	85
PAY	0	0	78	0	78	0	0	998	0	998	0	0	1,197	0	1,197	0	0	200	0	200
DRUGS	0	0	3	0	3	0	0	-10	0	-10	0	0	-12	0	-12	0	0	-2	0	-2
CONSUMABLES	0	0	-22	0	-22	0	0	-196	0	-196	0	0	-235	0	-235	0	0	-39	0	-39
OTHER NON PAY	0	0	-310	-70	-380	0	0	-4,034	-486	-4,520	0	0	-5,087	-699	-5,786	0	0	-1,053	-213	-1,266
Total EXPENDITURE	0	0	-251	-70	-321	0	0	-3,242	-486	-3,728	0	0	-4,137	-699	-4,836	0	0	-895	-213	-1,108
Total I&E	-45	0	-44	-70	-159	103	0	-2,922	-486	-3,305	124	0	-3,753	-699	-4,329	21	0	-831	-213	-1,023

SECTION 3: INCOME & ACTIVITY

Income Summary Total SLA Income

	CURRENT MONTH M10			CUMULATIVE YTD				FORECAST		
	Current Mth Budget	Current Mth Amount	Current Mth Variance	YTD Budget	YTD Amount	YTD Variance	% Variance	Previous Variance	Annual Budget	Forecast Outturn
	£000	£000	£000	£000	£000	£000		£000	£000	£000
Income										
SLA Elective	5,433	4,795	-638 A	52,310	48,547	-3,763 A	-7.2%	-3,125 A	63,175	58,660
SLA Daycase	2,279	2,217	-63 A	22,394	22,426	32 F	0.1%	95 F	26,953	26,991
SLA Non Elective	9,450	8,976	-473 A	92,796	93,446	650 F	0.7%	1,123 F	110,780	111,560
SLA Outpatients	9,454	9,840	386 F	92,622	95,850	3,229 F	3.5%	2,843 F	111,785	115,659
SLA A&E	1,309	1,223	-86 A	12,925	12,991	66 F	0.5%	152 F	15,420	15,500
SLA Bed Days	5,071	4,877	-194 A	49,779	49,175	-604 A	-1.2%	-410 A	59,712	58,987
SLA Programme	1,226	1,429	203 F	12,021	13,840	1,819 F	15.1%	1,616 F	14,707	16,890
SLA Exclusions	2,975	2,118	-858 A	28,865	34,601	5,736 F	19.9%	6,594 F	35,426	42,309
SLA Other	12,279	13,749	1,470 F	133,488	137,241	3,753 F	2.8%	2,283 F	160,942	165,333
SLA Provisions QiPP/KPIs & Y/E Settlement	-579	-905	-326 A	-5,790	-4,948	842 F	100.0%	1,168 F	-6,949	-5,938
Subtotal - SLA Income	48,896	48,318	-579 A	491,407	503,167	11,760 F	2.4%	12,339 F	591,952	605,952

SLA Activity

	CURRENT MONTH M10			CUMULATIVE YTD				FORECAST		
	Current Mth Target	Current Mth Amount	Current Mth Variance	YTD Target	YTD Amount	YTD Variance	% Variance	Previous Variance	Annual Target	Forecast Outturn
SLA Activity										
SLA A&E	10,925	10,670	-255	107,841	114,527	6,686	0	6,936	128,635	136,658
SLA Elective	1,441	1,233	-208	13,864	13,096	-768	-5.5%	-592	16,746	15,825
SLA Daycase	3,678	3,844	166	36,136	37,692	1,556	4.3%	1,219	43,492	45,360
SLA Other Non Elective	157	125	-32	1,554	1,547	-7	-0.5%	18	1,854	1,845
SLA Emergency	3,777	3,591	-186	37,226	37,577	351	0.9%	541	44,416	44,836
SLA Deliveries	434	406	-28	4,287	4,047	-240	-5.6%	-213	5,114	4,826
SLA Outpatients	46,295	45,757	-538	455,428	456,891	1,462	0.3%	-156	548,651	550,406
SLA Bed Days	4,613	5,679	1,066	43,431	42,469	-962	-2.2%	-771	52,522	51,367
SLA Others	20,382	20,420	38	199,250	213,108	13,858	7.0%	13,820	240,351	256,980
Total SLA Activity	91,705	91,725	20	899,018	920,954	21,935	4.9%	20,802	1,081,781	1,108,103

COMMENTARY

SLA Performance

SLA income is £11.76m ahead of plan (agreed SLA's + local targets) year to date and £579k behind plan in the month.

The current YTD position includes recognition of £5.7m of additional national funding to achieve 18 weeks RTT targets and £2.9m of additional Systems resilience funding to support additional costs. There is also £0.5m of additional one off benefit from the submission of the final Q4 patient data for 13/14 SLA contracts for non local and specialist commissioners. Of the remaining YTD over performance the majority relates to Outpatients, contract exclusions and programme activity.

The current month's performance continues to include a number of estimates due to the incomplete submission of patient activity data in specific areas. Issues with activity reporting and recording are being reviewed through Information, Finance and Contracting teams with the Divisions affected, in order to bring them to resolution as soon as possible.

There are currently discussions on a year end settlement with the local commissioners and the NHSE to include resolving data challenges have been received from commissioners. These are being validated but total more than the estimates currently being made and will need to be robustly repudiated where they are deemed inappropriate. The Trust's quarterly performance on CQUIN schemes is being collated and impact quantified, an estimated performance provision has been made of 90%. In month, the Trust has included a reduction in its project diamond and HCAS funding causing an impact of £1.5m YTD

Electives and Day cases

To date the Trust is £3.72m behind its Elective and DC target (5.2%) and is up on DC and down on EL vs activity targets. The main factor in month continues to be significant levels of cancelled activity in Surgery, Neuro and Cardiac due to the winter pressures resulting in high emergency bed admissions and also a ongoing fall in Bariatric surgical patients.

Where activity performed has been expedited to achieve RTT targets, these have removed and separately attributed to the discrete commissioner funding. Allowing for this impact there has been a underperformance of £638k in the month. The RTT work is separately funded by local commissioners and needs to be monitored carefully to prevent double counting of income. Across the Trust the case mix being seen is lower than the plan. The main underperforming specialties YTD have been Cardiac Surgery, General Surgery, Neurosurgery, ENT and Renal Medicine. There continues to be an ongoing shortage of internal Theatre slots and beds available necessitating work to be sent out to external facilities.

Non elective

Non Elective activity was £650k (0.7%) ahead of YTD plan in financial terms but £473k behind in month. Emergency activity has seen an increase however the impact of the Non Elective Threshold Adjustment (NETA) has meant that the financial benefit has been more than negated due to the marginal 30% tariff available above the threshold set. In month Emergency activity income fell by £361k but YTD Emergency activity is £474k over performing mainly in Acute Medicine (including Senior Health), T&O and CIU. While Paed Medicine, Neurology and Cardiology have underperformed. Non elective activity now includes a revised process of attributing patients from Acute Medical patients to Paediatrics.

Out Patients

The Trust is £3.22m favourable to YTD plan (3.5%) and £386k favourable in month. It is underperforming on attendances YTD due to the casemix. QMH Community activity was lower due to closure of clinics around the holiday period. Obstetrics outpatient activity is significantly above target due to changes made to recording patient intensity to bring into line with guidelines. There have been ongoing delays to the full cashing up of clinic activity which are being reviewed with corporate out patients to improve the process.

A&E

Activity for A&E attendances underperformed in month by £86k and is £66k above the new target levels based on 13/14. However the complicity of cases is higher.

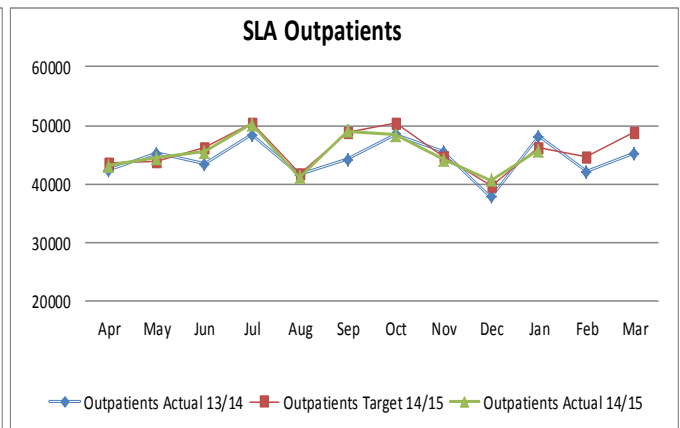
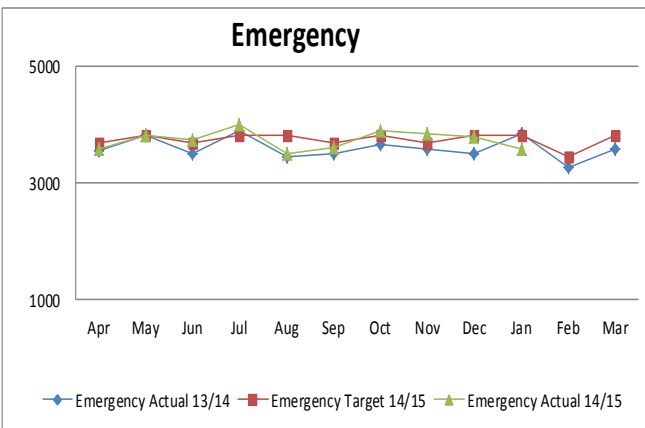
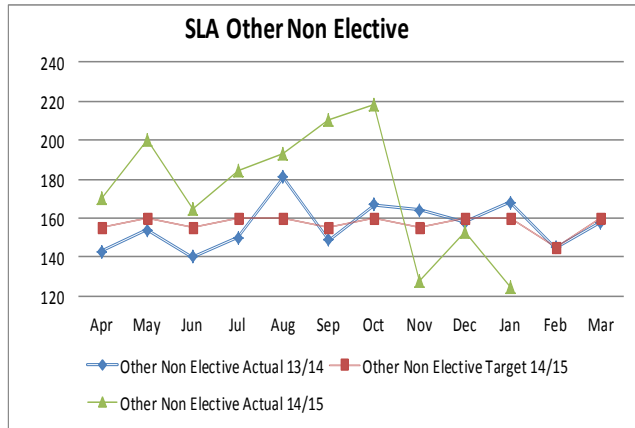
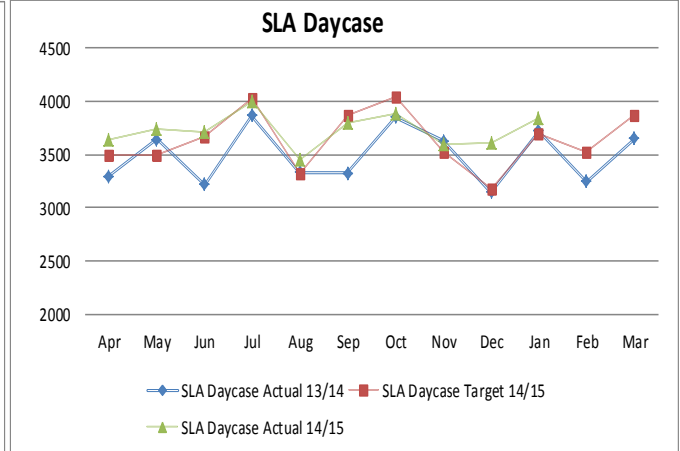
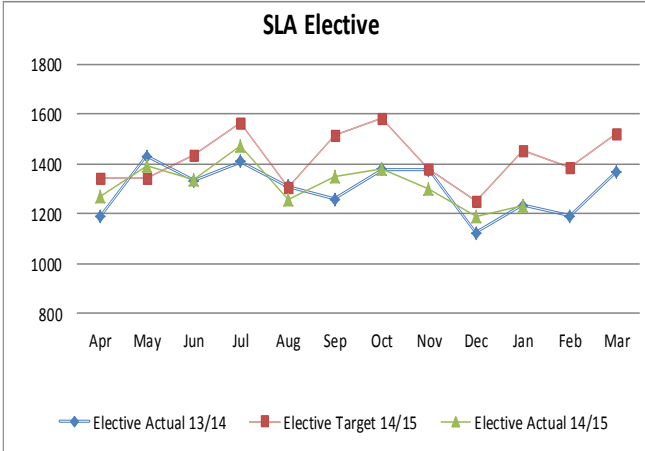
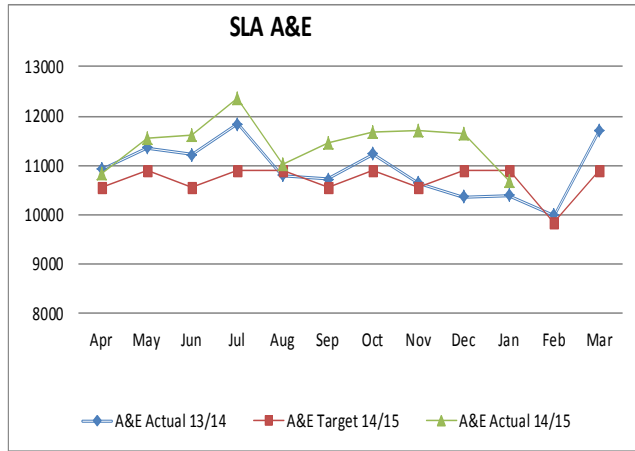
Bed Days/Other

Bed-days adverse YTD £604k. Adult Critical Care activity has underperformed in month largely due to lower complexity of patients admitted as medical emergencies. Paed ICU and Neonatal income were also below plan in month and have higher activity targets to reflect the seasonal nature of the demand. Critical Care Capacity for Elective activity remains an issue due to delays in expanding bed numbers. Excess bed days are over target in month due to more discharges of longer stay patients.

Other Income

Private patient and overseas visitor income has over-performed by £74k in month and is adverse by £241k YTD. This now includes work provided to Gibraltar. RTA income exceeded target in month by £130k and is showing an over-performance of £446k YTD but is volatile on a monthly basis. The surplus on Other Income of £4.395m YTD includes recognition of Central FT costs funding of £2.73m and also Sale of Land rights, external funding of equipment and transitional costs from SWL Pathology partners, one off VAT recovery benefits and some educational funding bids.

Activity Tables



COMMENTARY ON ACTIVITY TABLES

On the previous page there are a series of graphs showing Trust activity across points of delivery, at present this only shows activity in the St George's acute contract. Key points to note are:

- January was generally a low month for activity against plan
- Emergency activity was slightly below plan in month but at the same level as January last year
- Electives were below plan and 5.5% under plan year to date though daycase were high in January and 4.3% above plan year to date
- ED attendances were slightly under plan in the month and although they are above plan to date the numbers do include the patients who are "navigated" away as per the UCC model
- NHSE (Specialised) has an overperformance of £3m year to date (but all ICU beddays are assigned to the CCG until the patient is discharged from the hospital, the spell is coded and then it is assigned as specialist of CCG so the real overperformance is higher)
- Wandsworth CCG continues to overperform at £5.6m year to date, (£4m once challenges are applied), the two main areas of overperformance are outpatients (driven by the more appropriate coding of Maternity) and higher than planned levels of emergencies.

SECTION 4: PAY COSTS

As at January 2015

		CURRENT MONTH M10			CUMULATIVE YTD				FORECAST		
Cost Category	Sub Category	Current Budget £000's	Current Amount £000's	Current Month Variance £000's	YTD Budget £000's	YTD Amount £000's	YTD Variance £000's	% Variance	Previous Variance £000's	Annual Budget £000's	Forecast £000's
Pay	Pay Consultants	-5,743	-5,913	-170 A	-56,748	-55,523	1,225 F	-2%	1,395 F	-68,137	-66,553
	Pay Jnr Drs	-3,960	-4,283	-323 A	-40,143	-43,045	-2,902 A	7%	-2,579 A	-48,053	-51,447
	Pay Non Clinical	-6,065	-5,887	178 F	-60,479	-59,226	1,253 F	-2%	1,075 F	-72,534	-70,909
	Pay Nursing	-13,665	-14,085	-420 A	-135,395	-135,035	360 F	0%	780 F	-162,684	-161,976
	Pay Other	561	-5	-567 A	5,412	-17	-5,430 A	-100%	-4,863 A	7,162	645
	Pay Sci, Techs, Therap	-7,306	-7,257	50 F	-74,756	-74,044	712 F	-1%	663 F	-89,559	-88,553
	Pay Total	-36,178	-37,430	-1,252 A	-362,109	-366,890	-4,781 A	1%	-3,529 A	-433,805	-438,793

Analysis of Pay Costs by Type

DIVISION	In Month			Year To Date		
	In Post	Bank	Agency	In Post	Bank	Agency
CWDT	84.9%	3.8%	11.2%	85.6%	4.6%	9.8%
Med/card	84.9%	4.4%	10.7%	85.2%	6.3%	8.5%
SNT	92.0%	3.0%	5.0%	91.2%	3.7%	5.2%
CSW	84.0%	3.9%	12.1%	84.6%	4.3%	11.1%
Corp/Estates	87.3%	4.8%	7.9%	88.8%	4.0%	7.2%
Trust	86.1%	4.4%	9.5%	87.4%	4.6%	8.0%

COMMENTARY

Pay is showing an overspend of £1.252m in month and overspent by £4.781m YTD.

Nursing is £420k Adv in month and £360k Fav YTD. There continues to high bank and agency use incurring the associated premiums to cover temporary staffing requirements to maintain capacity. The levels of nursing cover were also increased to ensure safe staffing levels. There is also increase use of specialist nurses for higher dependency patients in wards for which additional commissioner funding is being sought.

Medical Junior Docs £323k Adv in month and £2.902m Adv YTD. This is caused by the use of agency staff with the associated premiums mainly in Emergency dept to meet 4hr targets and by locum claims for additional hours in Surgery and Medicine. The implementation of the 24/7 payment system has removed some staff from agency payments and paid internally thus giving a cost premium and tax saving.

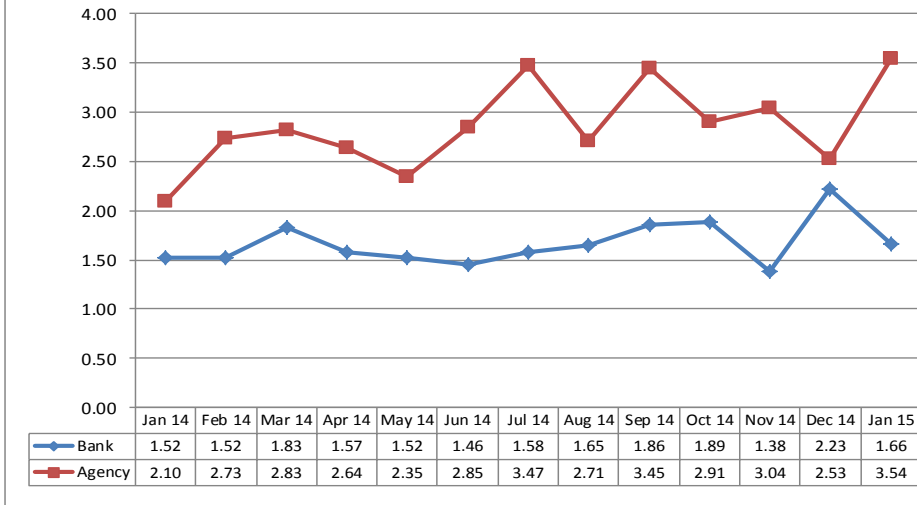
Consultants £1.225m Fav YTD although this is now overspending in month, **STT** £712k Fav YTD and **Non Clinical** £1.253m Fav YTD – Mainly due to vacancies but part of the non clinical will be partially offset by costs of interims which will show as non pay. Admin costs have risen due to increased agency cover in outpatients while EDM is implemented.

Pay other £567k Adv in month and £5.43m Adv YTD – reflects CIP targets where divisions have yet to allocate CIPS to specific pay lines where savings are non recurrent. The underspends in other groups are regularly reviewed to see where CIPs can be allocated.

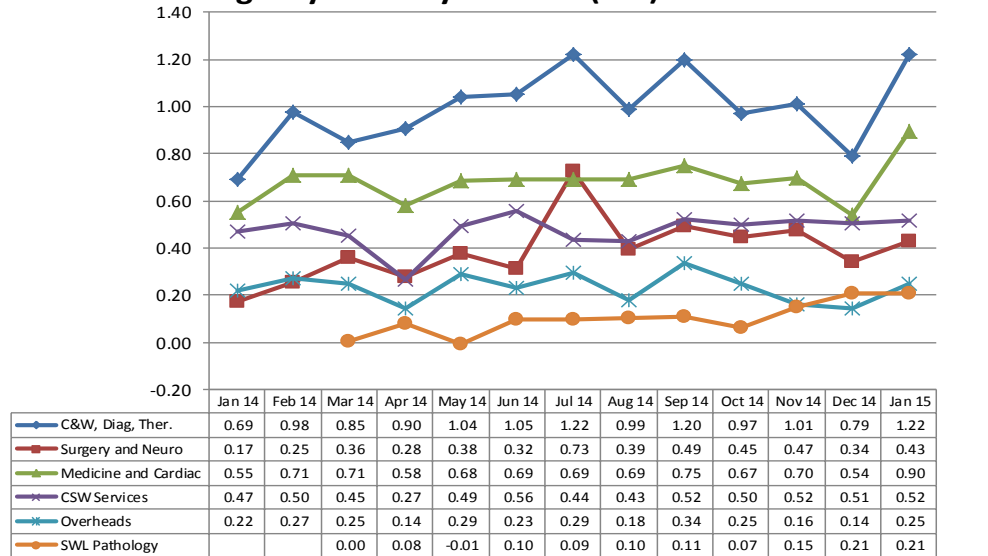
The total agency and bank spend was £3.6m and £1.6m respectively. Agency spend rose by £1.1m in month due to a processing catch up after Xmas. Nursing and Admin agency continue to be at high levels but additional financial controls should see this falling in coming months. Bank spend fell by £0.6m compared to last month. Take up of Admin bank is now increasing and should see agency fall in future months. Development work is ongoing to use the bank system data to assess creditor Bank and Agency cost estimates.

WORKFORCE INFORMATION

Bank & Agency Costs (£m)



Agency Costs by Division (£m)



COMMENTARY

Overall Agency Costs rose in month by £1.019m compared to last month. Costs continue to be affected by increased staffing levels to maintain quality standards, capacity, absence cover & specialist nurses. Bank costs fell by £0.57m compared to last month which contained holiday period.

Agency

Agency costs increased for Nursing and Admin staff groups compared to last month. Agency use continues to be high as are additional facilities to provide capacity and safe staffing levels. There are high levels of admin cover especially in Outpatients to support implementation of EDM project. Admin agency costs risen significantly this year due to changes in VAT recovery.

Bank

Bank costs have fallen in month, although this can be attributed to a high level of catch up last month. Levels are similar to previous months trends. Most bank costs for nursing vacancy cover & additional facilities. Medical Junior Dr costs increased due to new 24/7 payment system to reduce direct agency costs. Admin bank take up is now improving and represent 40% of temporary needs.

Divisional Summary of Issues

CWDT Agency admin usage high at 42% in Outpatients during implementation of EDM. Nursing Agency Cover high in Paed Med 26%, Pd Surg 23% & Obs 15%. Critical Care Agency 14% while Bank Nursing fallen with fewer staff training. Imaging Consultant agency use high at 19% and STT staff at 16% bank.

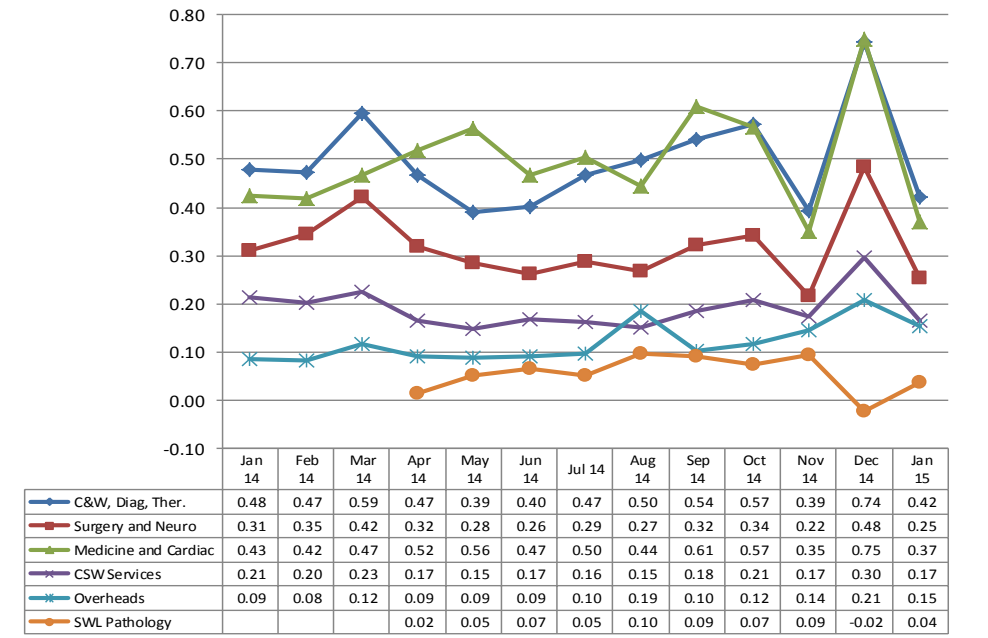
Med&Card ED has high Medical staff agency 11% and bank 14%. Nursing Agency at 21%. Medical Jnr Drs agency use for Vas Surg 40%. Ward nursing agency staff high (19%) and bank (12%) for Acute Medical wards due to sickness and vacancy cover and additional capacity. Senior Health Nursing Agency 34%.

SNT Nursing bank usage at 7% and agency 15% for Surgical Wards. Med Consultant Agency high for Urology 11%, Jnr Drs in Gen Surg 11%. Agency use for Non Clinical staff at 12% across Surgery Dir.

Community Community Admin Agency use at 9% in Adult services. Older services Nursing Agency 15% & bank 6%, Prison 21% Agency & 16% Bank. Older Services AHPs agency 13%, Prison Technical agency at 54%.

Overheads Agency Admin cover at 12% for Finance/IT. Estates agency staff at 37% in Engineering. Portering bank use 17% and agency at 19%.

Bank costs by Division (£m)



SECTION 5: NON-PAY

As at January 2015

		CURRENT MONTH M10			CUMULATIVE YTD				FORECAST		
Cost Category	Sub Category	Current Budget £000's	Current Amount £000's	Current Month Variance £000's	YTD Budget £000's	YTD Amount £000's	YTD Variance £000's	% Variance	Previous Variance £000's	Annual Budget £000's	Forecast £000's
Clinical Supplies	Clinical Consumables	-7,643	-8,600	-957 A	-73,783	-76,890	-3,106 A	4%	-2,150 A	-88,166	-91,893
	Drugs	-3,540	-3,802	-262 A	-35,470	-39,894	-4,424 A	12%	-4,162 A	-42,551	-47,860
	Clinical Supplies Total	-11,184	-12,402	-1,219 A	-109,253	-116,784	-7,530 A	7%	-6,312 A	-130,716	-139,753
Other	Clinical Negligence	-841	-829	12 F	-8,409	-8,072	337 F	-4%	325 F	-10,091	-9,686
	Establishment	-819	-893	-75 A	-8,187	-8,637	-450 A	5%	-375 A	-9,824	-10,364
	General Supplies	-1,298	-1,151	147 F	-13,075	-13,633	-558 A	4%	-706 A	-15,672	-16,342
	Premises	-2,863	-2,868	-4 A	-28,597	-29,361	-764 A	3%	-760 A	-34,320	-35,237
	PFI Unitary payment	-568	-572	-4 A	-5,677	-5,726	-48 A	1%	-45 A	-6,813	-6,871
	Other	-1,597	-5,279	-3,683 A	-29,303	-45,050	-15,747 A	54%	-12,064 A	-36,799	-54,646
	Other Total	-7,986	-11,592	-3,607 A	-93,249	-110,479	-17,231 A	18%	-13,624 A	-113,520	-133,146
Non Pay Total	-19,169	-23,995	-4,826 A	-202,502	-227,263	-24,761 A	12%	-19,935 A	-244,236	-272,899	

COMMENTARY (Cross reference to Page 11 Exclusions Table)

Non pay costs have over-spent by £4.83m in month (over-spent £24.76m YTD. Of the YTD overspend £5.74m is claimable as income as contract exclusions.

Clinical consumables over-spent £3.106m in total YTD

This was overspent by £957k in month. YTD the two main factors contributing to the adverse position are high cost devices where the costs are offset to commissioners and partly costs relating to activity e.g. Community Patient Appliances. YTD there are significant overspends in T&O, ENT, Neurosurgery, Critical Care and Clinical Genetics which are activity related. This has been offset partly by underspend in Clotting factors in Clinical. Haematology.

Drugs over-spent £4.424m in total YTD

Drugs expenditure was £262k over-spent in the month. This was primarily due to higher use of excluded drugs for Gastro, Rheumatology, Clin Haematology, Neurology and Oncology which are reclaimable directly from Commissioners as income. However, HIV drugs are underspent and the supplier has a charging issue.

Energy/Utilities under-spent £99k in total YTD (Offset by Income under recovery of £15k)

Energy overspent £121k in month. There have been some pressures in the current month gas bill partially offset by lower electricity charges than budgeted. We are now recognising potential liabilities for CRC and EU emission levies which total £230k YTD. The YTD underspent position is partly offset by the reduced recharging of usage costs to other on site organisations. Recharges with the Medical School are now based on updated metered supplies. The Trust is benefitting from net export of surplus energy to the Grid of £120k. The net energy position is now in a small surplus of £56k YTD because of this export of energy.

Other non-pay over-spent £17.33m in total YTD

Other non-pay over-spent in the month by £3.48m. The main overspends relate to project costs £5.075m YTD which is partly offset by the underspend in non clinical pay and includes IT upgrading costs of £1.11m. Other non pay pressures include the continued use of external facilities to add to capacity for beds and Theatres which is £3.645m adverse YTD. The impact of non achieved non pay CIPs is partly offset by the application of the contingency reserves and the application of the central fighting fund of non recurrent benefits set aside to cover risks.

SECTION 6: CONTINGENCY & RESERVES

COMMENTARY

- Inflationary reserves are held centrally and allocated when the costs are incurred. As at January £0.6m of inflationary reserves are still being held primarily for Energy inflation and Clinical Excellence Awards.
- During January, a further month of contingency funds of £0.25m was released to aid the position. In total, £3m of the overall contingency funds held was distributed to the Divisional positions.
- Reserves for Nursing Establishment and Compliance cost pressures have been released to Divisions.
- The Trust's Central Reserves (excluding contingencies) as at end of January totals £3.4m (£3.2m for Specific Cost pressures, £0.2m for R&D development and other pressures.
- The Trust has recently received notification of loss of contracted Project Diamond, HCAS and Educational funding. This has resulted in a net £0.7m reduction in available reserves.
- In addition, the Trust holds income risk provisions held centrally to offset CQUIN risks of £1.7m. Reserves for potential C-diff fines and SLA challenges have been allocated to divisions totalling £6.9m.
- Additional non recurring benefits are being identified and then included in the "fighting fund". The fighting fund is being released as required to support the current financial position.

	CONTINGENCY & RESERVES					
	YEAR TO DATE			FORECAST		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's
Inflation						
Pay Award	0	0	0	166	0	-166
Clinical Excellence	0	0	0	350	350	0
Non Pay	0	0	0	131	0	-131
Contingency & Reserves						
Contract Changes/Devpmts	0	0	0	-700	0	700
Winter Pressures	0	0	0	0	0	0
R&D Strategy	0	0	0	170	170	0
Other Pressures	0	0	0	3,190	2,023	-1,167
Contingency	2,500	0	-2,500	3,000	0	-3,000
TOTAL	2,500	0	-2,500	6,306	2,543	-3,764

SECTION 7: DIVISIONAL FORECAST

Division	YEAR TO DATE									FORECAST								
	INCOME			EXPENDITURE			NET			INCOME			EXPENDITURE			NET		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
CWDT	133,240	133,036	-204	-146,172	-153,008	-6,836	-12,931	-19,972	-7,040	161,645	160,164	-1,480	-175,650	-182,171	-6,521	-14,005	-22,006	-8,002
SWL Pathology	36,476	38,319	1,843	-36,979	-38,822	-1,844	-503	-503	0	43,771	43,771	0	-43,771	-45,511	-1,740	0	-1,740	-1,740
Med/Card	180,044	187,904	7,860	-130,044	-141,969	-11,924	49,999	45,935	-4,064	216,660	227,363	10,704	-154,923	-170,760	-15,837	61,737	56,603	-5,134
SNT	138,075	137,310	-764	-104,165	-115,816	-11,651	33,910	21,495	-12,415	166,886	165,740	-1,146	-125,156	-138,430	-13,273	41,730	27,311	-14,420
CSD	92,667	91,177	-1,490	-76,437	-78,707	-2,270	16,230	12,470	-3,760	111,411	110,190	-1,222	-91,755	-96,135	-4,380	19,657	14,055	-5,602
Sub-Total : Clinical Divisions	580,502	587,747	7,245	-493,798	-528,322	-34,524	86,704	59,425	-27,279	700,373	707,228	6,855	-591,255	-633,007	-41,752	109,119	74,221	-34,897
Corporate o/hds	5,897	6,131	233	-43,793	-45,517	-1,723	-37,896	-39,386	-1,490	7,057	7,293	237	-52,345	-54,343	-1,998	-45,289	-47,050	-1,761
Estates & Facilities	7,976	8,255	279	-42,604	-44,663	-2,059	-34,629	-36,408	-1,779	9,591	9,802	211	-50,742	-53,521	-2,779	-41,152	-43,719	-2,568
R&D	1,848	2,435	588	-2,046	-2,633	-587	-199	-198	1	2,217	3,018	801	-2,440	-3,198	-758	-223	-181	42
Trust Income	-2,081	6,865	8,946	-90	0	90	-2,171	6,865	9,036	-2,678	7,225	9,903	-90	0	90	-2,768	7,225	9,993
Central budgets	1,396	675	-722	-1,414	5,215	6,629	-18	5,890	5,907	399	675	276	-4,130	5,474	9,604	-3,731	6,149	9,880
Central Capital charges	0	0	0	-5,399	-5,327	72	-5,399	-5,327	72	0	0	0	-7,354	-7,354	0	-7,354	-7,354	0
Balance of contingency	0	0	0	-2,500	0	2,500	-2,500	0	2,500	0	0	0	-3,000	0	3,000	-3,000	0	3,000
Balance Reserves/Other Benefits	0	0	0	0	0	0	0	0	0	0	1,301	1,301	0	920	920	0	2,221	2,221
NET : Surplus / (Deficit)	595,537	612,107	16,570	-591,646	-621,247	-29,601	3,892	-9,140	-13,032	716,959	736,542	19,583	-711,357	-745,029	-33,673	5,602	-8,487	-14,089
excl IFRS adjustments	0	0	0	1,158	2,641	1,482	1,158	2,641	1,482	0	0	0	1,390	2,988	1,598	1,390	2,988	1,598
TDA report - Surplus / (Deficit)	595,537	612,107	16,570	-590,487	-618,606	-28,119	5,050	-6,499	-11,549	716,959	736,542	19,583	-709,967	-742,042	-32,075	6,992	-5,500	-12,492

FORECAST - COMMENTARY

The Trust as requested by the TDA has submitted an updated forecast for the whole of 14/15. The Trust initial forecast has moved from £2.7m surplus to a £5.5m deficit following the exceptional pressures seen in January all divisions' positions have worsened. Based on the m9 forecast our year to date position should have been a deficit of £1.8m meaning our movement in the month was £3.7m against forecast. The table above shows the initial divisional forecast which are under review.

Comparing m9 forecast for m10 against the actuals the key movements are:

- Children's (£0.9m) Activity lower than planned
- ED (£0.3m) Additional staffing costs and acuity of patients
- Renal and Oncology (£1m) Issues around activity recording directorate reviewing
- Neuro (£1.2m) Bed pressures causing elective activity planned not able to take place
- Community (£0.3m) Lower than forecast activity at QMH

Achieving the forecast relies upon the additional actions the Executive team have required and that all budget holders are working through reducing expenditure in what remains of quarter 4 and securing a fair and reasonable settlement with Commissioners for the year which recognises the additional costs the Trust has faced because of the extreme pressure it has been under.

Further reviews are also under way around this forecast and those are detailed in the risk paper that accompanies this paper and a verbal update will be given to the meeting on Wednesday.

SECTION 8: COST IMPROVEMENT PROGRAMME

	2014/15
TOTAL TRUST TARGET	45.2
TOTAL FORECAST TO DATE	40.0
TOTAL FORECAST GAP	<u>5.2</u>
% ASSURANCE	49%
	23%
	28%

14/15 FOT	PMO PROCESS RAG			TOTAL	GAP	TARGET
DIVISION	RED	AMBER	GREEN			
CORP	205	1,005	1,798	3,007	-404	2,603
CSD	648	1,999	1,419	4,066	2,844	6,910
CWDT	1,116	1,391	4,736	7,243	2,997	10,240
E&F	200	29	1,561	1,790	1,103	2,893
MEDCARD	4,399	655	5,282	10,335	1,159	11,494
SCNT	949	2,199	4,634	7,781	2,179	9,960
SWLP	400	700	0	1,100	0	1,100
TW	3,250	1,225	200	4,675	-4,675	0
TOTAL	11,166	9,203	19,629	39,997	5,203	45,200
	28%	23%	49%			

14/15 PERF	IN MONTH (M10)			YEAR TO DATE (M10)		
DIVISION	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CORP	260	345	-85	2,082	2,389	-306
CS	691	-727	1,418	5,528	3,158	2,370
CWDT	1,024	787	237	8,192	5,407	2,785
E&F	289	134	155	2,314	1,523	792
MEDCARD	1,149	995	155	9,195	8,245	950
SCNT	996	897	99	7,968	5,883	2,085
SWLP	110	55	55	880	990	-110
TW	0	453	-453	0	3,769	-3,769
TOTAL	4,520	2,938	1,582	36,160	31,363	4,797

YEAR 1 2014/15 WORKSTREAMS SUPPORTING CIP									
WORKSTREAM	MEDCARD	SCNT	CWDT	SWLP	CSD	E&F	CORP	TW	Grand Total
CONTRIBUTION	2,112	1,833	1,346		295	0			5,586
CREATING CAPACITY	318	965	1,668		0	0		0	2,952
COMMERCIAL	242	519	510		13	429		0	1,713
OTHER DIVISIONAL	5,088	2,919	2,084		2,436	1,045	1,938	4,675	20,184
PROCUREMENT	643	434	429		428	117	25	0	2,076
MEDICINES	907	117	108	1,100	223		150	0	2,605
WORKFORCE	1,026	993	1,098		671	200	175	0	4,163
CORPORATE		0	0			0	719	0	719
Grand Total	10,335	7,781	7,243	1,100	4,066	1,790	3,007	4,675	39,997

Planning

The Trust CIP forecast position is £40.0m in 2014/15, which is £4.8m below the 2014/15 target of £45.2m. There is now no forecast overprogramming and an adverse expectation on programme performance. The divisional explanations for the change are detailed earlier in this report. RAG rating sees £19.6m of the schemes as green (49%), £9.2m as amber (23%) and reds at £11.2m (28%). The explanation for the RAG can be found in each divisions section. The divisions have been given control totals to deliver for 2014/15. The impact of the forecast adverse CIP will be considered in light of the recovery planning. This will continue for the remainder of the year.

Performance

In month performance in M10 was £1.6m adverse (£4.8m YTD). This includes Trust Wide schemes at £3.8m (VAT benefit and PO creditors), covering adverse divisional performance. The marginal cost resource scheme of £1.1m YTD in Community Services Division has been removed in month. Further adverse variance is expected in M11 and M12 to reflect the current forecast gap of £5.2m, with a significant risk on delivering the forecast Red schemes. Division specific commentaries are captured in each divisional CIP section.

SECTION 9: STATEMENT OF FINANCIAL POSITION

Balance Sheet ("Statement of Financial Position" 2014/15: M10 IFRS)

	Opening Balance 1 April 2014 £000	Current Month 31 January 2015 £000	Previous month 31 December 2014 £000	Plan 31 March 2015 £000	Forecast outturn 31 March 2015 £000
Property, Plant & Equipment	286,860	301,791	301,480	331,927	312,983
Intangible Assets	13,465	11,222	11,446	3,602	10,773
Other Financial Assets					
Trade and other receivables	0	0	0	0	0
Total non-current assets	300,325	313,013	312,926	335,529	323,756
Inventories	7,149	7,538	8,435	7,614	6,750
Trade and Other Receivables	64,309	65,855	87,206	50,953	72,546
Prepayments	3,546	5,288	5,569	3,680	5,569
Other Financial Assets					
Other Current Assets	11	11	11	4,494	11
Cash & Cash Equivalents	22,256	19,547	6,738	20,500	25,166
Total current assets	97,271	98,239	107,959	87,241	110,042
Non Current Assets Held for Sale					
Total assets	397,596	411,252	420,885	422,770	433,799
Trade and Other Payables	-81,004	-71,250	-78,486	-53,756	-72,338
Accruals and Deferred Income	-6,566	-18,999	-20,200	-29,187	-18,836
Borrowings	-3,082	-4,280	-4,281	-5,867	-5,770
Provisions for Liabilities and Charges	-759	-569	-458	-625	-458
				0	
Total current liabilities	-91,411	-95,098	-103,425	-89,435	-97,402
Net current assets/(liabilities)	5,860	3,141	4,534	-2,194	12,640
Total assets less current liabilities	306,185	316,154	317,460	333,335	336,397
Borrowings	-49,150	-67,532	-62,524	-70,337	-85,559
Provisions for Liabilities and Charges	-1,264	-1,155	-1,155	-1,320	-1,171
Other Liabilities					
Total non-current liabilities	-50,415	-68,687	-63,679	-71,657	-86,730
Total assets employed	255,770	247,467	253,781	261,678	249,667
Public Dividend Capital	132,475	133,312	133,312	133,224	134,859
Retained Earnings	31,531	23,993	30,146	38,195	24,645
Revaluation Reserve	90,614	89,012	89,173	89,109	89,012
Other Reserves	1,150	1,150	1,150	1,150	1,150
Total Taxpayers' equity	255,770	247,467	253,781	261,678	249,667

COMMENTARY

Debtors

Trade and other receivables decreased by £21m. £6m of this reduction was with NHS England and we received £11m of quarterly levy funding from Health Education England.

Weekly meetings between the contracts and credit control teams are in place to ensure actions to maximise collection are implemented ASAP including responses to data queries and re-billing to ring-fence disputed values.

However the slower rate of payment from CCGs and NHSE – and the increase in accrued debt mean the Trust is having to sustain a significantly higher level of residual debt than in previous years.

Inventories (stock)

Stock reduced by £0.9m in January. Central Store stock remains the highest risk to meeting the year end stock reduction target. Directorates will be offered 50% discount to use slow-moving stock.

Upper limits for stock levels have been set for the major stock-holding depts. and year end stock targets have now been with all major stock-holding departments.

Creditors

Trade and Other payables and Accruals/Deferred income reduced slightly in January. The Trust continues to exert very tight control over payments. The year end cash forecast provides for a reduction in creditor levels of just under £8m to ease pressures – financed by reductions in debtors and stock – see below (see Cash section).

SECTION 10 : CASH POSITION

Cash flow statement: January 2015 M10	2014-15 Plan YTD £000	2014-15 Actual YTD £000	2014-15 Full Year Plan £000	2014-15 Forecast Outturn £000
CASH FLOWS FROM OPERATING ACTIVITIES				
Operating Surplus/(Deficit)	11,601	(84)	17,253	3,259
Depreciation and Amortisation	15,274	18,037	20,733	21,646
Donated Assets received credited to revenue but non-cash	-	-	-	-
Government Granted Assets received credited to revenue but non-cash	(133)	(145)	(174)	(174)
Interest Paid	(2,826)	(2,696)	(3,772)	(3,833)
Dividend (Paid)/Refunded	(3,989)	(3,798)	(7,978)	(7,995)
Operating surplus/deficit less interest and dividends paid	19,928	11,314	26,062	12,903
(Increase)/Decrease in Inventories	567	(389)	749	399
(Increase)/Decrease in Trade and Other Receivables	1,908	(3,288)	2,543	(11,530)
(Increase)/Decrease in Other Current Assets	531		704	1,270
Increase/(Decrease) in Trade and Other Payables	(2,232)	165	(2,982)	436
Increase/(Decrease) in Other Current Liabilities	-		-	-
Net change in working capital balances	774	(3,512)	1,014	(9,425)
Provisions Utilised	-		-	(93)
Increase/(Decrease) in Movement in non Cash Provisions	16	(300)	16	(301)
Net Cash Inflow/(Outflow) from Operating Activities	20,718	7,503	27,092	3,084
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest received	76	66	100	81
(Payments) for Property, Plant and Equipment	(29,362)	(26,675)	(41,266)	(35,235)
Net Cash Inflow/(Outflow) from Investing Activities	(29,286)	(26,609)	(41,166)	(35,154)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(8,568)	(19,106)	(14,074)	(32,070)
CASH FLOWS FROM FINANCING ACTIVITIES				
New Public Dividend Capital received in year: PDC Capital	-	837	749	2,384
Public Dividend Capital Repaid				-
Loans received from DH - New Capital Investment Loans	7,042	6,153	11,170	9,119
New Working Capital Loans				15,000
Other Loans Received	2,185	12,000	4,004	12,000
Loans repaid to DH - Capital Investment Loans Repayment of Principal	-	-	(447)	-
Working Capital Loans Repayment of Principal				-
Other Loans Repaid	(194)	(194)	(388)	(388)
Other Capital Receipts	-	-	-	-
Capital element of payments relating to PFI, LIFT Schemes and finance leases	(2,112)	(2,400)	(2,814)	(3,135)
Working capital facility				-
Net Cash Inflow/(Outflow) from Financing	6,921	16,397	12,274	34,980
Net Increase/(Decrease) in Cash and Cash Equivalents	(1,647)	(2,709)	(1,800)	2,910
Cash (and) Cash Equivalents (and Bank Overdrafts) at the Beginning of the Financial Period	22,300	22,256	22,300	22,256
Cash (and) Cash Equivalents (and Bank Overdrafts) at the End of the Financial Period	20,653	19,547	20,500	25,166
Exclude - LEEF loan not spent		(11,696)		(11,150)
Cash bal excl LEEF loan not spent		7,851		14,016

COMMENTARY

The Trust's actual cash balance as at 31/01/15 was £19.6m compared to £6.8m last month. **The underlying cash balance (excluding the unexpended LEEF loan of £11.7m) is therefore £7.9m.**

There was a trading loss in January of £6.2m (IFRS); however a significant reduction in debtors from £87.2m to £65.9m contributed to the improved cash position.

1. The Trust escalated the NHSE debt position to senior NHSE managers and then to the CEO of NHSE Specialised Commission on 23rd December.
2. The Trust has formed a NHS Debt Reduction Group comprising senior finance, credit management and contracts team staff to ensure internal processes are stream-lined as much as possible to expedite responses on data quality and to agree the ring-fencing of disputed values in order to maximise cash receipts from commissioners.

As reported since M06, the cash balance includes approx. £11.7m relating to the unspent balance of the LEEF loan which was drawn down early to provide temporary cash resilience.

An increase in the **underlying** cash balance is dependent on improvements in both the trading position and in working capital. Stock has reduced by £1.7m since it peaked in M04 and further reductions are planned in the remaining 2 months As a consequence the Trust is continuing to exert tight management of payments.

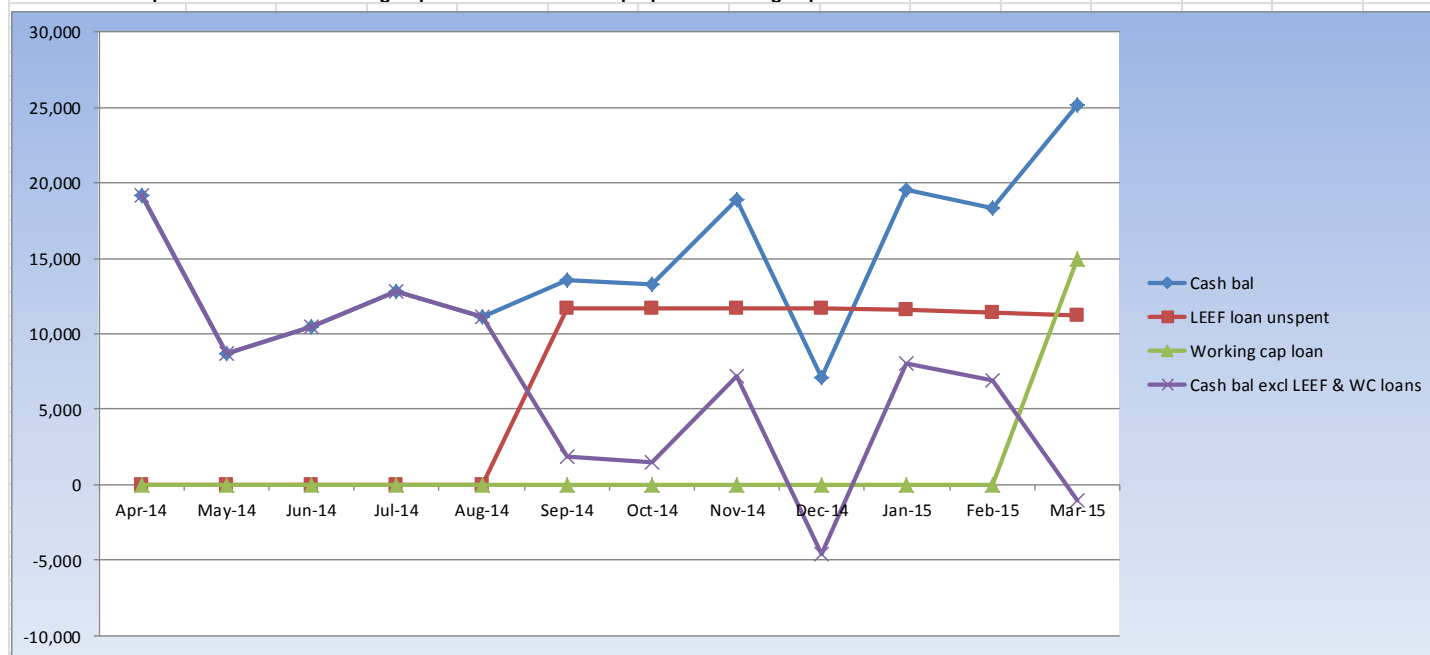
Cash remains significantly lower than plan due to the trading position, higher debts levels including high proportions of accrued debt. While some RTT and winter resilience monies have been received, accruals for un-ceded income remain high.

The forecast year end cash balance shown of £25.2m for year end assumes that the Trust receives a working capital loan of £15m by year end.

Surplus cash is invested in short term deposits with the National Loans Fund facility of the Bank of England. Temporary deposits earn interest of 0.25%- 0.50%.

2014/15 monthly cash flow - M10													Forecast		Forecast	Total 14/15
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	M01-M10	Feb-15	Mar-15		
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	£000	£000	£000	£000	£000	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Opening cash balance	22,256	19,212	8,716	10,425	12,763	11,140	13,583	13,245	18,903	7,074	22,256	19,547	18,293	22,256		
EBITDA	428	1,367	2,771	4,122	1,972	3,222	3,954	3,189	-421	-2,649	17,954	3,235	3,717	24,905		
Non-cash income	-14	-15	-14	-15	-14	-15	-14	-15	-14	-15	-145	-15	-14	-174		
Interest paid	-264	-264	-263	-279	-263	-263	-258	-258	-309	-286	-2,708	-485	-640	-3,833		
PDC dividend paid	0	0	0	0	0	-3,812	0	0	0	0	-3,812		-4,183	-7,995		
Operating surplus/-deficit less interest and dividends	150	1,088	2,494	3,828	1,694	-868	3,681	2,915	-744	-2,950	11,289	2,734	-1,120	12,903		
Change in working capital																
Change in stock	-2,036	194	-110	-90	253	449	74	213	-233	897	-389	389	399	399		
Change in debtors	1,958	-3,959	-5,745	-1,854	1,085	-4,291	-290	-2,159	-9,665	21,633	-3,288	-1,743	-5,229	-10,260		
Change in creditors excl those below	-217	-4,608	7,630	2,929	-1,797	-1,660	-330	6,063	224	-8,044	191	123	-274	40		
Net change in working capital	-295	-8,373	1,774	985	-459	-5,502	-546	4,117	-9,673	14,486	-3,486	-1,232	-5,104	-9,821		
Provisions used	-285	0	-36	-37	-16	0	-36	0	111		-300		-94	-394		
Interest received	5	9	5	11	2	5	8	10	5	6	66	7	8	81		
Proceeds from sale of fixed assets														0		
Capital spend (pymts)	-2,402	-3,019	-2,281	-2,037	-2,647	-2,709	-3,163	-1,712	-2,853	-3,851	-26,675	-5,023	-3,537	-35,235		
Net cash inflow/-outflow from investing activities	-2,397	-3,010	-2,276	-2,026	-2,645	-2,704	-3,155	-1,702	-2,848	-3,845	-26,609	-5,016	-3,529	-35,154		
Working capital loan received													15,000	15,000		
Working capital FACILITY														0		
Loans received - LEEF						12,000					12,000			12,000		
Loans received - DH capital									1,371	4,782	6,153	2,430	536	9,119		
Loan repayments - LEEF														0		
Working capital loan repayments														0		
Loans repayments - DH capital														0		
Loans repaid - SALIX						-194					-194		-194	-388		
PFI & finance lease repayments	-217	-201	-248	-411	-196	-290	-282	-508	-47	0	-2,400	-170	-170	-2,740		
PDC capital (assume £1.5m extra received)								837			837		1,547	2,384		
Net cash inflow/-outflow from financing	-217	-201	-248	-411	-196	11,516	-282	329	1,324	4,782	16,397	2,260	16,719	35,376		
Net cash movement in period	-3,044	-10,496	1,708	2,338	-1,622	2,443	-338	5,659	-11,830	12,473	-2,709	-1,253	6,872	2,910		
Closing cash balance	19,212	8,716	10,425	12,763	11,140	13,583	13,245	18,903	7,074	19,547	19,547	18,293	25,166	25,166		
LEEF loan						-12,000	-12,000	-12,000	-12,000	-12,000	-12,000	-12,000	-12,000	-12,000		
EPC capital exp (cumulative) UPDATED 20.01.15						280	280	280	304	454	304	604	754	754		
Exclude unexpended LEEF loan						-11,720	-11,720	-11,720	-11,696	-11,546	-11,696	-11,396	-11,246	-11,246		
Underlying cash balance						1,863	1,525	7,183	-4,622	8,001	7,851	6,897	13,920	13,920		
Assumptions for forecast cash balance £25.2m 31/03/15:																
1 2014/15 IFRS outturn is £8,488k deficit (M10 YTD: £9,140k deficit).																
2 Gross capital expenditure is £44.9m for 2014/15 and within this total the forecast capital cash deficit of £1.5m is eliminated by a PDC allocation for IMT capital of £1.547m received in March.																
3 Working capital improves by approx £7.7m in Feb-Mar as follows:																
						£m										
(i) Debt reduction						7.0										
(ii) Stock reduction						0.8										
(iii) Creditor reduction						-0.1										
Forecast improvement in net working capital Jan-Mar 15						7.7										
4 Trust receives £15m working capital loan (repayable over 15 years in equal annual instalments) in March 2015.																

Cash balance April 14 - March 15: showing impact of LEEF loan and proposed working capital loan



Notes

April 2014 - January 2015 are actual reported cash balances
 February - March 2015 are forecast cash balances based on the 2014/15 detailed monthly cash flow forecast table above.
 Cash flow forecast assumes £15m working capital loan received in March 2015.

**Cash management – stocks: breakdown of M10
 Balance and agreed targets**

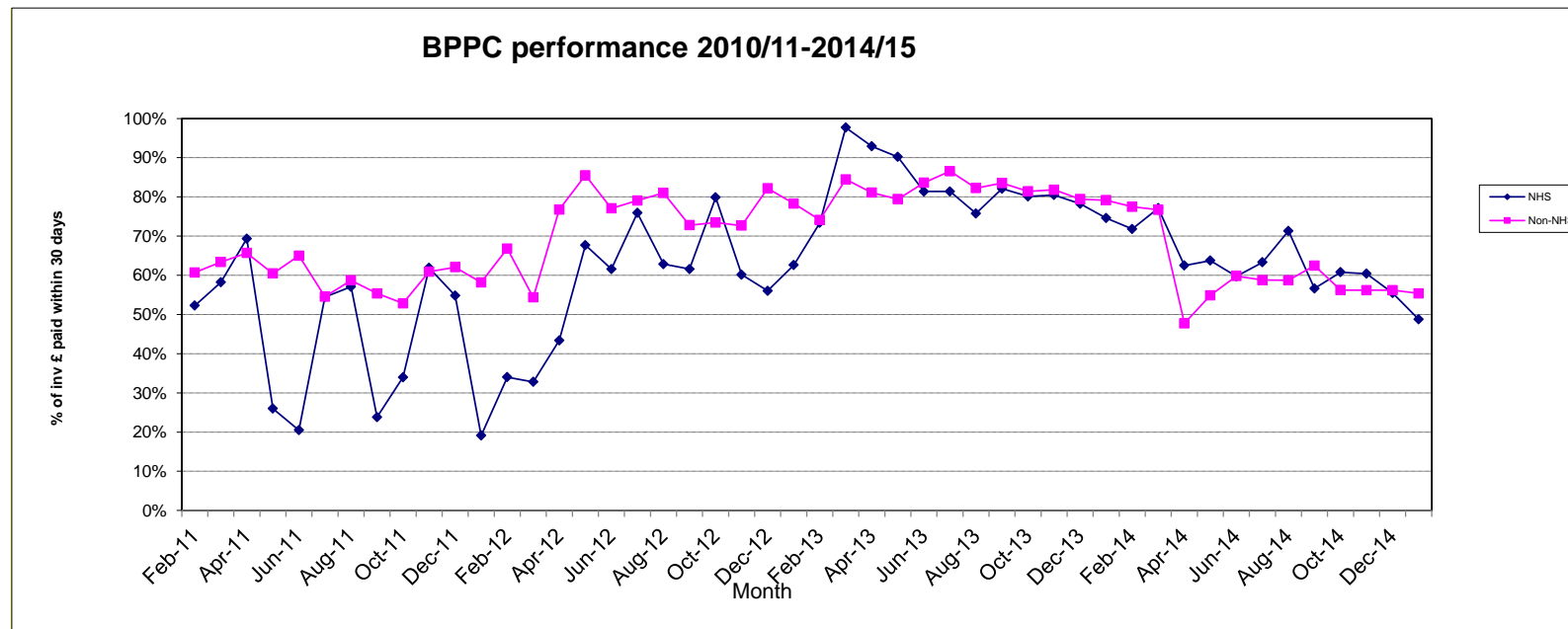
Inventory (stocks)	Actual bal	Actual bal	Target	Y/e target
	31/03/2014	31/12/2014	31/03/2015	reduction
	£000	£000	£000	£000
Pharmacy	1,781	2,176	1,700	-476
Central Store	3,013	3,095	2,550	-545
Cardiac catheter labs	452	445	400	-45
Cardiac pacing clinic	301	366	400	34
Estates	116	153	116	-37
Haematology clotting factors	138	139	100	-39
SWL Pathology	0	171	171	0
Neuro-Radiology	379	252	200	-52
Radiology	270	196	200	4
Wards - Stock	281	183	281	98
Wards - Drugs	132	132	132	0
Other various < £100k holdings	287	229	500	271
Total	7,150	7,537	6,750	-787

- The finance dept has agreed year end stock targets with all major stock-holding depts.
- The Trust is aiming to achieve a cash-releasing reduction in stock levels of almost £800k by year end.
- Pharmacy, cardiac pacing clinic and cardiac cath labs have an established track record of meeting their year end stock targets and the 14/15 targets are in line with those of previous years.
- The highest risk category re: year end targets are the central store. The Procurement dept will be offering a 50% discount to clinical departments on the charges for certain stock lines to incentivise consumption of slow-moving stock lines. The remaining 50% of their cost would be charged to a central expenditure code.

SECTION 11: BETTER PAYMENT PRACTICE CODE

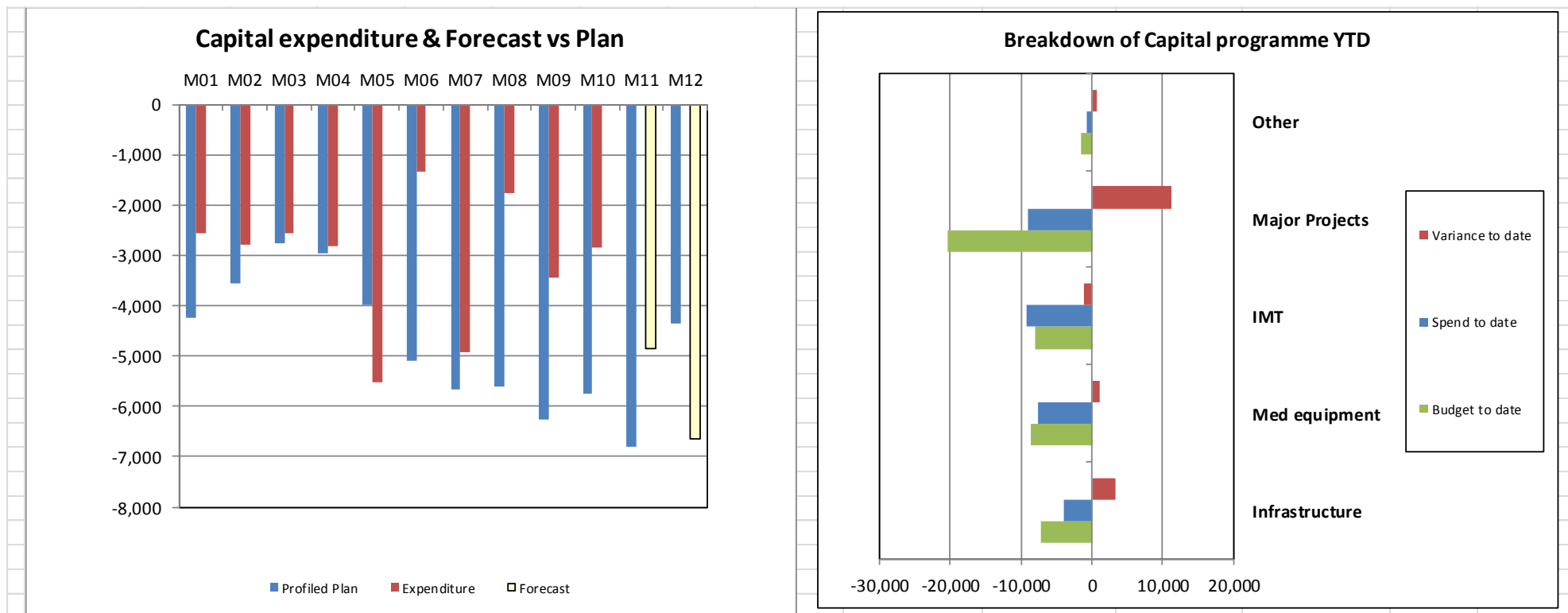
Measure of compliance	2014-15	2014-15	2013-14	2013-14	Forecast	Forecast
	M10	M10	2013-14	2013-14	Forecast	Forecast
	Number	£000	Number	£000	Number	£000
Non NHS Payables						
Total Non-NHS Trade Invoices Paid in the Year	146,850	234,596	136,028	229,392	251,743	402,164
Total Non-NHS Trade Invoices Paid Within Target	<u>85,812</u>	<u>129,876</u>	<u>110,250</u>	<u>176,006</u>	<u>147,106</u>	<u>222,644</u>
Percentage of NHS Trade Invoices Paid Within Target	<u>58.44%</u>	<u>55.36%</u>	<u>81.05%</u>	<u>76.73%</u>	<u>58.44%</u>	<u>55.36%</u>
NHS Payables						
Total NHS Trade Invoices Paid in the Year	3,525	47,054	4,717	57,846	6,043	80,663
Total NHS Trade Invoices Paid Within Target	<u>1,039</u>	<u>22,935</u>	<u>2,946</u>	<u>44,580</u>	<u>1,781</u>	<u>39,317</u>
Percentage of NHS Trade Invoices Paid Within Target	<u>29.48%</u>	<u>48.74%</u>	<u>62.45%</u>	<u>77.07%</u>	<u>29.48%</u>	<u>48.74%</u>

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.



SECTION 12: CAPITAL

ST GEORGE'S HEALTHCARE NHS TRUST															
Finance Department															
Capital programme 2014/15 M10 - high level summary budget and actual / forecast exp profile															
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M10 YTD	Forecast M11-M12		Total	Comits
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Capital funding	4,248	3,569	2,749	2,950	3,978	5,097	5,664	5,594	6,264	5,740	45,852	6,799	4,363	57,014	
Capital expenditure															
Infrastructure renewal (appx 1)															
Budget	-116	-263	-395	-611	-925	-1,179	-1,038	-1,030	-842	-882	-7,281	-674	-892	-8,847	
Actual / Forecast exp M11 - M12	-301	-582	-653	-495	-890	-217	-71	-287	-141	-331	-3,968	-692	-543	-5,203	-13,246
Variance	-185	-319	-258	116	35	962	967	743	701	551	3,313	-18	349	3,644	
Medical equipment (appx 2)															
Budget - MAJOR MED	-616	-1,000	-154	-777	-1,406	-900	-556	-331	-1,306	-1,674	-8,722	-4,013	-1,166	-13,901	
Actual exp - MAJOR MED	-421	-814	-169	-876	-158	-614	-3,172	-457	-198	-693	-7,572	-357	-2,476	-10,405	-410
Variance - MAJOR MED	195	186	-15	-99	1,248	286	-2,616	-126	1,108	981	1,150	3,656	-1,310	3,496	
IMT (appx 3)															
Budget - OTHER IMT	-1,050	-1,541	-1,166	-652	-447	-507	-543	-583	-708	-819	-8,016	-570	-343	-8,929	
Actual / Forecast exp M11 - M12	-1,794	-804	-524	-1,078	-3,388	683	-1,036	400	-753	-872	-9,166	-844	-664	-10,673	-551
Variance - OTHER IMT	-744	737	642	-426	-2,941	1,190	-493	983	-45	-53	-1,150	-274	-321	-1,744	
Major Projects (appx 4)															
Budget - Major Projects	-2,076	-549	-877	-802	-1,070	-2,389	-3,422	-3,543	-3,347	-2,304	-20,377	-1,468	-1,916	-23,762	
Actual / Forecast exp M11 - M12	-13	-542	-1,110	-357	-715	-1,171	-574	-1,455	-2,277	-865	-9,079	-2,740	-2,698	-14,517	-7,414
Variance - Other Major Projects	2,063	7	-233	445	355	1,218	2,848	2,088	1,070	1,439	11,299	-1,272	-782	9,245	
Other (appx 5)															
Budget	-390	-216	-157	-108	-131	-123	-106	-108	-60	-61	-1,460	-74	-42	-1,575	
Actual / Forecast exp M11 - M12	-28	-43	-116	-25	-386	-30	-60	43	-76	-77	-798	-211	-265	-1,273	-263
Variance	362	173	41	83	-255	93	46	151	-16	-16	662	-137	-223	302	
Budget - total	-4,248	-3,569	-2,749	-2,950	-3,979	-5,098	-5,665	-5,595	-6,263	-5,740	-45,856	-6,799	-4,359	-57,014	
Actual exp - total	-2,557	-2,784	-2,570	-2,831	-5,537	-1,349	-4,913	-1,756	-3,445	-2,838	-30,580	-4,843	-6,645	-42,071	-21,884
Expenditure variance - total	1,691	785	180	119	-1,558	3,749	752	3,839	2,818	2,902	15,276	1,956	-2,286	14,943	
Expenditure underspend as % of YTD budget =											33%				
YEAR TO DATE POSITION															
IMT is overspent at M10 by £1.1m (unchanged since M08).															
Medical eqpt is underspent by £1.2m- the budget for the anaesthetic machines leased earlier than planned is now included in the YTD budget.															
Major projects is under spent by £11.3m due mainly to slippage on neuro-rehab, bed capacity schemes ad the hybrid theatre.															
FORECAST OUTTURN															
The forecast outturn is an underspend of approx £14.9m for the year - mainly due to slippage on the energy performance contract (IR), medical eqpt (leased items) and major projects.															
Based on the updated M10 forecast position the Trust would generate an under spend in overall capital expenditure but a capital cash deficit in financing terms because the proportion of expenditure financed by loans and leases has reduced but that financed by internal capital is forecast to increase - see Financing Table.															



Capital Commentary:

- Actual capital expenditure in month 10 was £2.8m. YTD expenditure is £30.6m against the budget of £45.9m – an under spend of £15.3m YTD (M09: £12.4m).
- **Infrastructure renewal**

Infrastructure renewal is under spent year to date by £3.3m – relating to the energy performance contract (EPC). As reported in previous months the detailed design of the EPC will be completed this financial year however the major capital investment in new energy plant will not commence until 2015/16. Therefore the underspend relates to timing differences only.

The forecast outturn for infrastructure renewal remains broadly unchanged at £3.6m under-spent.

- **Medical equipment**

Medical equipment is under spent year to date by approx. £1.2m. The forecast outturn for medical equipment is an outturn underspend of £3.5m for the year due to slippage on the cardiac cath lab equipment and the delay in the installation of the AMW replacement MRI scanner and both LW CT scanners. The forecast includes £1.2m of leased equipment for the Nelson community services facility for which the Trust was successful in winning the 5 year contract.

- **IMT**

IMT is over spent by £1.1m (M09 £1.1m over spend)

The Head of Computing is managing IMT capital spend from month 8 onwards to a control total agreed with the Director of Finance, Performance and Informatics and the Director of Estates. The control total includes a reduction in the level of the over spend forecast at M07 of £1m. It is then increased for three projects relating to the SWL Pathology consortium for which cash contributions are receivable from the partner Trusts.

The Head of Computing has now implemented the measures to ensure IMT capital spends is contained within the control total of £10.656m.

Major Projects

Expenditure on Major Projects is £9.1m year to date against the budget of £20.4m - an under spend of £11.3m.

The main components of this under spend are the bed capacity projects, the hybrid theatre and the surgical assessment unit. These schemes are all behind schedule. Although expenditure is forecast to accelerate markedly in the last months of the year, several of these high value projects will have significant outturn under spends.

The forecast outturn for major projects is an underspend of £9.2m.

Overall forecast

The updated M10 forecast indicates the Trust will generate an ***under spend in terms of overall capital expenditure of £14.9m***. The proportion of expenditure financed by loans and leases has reduced that financed by internal capital is forecast to increase – please see Capital Financing table below. However this is lower than M08 (£2.25m) due mainly to the actions taken by IMT and slippage on other projects.

The Trust has asked the Dept of Health to re-confirm that the additional PDC capital of approx £1.5m will be received this year.

It should be noted however that in the event the PDC allocation is not received and/or the forecast capital outturn above deteriorates further reductions in internally-financed capital spend will be necessary.

Capital financing - plan vs M10 forecast									
BUDGET JUNE 2014					Forecast outturn per M10				
	Budget cap ex £000	Loans cap ex £000	Lease cap ex £000	Int cap cap ex £000	Project cap ex £000	Loans cap ex £000	Lease cap ex £000	Int cap cap ex £000	Forecast cash deficit £000
Infrastructure renewal	8,847	4,301		4,546	5,203	854		4,349	197
Medical equipment	13,901		10,847	3,054	10,405		6,501	3,904	-850
IMT	9,034			9,034	10,673			10,673	-1,639
Major Projects	23,465	14,747		8,718	14,517	9,119		5,398	3,320
Other	1,767			1,767	1,273			1,273	494
Total	57,014	19,048	10,847	27,119	42,071	9,973	6,501	25,597	1,522
Capex budgeted to be funded by internal capital				27,119					
Capex projection - internal capital				-25,597					
Forecast capital cash deficit				1,522					
The M10 forecast outturn for capital indicates the Trust would generate a capital cash financing deficit for the year.									
Please note this excludes the LEEF loan for the energy performance contract which was drawn down early to provide in-year temporary support to the working capital position.									

SECTION 13: CONTINUITY OF SERVICE RISK RATING (CoSRR)

Metric Scores	Criteria
Liquid ratio	= A / B * C
Capital servicing capacity	= D / E
Metric Rating (See Thresholds)	Weighting
Liquid ratio	50%
Capital servicing capacity	50%
Weighted Average	
Overriding Score	

Working Capital Balance	A	= F-G+H
Annualised Operating Expenses	B	
Days in Year	C	= 360
Revenue available for capital service	D	=J+K+L+M+N-O-P
Annual debt service	E	=Q+R+S
Net Current Assets	F	
Inventories	G	
Wholly committed lines of credit	H	
Surplus/(Deficit)	J	
Depreciation	K	
Interest Payable	L	
Dividend Payable	M	
Restructuring costs & exceptionals	N	
Gains/Losses on Asset Disposals	O	
Donations to PPE/Intangibles	P	
Repayment of loans and leases	Q	
Interest Payable	R	
Dividend Payable	S	

Rating Score Thresholds	
Metric	Weight
Liquid ratio	50%
Capital servicing capacity	50%

Actual	Actual	Actual	Actual	Actual	Actual	F'cast
M03	M06	M07	M08	M09	M10	Out-turn
-5.6	-0.6	-0.3	0.3	-2.2	-2.2	3.0
1.4	1.9	2.1	2.1	1.9	1.5	1.6
Rating	Rating	Rating	Rating	Rating	Rating	Rating
3	3	3	4	3	3	4
2	3	3	3	3	2	2
2.5	3.0	3.0	3.5	3.0	2.5	3.0
3	3	3	4	3	3	3

- 10.8	- 1.0	- 0.5	0.5	- 3.9	- 4.4	5.9
684.5	602.6	617.2	630.5	639.3	713.0	711.7
360.0	360.0	360.0	360.0	360.0	360.0	360.0
4.6	13.9	17.9	21.0	20.6	18.0	24.5
3.4	7.2	8.4	9.8	11.0	11.9	15.4
- 1.7	7.5	7.9	8.7	4.5	3.1	12.6
9.1	8.5	8.4	8.2	8.4	7.5	6.8
-	-	-	-	-	-	-
- 3.0	- 1.6	- 0.3	0.2	- 2.8	- 9.1	8.5
4.9	10.1	11.8	13.5	15.3	18.0	21.6
0.8	1.6	1.9	2.1	2.4	2.7	3.8
1.9	3.8	4.5	5.2	5.8	6.4	8.0
-	-	-	-	-	-	-
0.0	0.0	0.0	0.0	0.0	0.0	0.0
-	0.0	0.0	0.1	0.1	0.1	0.5
0.7	1.8	2.0	2.5	2.8	2.8	3.5
0.8	1.6	1.9	2.1	2.4	2.7	3.8
1.9	3.8	4.5	5.2	5.8	6.4	8.0

CoSRR Assessment

Financial risk is now assessed by Monitor in terms of the risks to continuity of service, which is evaluated in accordance with the calculations set out in this table using two metrics of equal weight:-

(1) Liquidity [Working capital balance x 360 / Annual operating expenses]

(2) Capital servicing capacity [Revenue available for capital service / Annual debt service]

Each metric is assessed against a set of rating score thresholds to assign one of four rating categories ranging from 1, which represents the most serious risk, to 4, representing the least risk. They are then weighted and combined into a composite Continuity of Services Risk Rating score (nb scores will be rounded up, so metric scores of 3 & 4 will result in a 4).

The role of ratings is to indicate when there is a cause for concern at a provider. Only when there is a score of 2 is this likely to represent a material level of financial risk and prompt consideration of more detailed investigations by Monitor.

Planned Performance

The Trust is assessed as having a Risk rating of 3 based on its plans for 2014/15.

Actual YTD and Forecast Out-turn

The Trust's overall YTD CoSRR performance is assessed as a 3 as per plan. However, the capital servicing capacity score has fallen to a 2 due to the impact of the deficit.

The forecast outturn CoSRR score for the year has reduced to a 3. The capital servicing capacity score has fallen to a 2, but is offset by the high outturn liquidity score of 4 due to impact of the £15m working capital loan.

APPENDIX 1- AGED DEBT REPORT

Summary of Outstanding Invoices at 31 January 2015

NHS Invoices outstanding																																																																																																																							
NHS DEBT Category of debt (Invoiced only)	% of unpaid invoices	Total Outstanding Debt			Prior year position		Bad Debt Provision available	Up to 30 Days		1 - 3 months old		3 - 6 months old		6 - 12 months old		Over 12 months old																																																																																																							
		at 31/01/15 £000s	at 31/12/14 £000s	% change since last report	at 31/01/14 £000s	% change since year end		at 31/01/15 £000s	at 31/12/14 £000s	at 31/01/15 £000s	at 31/12/14 £000s	at 31/01/15 £000s	at 31/12/14 £000s	at 31/01/15 £000s	at 31/12/14 £000s	at 31/01/15 £000s	at 31/12/14 £000s																																																																																																						
(1) NHS England - Legacy PCT balances	0%	5	5	0%	264		0	0	0	0	0	0	0	(2)	(2)	7	7																																																																																																						
(2) Clinical Commissioning Groups	0%	4,355	3,334	31%	1,729	152%	713	799	2,158	1,569	2,169	2,021	(1,145)	(1,538)	460	483																																																																																																							
(3) NHS Wandsworth CCG	0%	2,414	2,744	(12%)	8,118		1,227	733	406	750	77	727	704	75	0	459																																																																																																							
(4) NHS Sutton CCG	0%	(365)	(445)	(18%)	(17)		78	8	8	0	26	26	(479)	(479)	2	0																																																																																																							
(5) NHS Merton CCG	0%	533	541	(1%)	2,665		476	176	0	130	(18)	160	75	75	0	0																																																																																																							
(6) NHS Croydon CCG	0%	893	762	17%	756		337	334	334	206	11	11	210	210	1	1																																																																																																							
(7) NHS Kingston CCG	0%	80	23	248%	20		76	19	0	0	0	0	0	0	4	4																																																																																																							
(8) NHS Lambeth CCG	5%	45	(47)	(196%)	0		45	(47)	0	0	0	0	0	0	0	0																																																																																																							
(9) NHS England	15%	8,879	15,074	(41%)	20,598	(57%)	(302)	3,478	6,975	9,882	2,192	1,700	11	11	3	3																																																																																																							
(10) Non English NHS NCA Debt	0%	607	675	(10%)	493	23%	65	45	51	147	42	45	35	24	414	414																																																																																																							
(11) English CCG NCA Debt	5%	2,996	3,095	(3%)	1,350		445	368	852	901	559	539	816	994	324	293																																																																																																							
Clinical Commissioning Groups subtotal	61%	20,442	25,761	(21%)	35,976	(43%)	0	3,160	5,913	10,784	13,585	5,058	5,229	225	(630)	1,215	1,664																																																																																																						
(12) Other NHS Organisations	1%	1,086	967	12%	1,054	3%	142	106	168	79	108	114	200	200	468	468																																																																																																							
(12.1) Health Education England	0%	199	7	2743%	220	(10%)	196	6	2	0	0	1	1	0	0	0																																																																																																							
(13) NHS Trusts	7%	7,335	8,411	(13%)	4,464	64%	893	1,885	2,460	3,040	1,063	1,070	1,971	1,569	948	847																																																																																																							
Total NHS Invoices outstanding	69%	29,062	35,146	(17%)	41,714	(30%)	0	4,391	7,910	13,414	16,704	6,229	6,414	2,397	1,139	2,631	2,979																																																																																																						
Uninvoiced NHS debt							<table border="1"> <tr> <td>Provision for impairment of NHS invoiced debt</td> <td>(0)</td> <td>(0)</td> <td></td> <td></td> <td></td> <td>Actual 30/11/13</td> <td>15%</td> <td>23%</td> <td>46%</td> <td>48%</td> <td>21%</td> <td>18%</td> <td>8%</td> <td>3%</td> <td>9%</td> <td>8%</td> </tr> <tr> <td>NHS Debt - accruals</td> <td>(5,382)</td> <td>12,799</td> <td></td> <td></td> <td></td> <td>Target - 31/03/14</td> <td>60%</td> <td>34%</td> <td>5%</td> <td>1%</td> <td>0%</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CSW integration adjustment</td> <td>5,287</td> <td>5,287</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NHS Debt - Challenges</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2013/14 Partially Completed Spells</td> <td>3,713</td> <td>3,713</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total NHS Debt</td> <td>32,680</td> <td>56,945</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Provision for impairment of NHS invoiced debt	(0)	(0)				Actual 30/11/13	15%	23%	46%	48%	21%	18%	8%	3%	9%	8%	NHS Debt - accruals	(5,382)	12,799				Target - 31/03/14	60%	34%	5%	1%	0%						CSW integration adjustment	5,287	5,287															NHS Debt - Challenges	0	0															2013/14 Partially Completed Spells	3,713	3,713															Total NHS Debt	32,680	56,945														
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(14) General Debtors (Clinical/Technical Services to Non NHS orgs; etc)	5%	2,823	2,890	(2%)	3,694	(24%)	(446)	421	803	1,225	989	188	111	281	289	708	698																																																																																																						
(15) Private Patients	3%	1,333	1,204	11%	1,486	(10%)	(184)	240	213	301	203	28	28	142	146	622	614																																																																																																						
(15.1) Bupa Insurance Services Ltd t/a Bupa	3%	134	200	(33%)	0	#DIV/0!	0	42	61	8	66	63	70	21	3	0	0																																																																																																						
(15.2) AXA PPP Healthcare Ltd	3%	160	148	8%	0	#DIV/0!	0	48	87	65	30	26	20	21	11	0	0																																																																																																						
(16) Overseas Visitors NHS Chargeable	5%	2,517	2,526	(0%)	2,817	(11%)	(1,660)	114	80	168	220	162	100	285	325	1,788	1,801																																																																																																						
(17) Salary Overpayments	1%	498	527	(6%)	552	(10%)	(191)	4	19	59	59	44	52	55	44	336	353																																																																																																						
(18) Medical School	1%	1,445	1,300	11%	838	72%	(51)	286	300	938	773	164	178	29	21	28	28																																																																																																						
(19) Charitable Funds	0%	421	173	143%	355	19%	(45)	248	31	57	31	75	71	14	15	27	25																																																																																																						
(20) Compensation Recovery Unit	16%	11,774	11,482	3%	9,565	23%	(2,553)	447	355	1,127	1,095	757	845	2,028	1,677	7,415	7,510																																																																																																						
(21) UK Border Agency	0%	178	169	5%	162	10%	0	39	6	18	27	25	31	21	0	75	105																																																																																																						
(22) Local Authority	0%	3,222	2,717	19%	0	#DIV/0!	0	398	424	1,658	1,599	900	450	211	189	55	55																																																																																																						
Total Non-NHS Invoices outstanding	31%	24,505	23,336	5%	19,469	12%	(5,130)	2,288	2,379	5,625	5,092	2,432	1,956	3,108	2,720	11,054	11,189																																																																																																						
Uninvoiced non-NHS Debt:							<table border="1"> <tr> <td>Provision for impairment of Non-NHS invoiced debt</td> <td>(3,991)</td> <td>(5,130)</td> <td></td> <td></td> <td></td> <td>Actual - 30/11/13 (exc RTA)</td> <td>11%</td> <td>10%</td> <td>22%</td> <td>22%</td> <td>6%</td> <td>8%</td> <td>7%</td> <td>12%</td> <td>28%</td> <td>48%</td> </tr> <tr> <td>Non-NHS Debt - accruals</td> <td>7,740</td> <td>7,713</td> <td></td> <td></td> <td></td> <td>Target - 31/03/14 (exc RTA)</td> <td>44%</td> <td>22%</td> <td>2%</td> <td>7%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CSW integration adjustment</td> <td>896</td> <td>896</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAT and Prepayments</td> <td>4,026</td> <td>3,447</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Non NHS Debt</td> <td>33,176</td> <td>30,261</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Provision for impairment of Non-NHS invoiced debt	(3,991)	(5,130)				Actual - 30/11/13 (exc RTA)	11%	10%	22%	22%	6%	8%	7%	12%	28%	48%	Non-NHS Debt - accruals	7,740	7,713				Target - 31/03/14 (exc RTA)	44%	22%	2%	7%							CSW integration adjustment	896	896															VAT and Prepayments	4,026	3,447															Total Non NHS Debt	33,176	30,261																															
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Grand Total Debt		65,856	87,206																																																																																																																				

1. Uninvoiced debt is debt which had not been invoiced the debtor at the month-end. Uninvoiced debt excludes 'Provision for impairment of debts.'
2. Gross debt is total debt with the provision for impairment of debt added back.
3. Non-NHS targets exclude RTA debt which is raised and collected by the Compensation Recovery Unit (CRU) on the Trust's behalf.

REPORT TO THE TRUST BOARD *February 2015*

Paper Title:	Workforce report
Sponsoring Director:	Wendy Brewer, Director of Workforce and Organisational Development
Author:	Wendy Brewer, Director of Workforce and Organisational Development Rebecca Hurrell, Head of Workforce Information
Purpose:	<i>To provide a report to the board on performance against key performance indicators</i>
Action required by the board:	For information
Document previously considered by:	Workforce and education committee
<p>Executive summary <i>Key points in the report and recommendation to the board</i></p> <p>1. Key messages</p> <p>The report contains detail of workforce performance against key workforce performance indicators for December 2014. The report also includes available benchmark information. The majority of indicators have remained relatively stable. A further commentary on performance is provided overleaf.</p>	
<p>Key risks identified: <i>Key workforce risks include:</i></p> <ul style="list-style-type: none"> • Failure to recruit and retain sufficient staff in relation to annual turnover rates and to safely support future increases in capacity' • Failure to reduce the unacceptable levels of bullying and harassment reported by staff in the annual staff survey. • Possible reductions in the overall number of junior doctors available with a possible impact on particular speciality areas. • Failure to maintain required levels of attendance at core mandatory and statutory training (MAST) 	
<p>Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i></p>	<p>To develop a highly skilled and engaged workforce championing our values that is able to deliver the trust's vision.</p>
<p>Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i></p>	<p>Are services well led?</p>

Commentary on performance in key workforce indicators

Introduction

Like December, January has been a pressurised period for the trust with increased emergency activity and many members of staff being affected by flu. In this context, some comfort can be taken from the relatively small movements in the majority of the workforce indicators and, in particular, in the apparent continued slowing down of the voluntary and overall turnover rates.

Work on clarifying the financial baselines and establishments continues and, while the overall establishment figures will be broadly accurate, the detail down to ward level is subject to further review.

Vacancy rate

In January the trust appointed 150 new members of staff (leading to an overall increase of 28 WTE in post) but as planned establishment for the Nelson Centre and for additional staffing in the emergency department and theatres has been built into the workforce plan, the vacancy rate has risen by 0.6%.

Turnover and stability

The pattern of increased turnover and reduced stability over the past year reflects greater demand for workforce in the market with staff being more confident of obtaining work elsewhere. It also reflects a gradual increase in the number of staff taking retirement. This latter point is particularly relevant in divisions where there is an older staffing population, in particular community services. In January, there has been a continued steadying in both the voluntary and overall turnover.

The benchmarking information is included at page 10 of the report compares the trust to London teaching hospitals and is based on the most recent data available (November). The trust continues to be an outlier on overall turnover and is participating in a HESL funded study being led by St George's University of London Joint Faculty to understand the causes of turnover and to learn from good practice elsewhere in South London.

Staff career development

Exit survey data tells us that the trust is losing good members of staff because they find promotion opportunities elsewhere and, therefore, one of the responses to the increasing turnover rates has been to ensure that we are focusing on retaining, developing and promoting our own staff. The data on page 8 shows that of members of staff that have been in post for more than a year 5.7% of them have been promoted into their current post, an increase on last month. With the increased focus, there is an increasing trend of internal promotions as a percentage of overall appointments, with figures of 16.5% in November, 32% in December and 35% in January.

Sickness absence

The rate of sickness absence has steadied in January but remains at a high level because of the many members of staff who have been affected by flu. 43% of absence is due to cough, colds and flu. While 48% of members of staff have been vaccinated against flu this year, the vaccine has around 50% effectiveness. Because of the work that has been undertaken to reduce the amount of long term sickness absence within the trust, the impact of seasonal variation is more easily identified.

In November the trust remained below both the London and national averages for sickness absence.

Agency and bank staff usage

Agency costs have increased in January compared to December, reflecting the longer working month and the relative freeing up of availability. The reduction in bank staff usage may reflect a reduction in usage of clerical bank staff in line with costs savings plans.

Mandatory training and appraisal rates

As the indicators are reported on an annual rolling basis and December has often been a time for focusing on appraisal and mandatory training, a relatively high proportion of mandatory training and appraisal updates become due in December and January. The relative maintenance of these figures given the pressures that have actually been experienced in is to be welcomed. Work continues on ensuring that processes are as simple as possible and that only training which is agreed as being essential is included.



Workforce Performance Report



January 2015

**Workforce Performance Report
February 2014 - January 2015**

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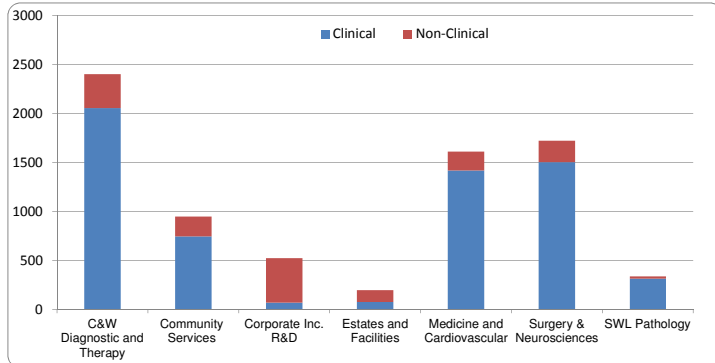
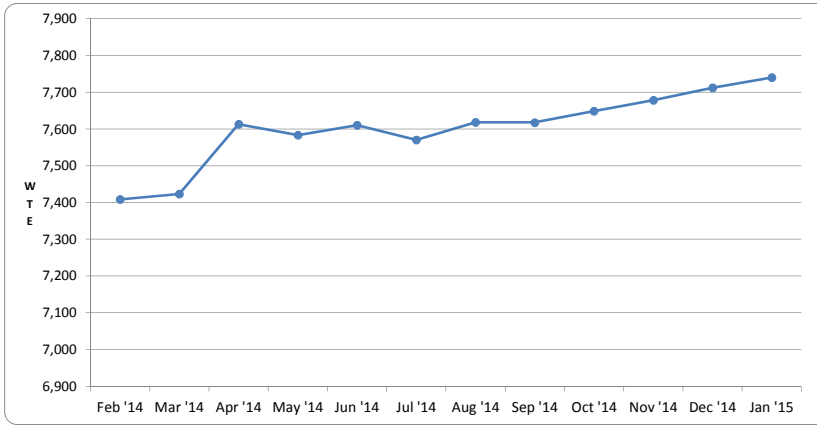
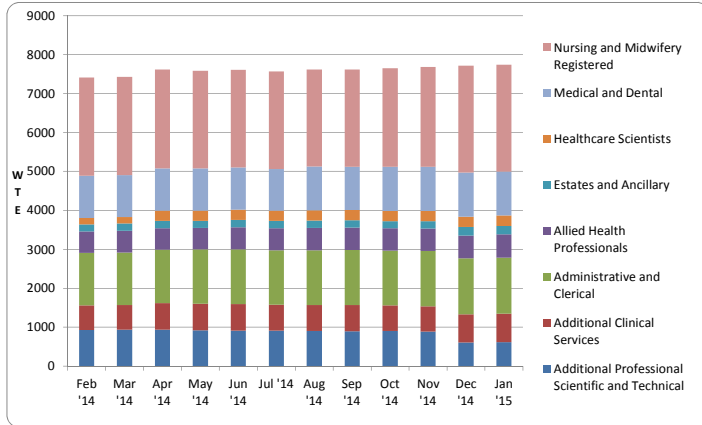
PERFORMANCE SUMMARY

Summary of overall performance is set out below:

Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	R-A-G
5	Vacancy	Vacancy rate has increased by 0.6%	10.7%	13.1%	13.7%	⬇️
6	Turnover	Turnover has increased by 0.1%	14.1%	17.2%	17.3%	⬇️
6	Voluntary Turnover	Voluntary turnover has increased by 0.1%	11.6%	13.8%	13.9%	⬇️
7	Stability	Stability has decreased this month by 0.4%	86.1%	84.2%	83.8%	⬇️
8	Sickness	Sickness has remained at the same level as the previous month	3.9%	4.1%	4.1%	↔️
10-12	Temporary Staffing Usage (FTE)	Temporary staff usage has increased by 1%	11.8%	15.8%	17.0%	⬇️
13	Mandatory Training	MAST compliance has increased by 0.3%	68.6%	74.1%	74.4%	⬆️
14	Staff Appraisal	The percentage of staff who have had an appraisal in the past 12 months has decreased by 1.7%	75.3%	82.1%	80.4%	⬇️

CURRENT STAFFING PROFILE

The data below shows the current staffing profile of the Trust

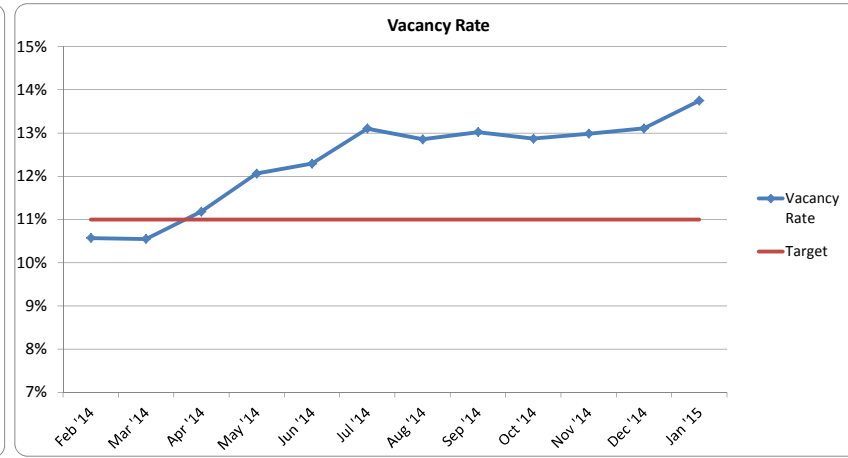
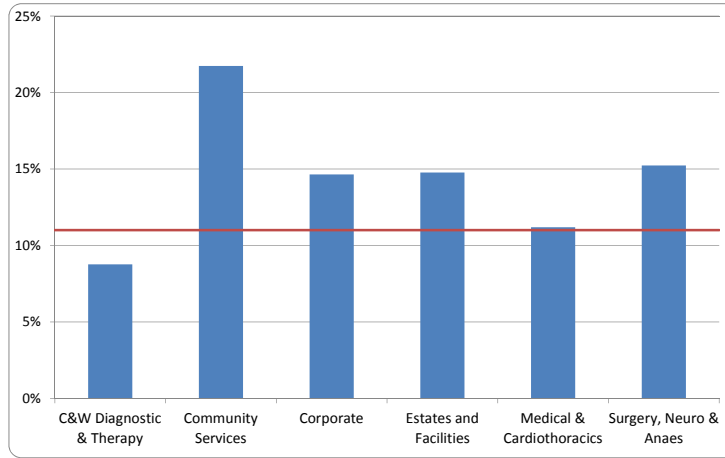


COMMENTARY

The Trust currently employs 8291 people working a whole time equivalent of 7740. This has increased by 28 WTE since December. The actual growth rate in the directly employed workforce over the last year is 5% mostly as a result of staff transferring to the Trust forming the SW London Pathology service but there has been a steady increase in other staff over the last 4 months.

Nursing & Midwifery is still the largest staff group at St. Georges and Children & Women's Diagnostic & Therapy Services is the largest Division employing just over 31% of the workforce.

SECTION 1: VACANCIES



Vacancies by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	8.9%	8.6%	8.8%	8.8%	↔
Community Services	17.9%	18.4%	20.4%	21.7%	↗
Corporate	14.8%	14.3%	13.3%	14.6%	↗
Estates and Facilities	12.5%	13.5%	12.6%	14.8%	↗
Medical & Cardiothoracics	11.1%	12.0%	11.6%	11.2%	↘
Surgery, Neuro & Anaes	13.4%	13.5%	13.2%	15.2%	↗
SWL Pathology	25.5%	24.6%	24.4%	23.5%	↘
Whole Trust	12.9%	13.0%	13.1%	13.7%	↗

Vacancies Staff Group	Oct '14	Nov '14	Dec '14	Jan '15	Trend
Add Prof Scientific and Technic	15.4%	15.5%	16.5%	16.7%	↗
Additional Clinical Services	14.8%	16.3%	14.4%	16.1%	↗
Administrative and Clerical	19.4%	19.2%	18.7%	20.1%	↗
Allied Health Professionals	7.9%	7.1%	5.9%	4.1%	↘
Estates and Ancillary	16.0%	17.4%	18.1%	18.1%	↔
Healthcare Scientists	16.3%	16.0%	15.0%	14.9%	↘
Medical and Dental	0.3%	-0.2%	0.5%	0.8%	↗
Nursing and Midwifery Registered	12.9%	13.2%	14.2%	14.9%	↗
Total	12.9%	13.0%	13.1%	13.7%	↗

COMMENTARY

The substantive vacancy rate has increased by 0.6% in January to 13.7%.

Theatres and the ED had increases to their establishment this month but staff are not yet in post.

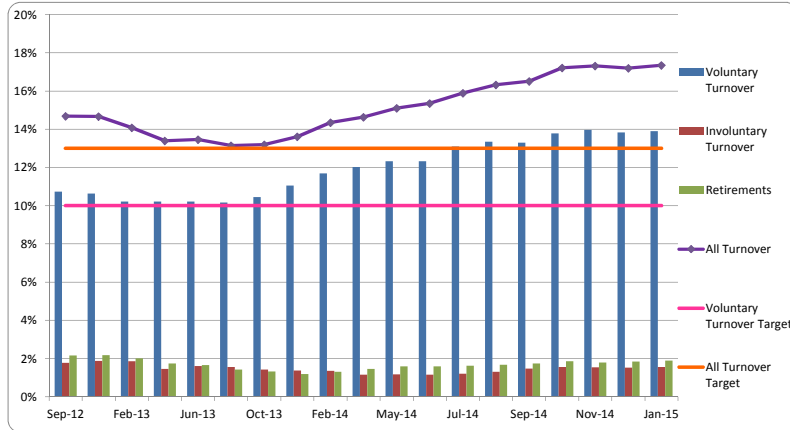
Work is on-going to adjust establishments after the SWL Pathology staff transfer and some posts are deliberately vacant in that Division which is reflected in their vacancy factor.

Additional posts relating to new services which will be run at the Nelson Hospital in April have also been added to the establishment. Recruitment has commenced but staff are not yet in post. This is reflected in the increased vacancy rate in the Community Services Division.

The Divisional HR Managers are working with their divisional management colleagues to develop recruitment plans.

SECTION 2: TURNOVER

The chart below shows turnover trends, the tables by Division and Staff Group are below:



COMMENTARY

The total trust turnover rate has been increasing over the last year by 3.2% in total to 17.3% which is significantly above the current target of 13%. In the previous 12 months there were around 1216 WTE leavers. This increase is mainly attributable to an increase in voluntary leavers although there has also been an increase in retirements too.

The Community Division has seen the largest percentage increase in voluntary turnover since January 2014 (a 4.5% increase). The Additional Clinical Service staff group has seen the largest increase at almost 5%.

Each Division is developing a plan and target trajectory in response to the increase in turnover rates. One action point agreed is to investigate the reasons for leaving through promoting the increased take up of online exit questionnaires and face to face interviews.

The 5 care groups currently with the highest voluntary turnover rates are shown in the bottom table. This includes care-groups with more than 20 staff only. Divisional HR Managers are working with divisions to tackle any issues within these areas.

Division	All Turnover				
	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	17.7%	17.9%	17.6%	17.7%	↔
Community Services	19.9%	20.3%	20.4%	19.9%	↘
Corporate	15.8%	15.5%	16.1%	16.0%	↘
Estates and Facilities	8.7%	9.6%	8.5%	10.7%	↗
Medical & Cardiothoracics	18.3%	18.7%	18.4%	18.1%	↘
Surgery, Neurosciences & Anaes	15.1%	14.6%	14.7%	15.4%	↗
SWL Pathology	18.1%	18.1%	18.5%	18.9%	↗
Whole Trust	17.2%	17.3%	17.2%	17.3%	↗

Staff Group	All Turnover				
	Oct '14	Nov '14	Dec '14	Jan '15	Trend
Add Prof Scientific and Technic	17.3%	17.2%	20.3%	23.8%	↗
Additional Clinical Services	19.3%	19.6%	18.8%	18.5%	↘
Administrative and Clerical	15.2%	15.0%	15.0%	15.0%	↔
Allied Health Professionals	18.6%	19.1%	19.1%	18.9%	↘
Estates and Ancillary	10.2%	11.1%	9.2%	10.3%	↗
Healthcare Scientists	15.4%	15.4%	15.2%	15.2%	↔
Medical and Dental	13.9%	12.5%	13.2%	14.2%	↗
Nursing and Midwifery Registered	18.7%	19.1%	18.2%	17.7%	↘
Whole Trust	17.2%	17.3%	17.2%	17.3%	↗

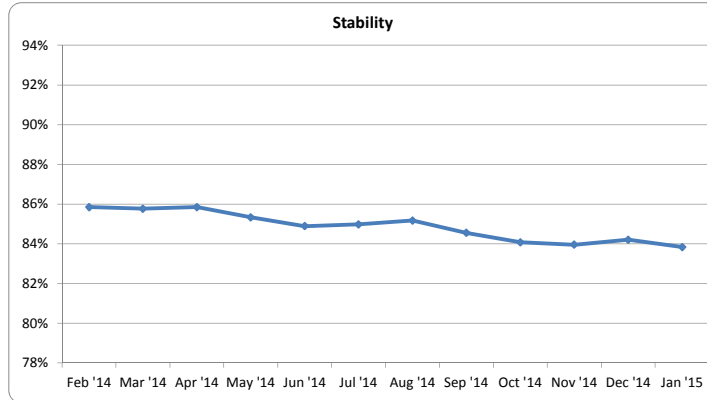
Division	Voluntary Turnover					Other Turnover Jan 2015	
	Oct '14	Nov '14	Dec '14	Jan '15	Trend	In-Voluntary	Retirement
C&W Diagnostic & Therapy	13.2%	13.5%	13.2%	13.3%	↔	2.6%	1.9%
Community Services	15.5%	15.7%	15.8%	15.3%	↘	1.7%	2.8%
Corporate	13.8%	13.4%	13.6%	13.3%	↘	1.2%	1.6%
Estates and Facilities	5.8%	6.2%	5.2%	5.8%	↗	1.0%	3.9%
Medical & Cardiothoracics	15.8%	16.4%	16.2%	15.9%	↘	0.8%	1.3%
Surgery, Neurosciences & Anaes	12.3%	12.2%	12.3%	12.9%	↗	1.1%	1.4%
SWL Pathology	15.1%	15.1%	15.3%	15.4%	↗	0.5%	3.0%
Whole Trust	13.8%	14.0%	13.8%	13.9%	↗	1.6%	1.9%

Staff Group	Voluntary Turnover					Other Turnover Jan 2015	
	Oct '14	Nov '14	Dec '14	Jan '15	Trend	In-Voluntary	Retirement
Add Prof Scientific and Technic	11.9%	11.8%	14.1%	16.5%	↗	6.0%	1.2%
Additional Clinical Services	16.5%	16.9%	15.8%	15.6%	↘	1.5%	1.4%
Administrative and Clerical	12.0%	11.9%	11.7%	11.5%	↘	1.0%	2.4%
Allied Health Professionals	17.3%	17.8%	17.8%	17.8%	↔	0.2%	1.0%
Estates and Ancillary	7.5%	7.9%	6.2%	6.2%	↔	0.9%	3.2%
Healthcare Scientists	11.7%	11.7%	11.6%	11.2%	↘	1.5%	2.5%
Medical and Dental	7.7%	7.2%	7.6%	8.4%	↗	4.4%	1.4%
Nursing and Midwifery Registered	15.8%	16.3%	15.4%	15.1%	↘	0.7%	2.0%
Whole Trust	13.8%	14.0%	13.8%	13.9%	↗	1.6%	1.9%

Caregroup	Staff in Post WTE	Leavers WTE	Voluntary Turnover Rate
Prison Service	58.5	18.7	29.8%
Cardiac Surgery	72.1	22.0	29.2%
Dentistry	35.2	8.8	27.2%
Dermatology & Lymphoedema	23.4	5.8	26.3%
Inpatient Care Older People	58.2	12.8	26.0%

SECTION 3: STABILITY

The chart below shows performance over the last 12 months, the tables by Division and Staff Group are below:



COMMENTARY

The stability rate provides an indication of the retention rate amongst more experienced employees. It is calculated by dividing the number of staff with one years service by the number of staff in post a year earlier.

A higher stability rate means that more employees in percentage terms have service of greater than a year which gives rise to benefits in consistency of service provision and more experienced staffing in general which hopefully impacts upon quality.

The stability rate has decreased by 0.4% this month.

A reduction in the stability rate is of concern because of the implication that staff with longer service are leaving.

Over the last 12 months the stability rate has declined by 2.28% and is now at 83.8%.

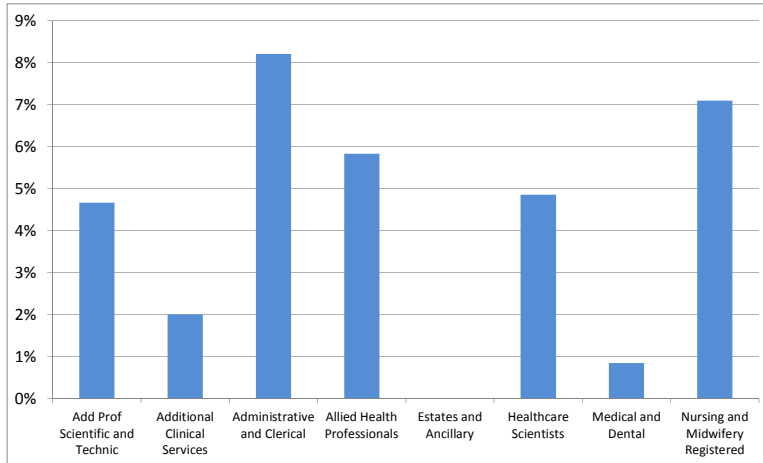
Estates & Facilities staff have a high stability rate over 90% showing that although there are high vacancies and temporary staffing in this area, the substantive staff who are currently in post tend to be long serving.

Stability by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	83.9%	83.5%	83.8%	83.6%	↘
Community Services	81.3%	80.7%	81.5%	81.7%	↗
Corporate	90.3%	91.1%	91.4%	88.5%	↘
Estates and Facilities	91.5%	91.9%	92.9%	90.8%	↘
Medical & Cardiothoracics	83.0%	83.0%	83.4%	83.4%	↔
Surgery, Neurosciences & Anaes	85.3%	85.1%	84.6%	84.2%	↘
SWL Pathology	80.8%	81.8%	82.5%	81.6%	↘
Whole Trust	84.1%	84.0%	84.2%	83.8%	↘

Stability Staff Group	Oct '14	Nov '14	Dec '14	Jan '15	Trend
Add Prof Scientific and Technic	83.0%	80.8%	76.8%	76.4%	↘
Additional Clinical Services	82.7%	81.9%	83.4%	82.8%	↘
Administrative and Clerical	87.1%	87.8%	87.6%	87.3%	↘
Allied Health Professionals	80.9%	80.4%	80.9%	80.2%	↘
Estates and Ancillary	89.1%	90.1%	89.5%	88.1%	↘
Healthcare Scientists	91.8%	92.1%	95.3%	96.0%	↗
Medical and Dental	89.2%	91.2%	90.9%	89.7%	↘
Nursing and Midwifery Registered	81.8%	81.7%	82.5%	82.3%	↘
Total	84.1%	84.0%	84.2%	83.8%	↘

SECTION 4: STAFF CAREER DEVELOPMENT

The chart below shows the percentage of current staff promoted in each staff group over the last 12 months



COMMENTARY

In January, 82 staff were promoted, there were 150 new starters to the Trust and 242 employees were acting up to a higher grade.

Over the last year 5.7% of current Trust staff have been promoted to a higher grade. The highest promotion rate can be seen in the Corporate and Children & Women's Divisions.

The graph shows that Admin & Nursing staff are most likely to be promoted, followed by the Allied Health Professionals staff group. The majority of promotions in Nursing & Midwifery are moves from a band 5 to a band 6 post (107 employees over the year).

The promotion rate is currently the lowest in the Estates and Facilities Division, but this area does also have the lowest turnover and highest stability rate in the Trust.

Division	No. of Promotions				Trend
	Oct '14	Nov '14	Dec '14	Jan '15	
C&W Diagnostic & Therapy		11	10	26	↗
Community Services		7	11	18	↗
Corporate		5	10	10	↔
Estates and Facilities		0	0	0	↔
Medical & Cardiothoracics		3	13	15	↗
Surgery, Neurosciences & Anaes		2	3	10	↗
SWL Pathology		1	4	3	↘
Whole Trust Promotions		29	51	82	↗
New Starters (Excludes Junior Doctors)		116	110	150	↗

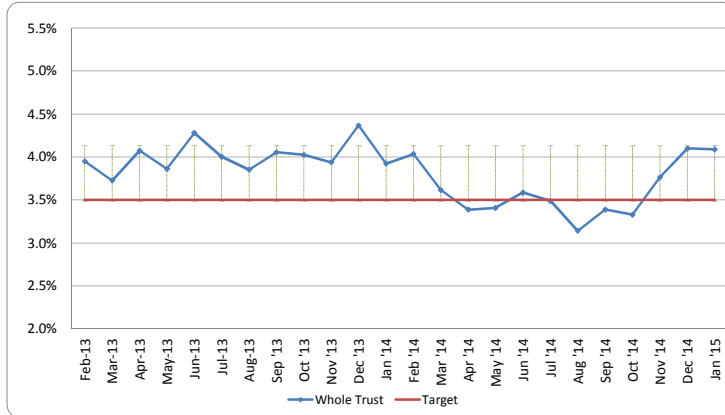
Division	Staff in Post + 1yrs Service	No. of Staff Promoted	% of Staff Promoted	Currently Acting Up
C&W Diagnostic & Therapy	1999	132	6.6%	116
Community Services	937	46	4.9%	20
Corporate	438	43	9.8%	31
Estates and Facilities	177	3	1.7%	6
Medical & Cardiothoracics	1197	69	5.8%	34
Surgery, Neurosciences & Anaes	1371	57	4.2%	20
SWL Pathology	162	5	3.1%	15
Whole Trust	6281	355	5.7%	242
New Starters (Excludes Junior Doctors)		1567		

Staff Group	No. of Promotions				Trend
	Oct '14	Nov '14	Dec '14	Jan '15	
Add Prof Scientific and Technic		1	5	5	↔
Additional Clinical Services		1	0	2	↗
Administrative and Clerical		7	21	26	↗
Allied Health Professionals		4	4	10	↗
Estates and Ancillary		0	0	0	↔
Healthcare Scientists		5	1	3	↗
Medical and Dental		0	0	1	↗
Nursing and Midwifery Registered		11	20	35	↗
Whole Trust		29	51	82	↗

Staff Group	Staff in Post + 1yrs Service	No. of Staff Promoted	% of Staff Promoted	Currently Acting Up
Add Prof Scientific and Technic	536	25	4.7%	27
Additional Clinical Services	600	12	2.0%	9
Administrative and Clerical	1268	104	8.2%	100
Allied Health Professionals	532	31	5.8%	27
Estates and Ancillary	191	0	0.0%	2
Healthcare Scientists	165	8	4.8%	6
Medical and Dental	591	5	0.8%	1
Nursing and Midwifery Registered	2398	170	7.1%	70
Whole Trust	6281	355	5.7%	242

SECTION 5: SICKNESS

The chart below shows performance over the last 24 months, the tables by Division and Staff Group are below:



COMMENTARY

Sickness absence is at 4.1% for January, the same as last month. Seasonal colds and flu are accountable for almost half of the sickness episodes during the month.

Sickness absence is closely monitored and action initiated by HR, in support of divisions, once pre defined sickness triggers are breached. A 'well-being' strategy was agreed by the workforce committee and there has been a lengthy review of the sickness policy in partnership with trade unions.

The table below lists the five care groups with the highest sickness absence percentage during January 2014. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	3.1%	3.4%	3.8%	3.4%	↔
Community Services	4.4%	5.1%	5.5%	6.0%	↗
Corporate	2.8%	2.9%	4.0%	4.8%	↗
Estates and Facilities	4.5%	5.7%	7.3%	7.0%	↘
Medical & Cardiothoracics	2.9%	3.2%	3.6%	4.0%	↗
Surgery, Neurosciences & Anaes	3.6%	4.4%	3.9%	3.9%	↔
SWL Pathology	2.2%	1.4%	3.3%	2.0%	↘
Whole Trust	3.3%	3.8%	4.1%	4.1%	↔

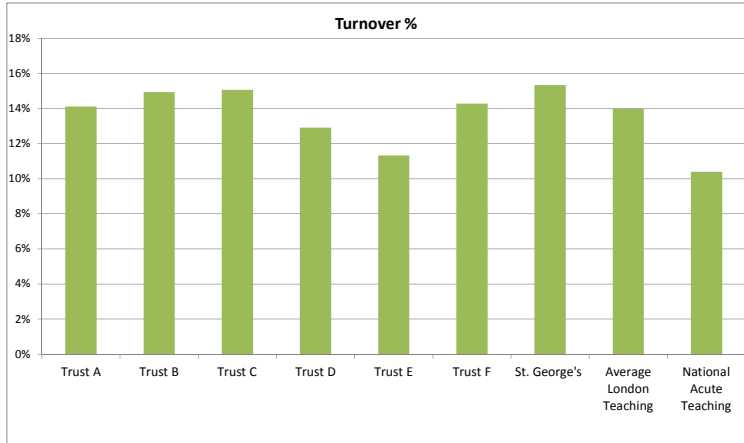
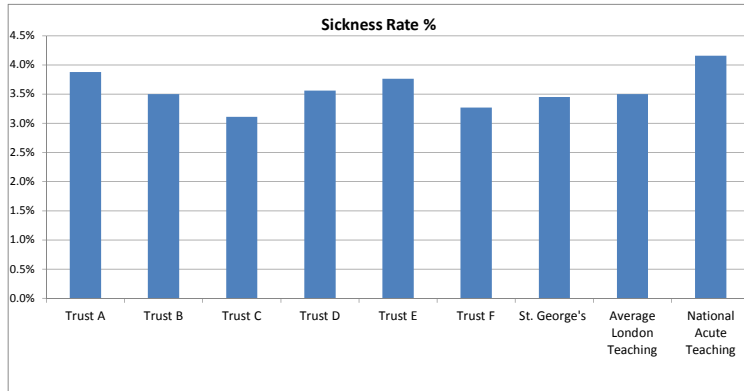
Sickness Staff Group	Oct '14	Nov '14	Dec '14	Jan '15	Trend
Add Prof Scientific and Technic	4.0%	4.7%	3.7%	2.4%	↘
Additional Clinical Services	4.9%	5.4%	5.9%	5.0%	↘
Administrative and Clerical	4.0%	4.7%	5.1%	5.2%	↗
Allied Health Professionals	2.3%	2.3%	3.0%	2.5%	↘
Estates and Ancillary	5.0%	5.6%	7.4%	8.2%	↗
Healthcare Scientists	1.2%	0.5%	1.2%	1.4%	↗
Medical and Dental	0.8%	0.5%	0.5%	0.6%	↗
Nursing and Midwifery Registered	3.8%	4.5%	5.0%	5.3%	↗
Total	3.3%	3.8%	4.1%	4.1%	↔

Caregroup	Staff in Post WTE	Sickness WTE Days Lost	Sickness %	Salary Based Sickness Cost (£)
Children & Family Service	32.14	132.40	13.5%	£8,492
Procurement	42.00	167.00	13.0%	£13,111
Security & Car Park Management	21.00	76.00	11.7%	£3,624
Older Specialist Nursing	20.25	70.00	11.2%	£6,399
Prison Service	58.49	198.04	11.1%	£15,889

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S13 Cold, Cough, Flu - Influenza	43.20%
S25 Gastrointestinal problems	12.56%
S12 Other musculoskeletal problems	7.12%
S15 Chest & respiratory problems	5.44%
S10 Anxiety/stress/depression/other psychiatric illnesses	4.47%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S13 Cold, Cough, Flu - Influenza	27.24%
S12 Other musculoskeletal problems	12.09%
S10 Anxiety/stress/depression/other psychiatric illnesses	9.54%
S25 Gastrointestinal problems	9.09%
S28 Injury, fracture	7.80%

SECTION 6: WORKFORCE BENCHMARKING**



COMMENTARY

This benchmarking information comes from iView the Information Centre data warehouse tool.

Sickness data shown is from October '14 which is the latest available. Compared to other Acute teaching trusts in London, St. Georges had a slightly lower than average rate at 3.45%. In the top graph, Trusts A-F are the anonymised figures for this group. The Trust's sickness rate was significantly lower than the national rate for acute teaching hospitals in October.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding all medical staff). This is the total turnover rate including all leavers (voluntary resignations, retirements, end of fixed term contracts etc.). St. Georges currently has the highest turnover rate in the group (12 months to end November). Stability is also currently lower than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is 5% lower than St. Georges.

**As with all benchmarking information, this should be used with caution. Trusts will use ESR differently depending on their own local processes and may not consistently apply the same processes.

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	14.12%	85.58%	3.88%
Trust B	14.93%	84.80%	3.50%
Trust C	15.07%	84.66%	3.11%
Trust D	12.91%	86.81%	3.56%
Trust E	11.32%	84.50%	3.76%
Trust F	14.28%	85.15%	3.27%
St. George's	15.33%	84.31%	3.45%
Average London Teaching	13.99%	85.12%	3.50%
National Acute Teaching	10.39%	89.37%	4.16%

SECTION 7: Nursing Workforce Profile/KPIs

Nursing Establishment WTE

Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	1071.4	1072.0	1072.0	1073.5	↗
Community Services	562.9	571.9	593.9	592.3	↘
Corporate & R&D	50.9	40.7	50.9	50.9	↔
Medical & Cardiothoracics	1092.9	1105.9	1117.4	1129.4	↗
Surgery, Neurosciences & Anaes	709.1	728.1	998.8	1035.4	↗
Total	3487.1	3518.5	3833.0	3881.5	↗

Nursing Staff in Post WTE

Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	980.5	981.3	978.6	983.2	↗
Community Services	460.9	464.0	468.8	459.3	↘
Corporate & R&D	42.3	47.3	42.7	44.7	↗
Medical & Cardiothoracics	956.1	949.7	958.9	977.3	↗
Surgery, Neurosciences & Anaes	602.6	614.8	843.2	840.3	↘
Total	3042.3	3057.1	3292.1	3304.7	↗

Nursing Vacancy Rate

Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	8.5%	8.5%	8.7%	8.4%	↘
Community Services	18.1%	18.9%	21.1%	22.5%	↗
Corporate & R&D	16.9%	-16.2%	16.2%	12.3%	↘
Medical & Cardiothoracics	12.5%	14.1%	14.2%	13.5%	↘
Surgery, Neurosciences & Anaes	15.0%	15.6%	15.6%	18.8%	↗
Total	12.8%	13.1%	14.1%	14.9%	↗

Nursing Sickness Rates

Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	4.0%	4.4%	5.3%	5.0%	↘
Community Services	5.0%	5.8%	6.3%	6.9%	↗
Corporate	1.9%	2.3%	2.5%	5.3%	↗
Medical & Cardiothoracics	3.6%	4.1%	4.5%	4.6%	↗
Surgery, Neurosciences & Anaes	4.4%	5.4%	5.2%	5.6%	↗
Total	4.1%	4.6%	5.2%	5.3%	↗

Nursing Voluntary Turnover

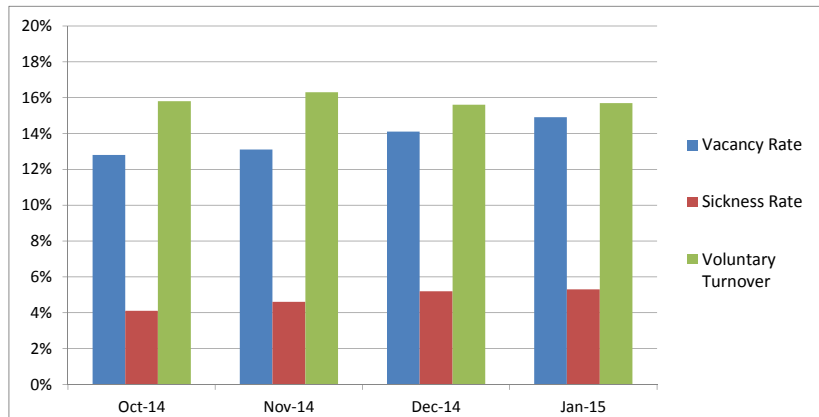
Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	13.30%	13.92%	13.52%	13.98%	↗
Community Services	17.58%	17.71%	17.92%	17.84%	↘
Corporate & R&D	16.96%	14.68%	11.95%	11.67%	↘
Medical & Cardiothoracics	18.08%	19.04%	18.74%	18.23%	↘
Surgery, Neurosciences & Anaes	14.62%	14.52%	13.31%	13.61%	↗
Total	15.8%	16.3%	15.6%	15.7%	↗

COMMENTARY

This data shows a more in-depth view of our nursing workforce (both qualified and unqualified).

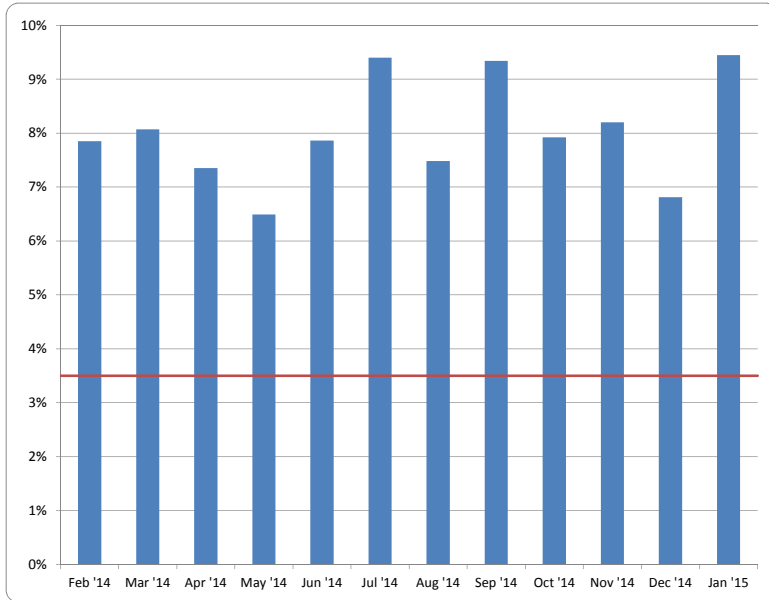
The nursing workforce has increased by 12.6 WTEs since December.

Both the sickness rate and voluntary turnover are above the Trust's targets of 3.5% and 10% respectively.



SECTION 8: AGENCY STAFF COSTS

The chart below shows agency spend by month to show both annual and seasonal trends:



COMMENTARY

The agency spend percentage has increased by 2.6% since December.

Currently the highest percentage spend is seen in the Community and Estates & Facilities Divisions.

The table below lists the five care groups with the highest agency spend percentage for January 2015.

The outpatients department has now recruited 10 apprentices as part of their strategy to reduce vacancy levels and the need for agency staff.

The bottom table gives information regarding the spend and reasons given for booking medical agency and bank shifts during January (Hi-Com system booking only). The majority of shifts have been requested to cover vacancies.

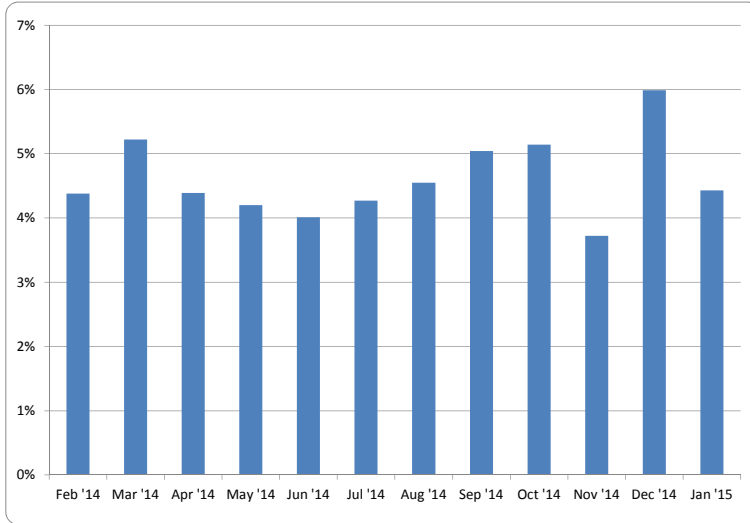
Care Group	Agency Spend % Jan-15	Staff In Post WTE
Engineering Services	37.58%	43.00
Outpatients	32.30%	255.95
Therapies - Children	30.86%	84.36
Inpatient Care Older People	26.62%	58.20
Prison Service	26.11%	58.49

Agency Costs by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	9.31%	9.28%	7.28%	11.20%	↗
Community Services	11.58%	12.24%	10.97%	12.11%	↗
Corporate	4.80%	3.80%	2.93%	4.13%	↗
Estates and Facilities	17.02%	9.82%	9.40%	19.23%	↗
Medical & Cardiothoracics	8.19%	8.57%	6.62%	10.68%	↗
Surgery, Neurosciences & Anaes	5.36%	5.72%	3.99%	5.03%	↗
Whole Trust	7.92%	8.20%	6.81%	9.45%	↗

Booking Reason	Medical Agency & Bank £ Jan-15	%
Carers Leave	£0	0.00%
Increased Care Needs ICN	£41,626	14.06%
Maternity Leave ML	£813	0.27%
Sickness S	£20,571	6.95%
Study Leave SL	£1,013	0.34%
Vacancy V	£232,106	78.38%
Total	£296,128	100.00%

SECTION 9: BANK STAFF COSTS

The chart below shows bank spend by month to show both annual and seasonal trends:



COMMENTARY

Bank spend percentage has decreased by 1.5% between December and January.

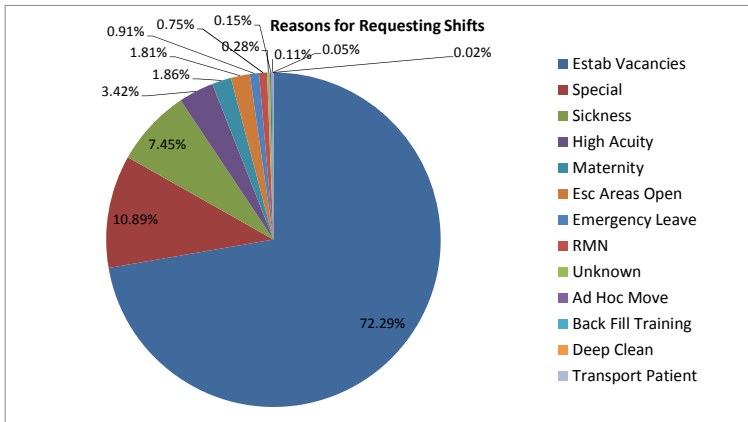
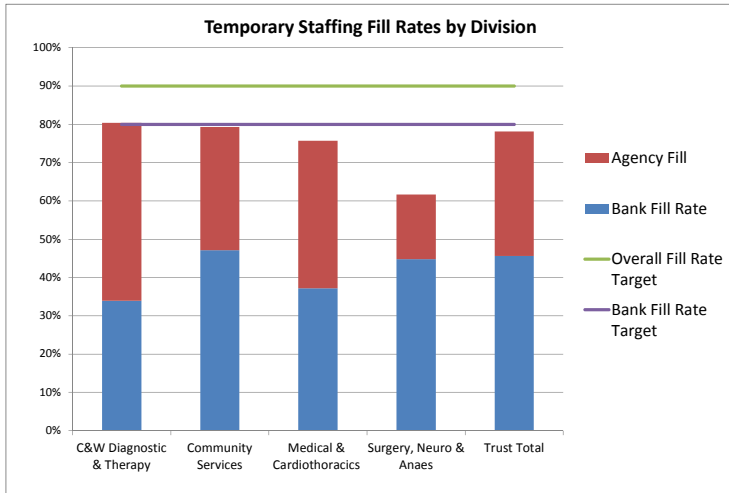
E-Rostering data is now available to managers where they are able to see where staff owe the Trust additional hours, these can then be rostered first before bank shifts are booked. Going forward this should enable a reduction in bank and agency spend and a give a greater understanding of the drivers for using bank.

The table below lists the five care groups with the highest bank percentage spend for this month.

Care Group	Bank Spend % Jan-15	Staff In Post WTE
Security & Car Park Management	18.23%	21.00
Portering	18.01%	75.65
SWLP Central Reception	16.29%	47.24
Prison Service	14.31%	58.49
Pharmacy	11.95%	171.67

Bank Spend % by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	5.50%	3.60%	6.24%	3.85%	↘
Community Services	4.85%	4.09%	6.45%	3.88%	↘
Corporate	1.78%	3.61%	3.56%	3.19%	↘
Estates and Facilities	9.44%	7.97%	15.77%	9.73%	↘
Medical & Cardiothoracics	6.92%	5.30%	9.21%	4.39%	↘
Surgery, Neurosciences & Anaes	4.07%	2.62%	5.68%	3.00%	↘
Whole Trust	5.14%	3.72%	5.99%	4.43%	↘

SECTION 10: TEMPORARY STAFFING



COMMENTARY

This is data comes from the Trust's e-rostering system.

The "Overall Fill Rate" is the percentage number of requests made to the Staff Bank to cover shifts which were filled by either trust bank staff, or by an agency. The remainder of requests which could not be covered by either group are recorded as being unfilled. The "Bank Fill Rate" describes requests that were filled by bank staff only, not agency.

In January the Bank Fill Rate was reported at 45.6% which is 2.3% higher than the previous month. The Overall Fill Rate was 78.2% which is an increase of 0.7% on the previous month. The Children & Women's Division is currently meeting the demand for temporary staff most effectively.

The pie chart shows a breakdown of the reasons given for requesting bank shifts in January. This is currently very much dominated by covering existing vacancies, specials, sickness, and high acuity patients.

This data only shows activity requested through the Trust's bank office.

Bank Fill Rate % by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	32.40%	28.76%	25.98%	33.89%	↔
Community Services	47.11%	45.55%	49.36%	47.14%	↘
Medical & Cardiothoracics	46.81%	44.96%	37.32%	37.16%	↘
Surgery, Neurosciences & Anaes	53.13%	52.20%	48.18%	44.79%	↘
Whole Trust	49.06%	46.78%	43.32%	45.64%	↔

Overall Fill Rate % by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	75.91%	77.35%	73.69%	80.34%	↔
Community Services	79.48%	78.87%	82.99%	79.31%	↘
Medical & Cardiothoracics	79.86%	76.38%	74.84%	75.74%	↘
Surgery, Neurosciences & Anaes	78.39%	78.88%	76.26%	61.66%	↘
Whole Trust	79.79%	78.75%	77.51%	78.20%	↔

SECTION 11: MANDATORY TRAINING

MAST Topic	Dec '14	Jan '15	Trend
Conflict Resolution	58.8	63.7	↗
Equality, Diversity and Human Rights	86.6	86.8	↗
Fire Safety	76.8	77.5	↗
Health, Safety and Welfare	86.9	87.1	↗
Infection Prevention and Control Clinical	62.7	59.2	↘
Infection Prevention and Control Non Clinical	82.9	82.8	↘
Information Governance	71.7	68.8	↘
Moving and Handling	86.8	86.8	↘
Moving and Handling Patient	58.0	58.0	↗
Resuscitation BLS	19.7	39.7	↗
Resuscitation ILS	51.0	44.7	↘
Resuscitation Non Clinical	48.8	53.4	↗
Safeguarding Adults	87.0	87.0	↘
Safeguarding Children Level 1	87.2	86.6	↘
Safeguarding Children Level 2	77.9	78.6	↗
Safeguarding Children Level 3	56.4	54.7	↘

MAST Compliance % by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	72.0%	73.0%	71.8%	73.1%	↗
Community Services	76.0%	76.0%	75.5%	76.1%	↗
Corporate	77.0%	77.0%	75.6%	76.0%	↗
Estates and Facilities	69.0%	69.0%	69.8%	72.3%	↗
Medical & Cardiothoracics	68.0%	68.0%	67.0%	67.0%	↗
Surgery, Neurosciences & Anaes	68.0%	69.0%	68.8%	69.4%	↗
Whole Trust	75%	75.2%	74.1%	74.4%	↗

COMMENTARY

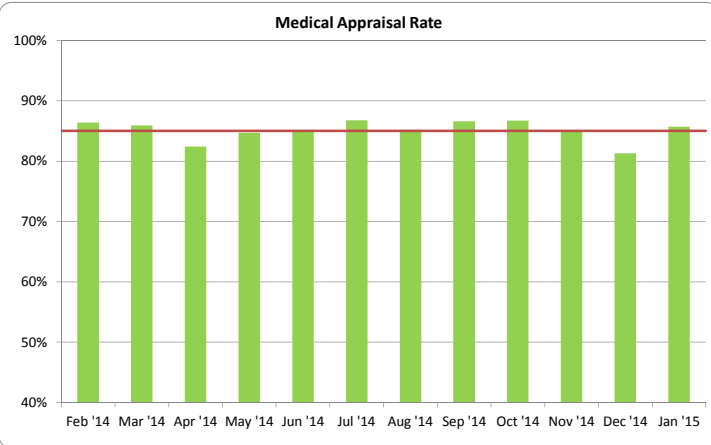
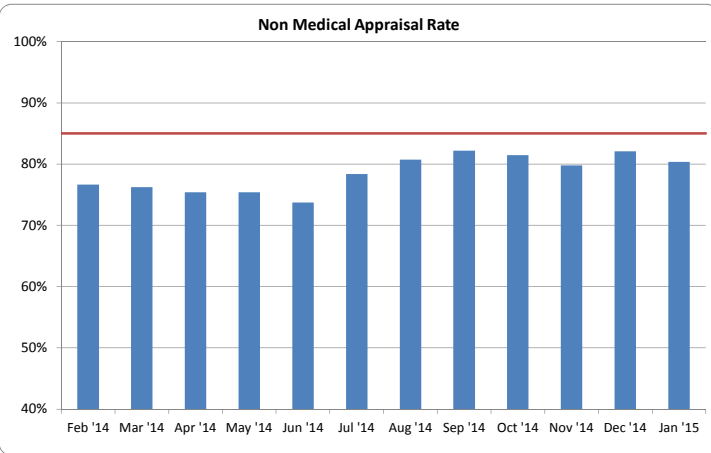
The overall Trust compliance for MAST is now at 74.4% which is a increase of 0.3% since December.

The new reporting system is now live which is intended to be an easy to use tool which provides the relevant information available to staff at all levels of the organisation.

The Mandatory Training Governance group which includes the Chief Nurse and the Medical Director have met and will meet with subject leads in December. This will help to clarify training needs and denominator groups.

MAST Compliance is now available by Division.

SECTION 12: APPRAISAL



NON-MEDICAL COMMENTARY - The non-medical appraisal rate has decreased this month to 80.4%. Appraisals are still being managed closely by the appraisal project team who are monitoring progress every two weeks and scrutinising divisional plans. The Corporate Division currently has the lowest non-medical compliance rate. Appraisal completion is now linked to incremental progression for bands AFC band 7 - 9 staff. The table below lists the five care groups with the lowest non medical appraisal rate this month.

MEDICAL COMMENTARY - Medical appraisal rate compliance has increased across all Divisions this month to 85.7% which is above the 85% target.

Care Group	Non-Med Appraisal Rate	Staff in Post WTE
Ops & Service Improvement	53.5%	50.67
Urology	54.3%	72.02
Neurosurgery	55.4%	99.13
Paediatric Surgery	56.7%	55.88
Intermediate Care	57.1%	66.63

Non Medical Appraisals by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	84.0%	80.6%	84.8%	84.0%	↘
Community Services	78.0%	81.3%	83.3%	82.1%	↘
Medical & Cardiothoracics	81.4%	84.6%	82.7%	78.1%	↘
Surgery, Neurosciences & Anaes	56.4%	81.4%	83.8%	81.4%	↘
Corporate	79.4%	76.1%	75.9%	73.8%	↘
Estates & Facilities	85.0%	80.0%	79.6%	78.1%	↘
Whole Trust	81.5%	79.8%	82.1%	80.4%	↘

Medical Appraisals by Division	Oct '14	Nov '14	Dec '14	Jan '15	Trend
C&W Diagnostic & Therapy	86.3%	83.8%	82.4%	85.6%	↗
Community Services	86.4%	86.4%	76.2%	80.0%	↗
Medical & Cardiothoracics	89.7%	82.6%	77.3%	81.5%	↗
Surgery, Neurosciences & Anaes	87.2%	87.2%	83.5%	89.0%	↗
Corporate	100.0%	100.0%	100.0%	100.0%	↔
Whole Trust	86.7%	85.0%	81.3%	85.7%	↗

REPORT TO TRUST BOARD February 2015

Paper Title:	Risk and Compliance report for Board incorporating: 1. Board Assurance Framework 2. External assurances 3. Revised Statement of Purpose (CQC)
Sponsoring Director:	Peter Jenkinson, Director of Corporate Affairs
Author:	Sal Maughan, Head of Risk Management
Purpose:	To highlight key risks and provide assurance regarding their management. To provide assurance to the Board regarding compliance with external regulatory requirements
Action required by the committee:	To note the report and consider the assurances provided.
Document previously considered by:	Quality and Risk Committee (QRC)
Executive summary	
Key Messages Board Assurance Framework (BAF): <ul style="list-style-type: none"> The most significant risks on the BAF are detailed. Controls are developed for all risks, with a rolling programme of review by QRC during 2015. External Assurances including the CQC Intelligent Monitoring Report: <ul style="list-style-type: none"> External assurances received during the period are detailed within the report, with no significant issues identified Statement of Purpose (CQC): <ul style="list-style-type: none"> The revised Statement of Purpose is attached for Board approval. This was revised in order to reflect that the Trust has registered the Nelson Health Centre as an additional location with the CQC in readiness for commencing service provision in April 2015. 	
Risks The most significant risks on the Board Assurance Framework are detailed within the report.	
Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i>	All
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	All 16 core Essential Standards of Quality and Safety
Equality Impact Assessment (EIA): Has an EIA been carried out? Yes If yes, please provide a summary of the key findings	

1. Risks - Board Assurance Framework (BAF):

This report identifies the extreme risks on the BAF with the details of the most significant risks provided in Table 1. An executive overview of the BAF is included at Appendix 1. The rating is prior to controls being applied to the risk. Risks are reduced once there is evidence that controls are effective. A system of 'deep dive' reviews into all risks on the BAF has been agreed with QRC to ensure all risks are reviewed over 12 months.

Table one: highest rated risks

Ref	Description	C	L	Rating ↓↑
3.2-05	The Trust does not deliver its cost reduction programme objectives	5	5	25 →
01-12	Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	5	5	20 ↓
01-13	Theatre capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 →
01-14	Staffing to support capacity may not be sufficient for the Trust to open the increased bed, critical care and theatre capacity and to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 →
01-15	Critical care capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 →
01-07	Risk to patient safety and experience as a result of potential Trust failure to meet 95% Emergency Access Standard	4	5	20 ↑
3.7-06	Failure to meet the minimum requirements of the Monitor Risk Assessment Framework	4	5	20 ↑
3.6-05	Cashflow Risks – Operational Finance: Forecast Cash balances will be depleted	4	5	20 ↑
2.1-05	The tariffs applicable to Trust clinical services are adversely changed as a result of national and local tariff changes	4	5	20 ↑
02-02	Risk of diminished quality of patient care as a result of Cost Improvement Programmes (CIPs)	4	4	16 →
A410-02	Failure to sustain the Trust response rate to complaints	4	4	16 →
3.3-05	The Trust faces higher than expected costs	4	4	16 →
03-01	Ability to demonstrate compliance with Regulatory Reform (Fire Safety) Order 2005	4	4	16 →
03-02	Failure to demonstrate full Estates compliance	4	4	16 →
03-03	Ability to deliver capital programme and maintenance activity within required timeframes	4	4	16 →
01-08	Risk to patient safety due to inconsistent processes and procedures for the follow up of diagnostic test results	4	4	16 →
2.4-05	Performance Penalties & Payment Challenges: Trust income is reduced by contractual penalties due to poor performance against quality standards and KPIs and also by payment challenges	4	4	16 ↑
3.8 – 06	Low compliance with new working practices introduced as part of new ICT enabled change programme	4	4	16 ↑
3.9 – 06	Risk of inappropriate deployment of e-prescribing and electronic clinical documentation	4	4	16 ↑

1.1 Potential new risks for inclusion on the BAF

The following two potential risks have been identified during the preliminary work to review annual corporate objectives; a risk assessment will be undertaken and if appropriate, these will be included in the next report in full.

- Patient Experience in Outpatient Departments

- Data quality –potential risk is loss of income due to poor coding and potential for commissioner challenge and fines

1.2 Summary of risks by score and domain

Figure one demonstrates there are 23 extreme risks on the BAF (a score of 15 or above) which equates to 44% of the total risks. Of these, 15 sit within the domains of Quality and Regulation and Compliance. Of the total risks on the BAF 35% relate to Finance and Operations and Quality domains respectively (table two).

Fig 1: BAF Risks by Score

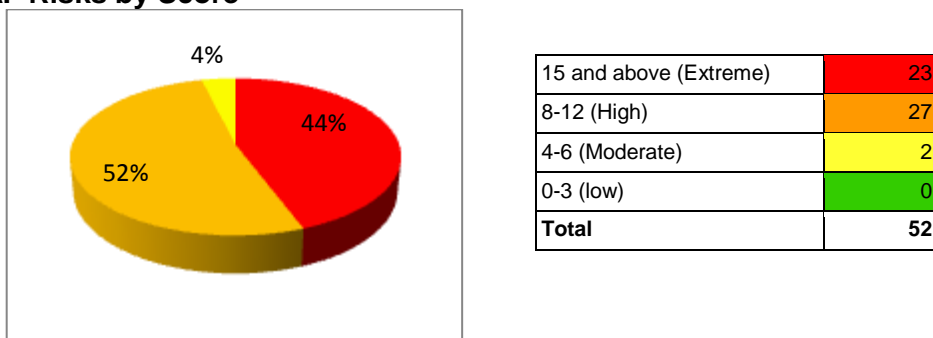


Table two: BAF Risks by Domain

	9	9	0	0	Total
1. Quality	9	9	0	0	18
2. Finance & Operations	8	11	0	0	19
3. Regulation & Compliance	6	1	1	0	8
4. Strategy Transformation & Development	0	3	0	0	3
5. Workforce	0	3	1	0	4
Total	23	27	2	0	52

1.1 Changes to risk scores/wording

There have been three changes to risk scores during the reporting period as detailed in table three.

Table three: Changes to risk scores

Ref	Description	C	L	Rating ↓↑
01-12	Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 ↓
A513-01	Failure to achieve both national HCAI targets for MRSA and C Diff	4	3	12 ↓
01-03	Lack of embedded process for use, provision and maintenance of bed rails	3	3	9 ↓

There have been updates to the wording to one principle risk as detailed in table four:

Table four: Changes to risk description

Ref	Previous description	Updated risk description
A513-01	Failure to achieve the national HCAI targets for MRSA and C Diff	Failure to achieve <i>both</i> national HCAI targets for MRSA and C Diff
3.7-06	Failure to meet the minimum requirements of the NTDA Accountability Framework	Failure to meet the minimum requirements of the Monitor Risk Assessment Framework

1.3 Closed risks

Two risks are proposed for immediate closure as detailed in table five

Table five: Risks to be closed

Ref	Risk	Rationale
01-11	Risk that patients will potentially receive sub-standard care due to reduced availability of prison staff to support and inadequate healthcare response to clinical emergencies	Proposal to close risk – management of reaming issues through business as usual. Staffing issues encompassed within separate BAF risk. Improved emergency response
A509-O8:	Trust unable to achieve readiness for FT status by planned authorisation date as per agreed TFA	Authorisation as Foundation Trust

1.4 Summary of Extreme Risks at Divisional level:

An overview of the divisional extreme risks and rationale for changes can be found at Appendix 2.

2. Assurance Map

The Trust Assurance Map is a schedule of all external visits, inspections and reporting which captures on-going actions in response to external reviews and those underway to prepare for forthcoming visits. The assurances received from these external inspections help inform the board as to continued compliance with regulatory requirements including Care Quality Commission Essential Standards of Quality and Safety. The following section provides a summary of all external visits and inspections during the reporting period.

2.1 Care Quality Commission (CQC) Action plan update

The actions included within the compliance and improvement action plan continue to make good progress overall and further work is now underway to ensure that the effectiveness of these actions is monitored through existing performance and monitoring mechanisms.

2.2 Care Quality Commission – Revised Statement of Purpose

The CQC requires all organisations to submit a statement of purpose as part of the registration process, which outlines the following key information:

- The providers aims and objectives in providing the service;
- The kinds of services provided;
- The health or care needs that the service sets out to meet;
- The locations where the services are actually provided from; and
- Details about the provider including legal status and any registered manager details.

St. Georges statement of purpose has been revised and updated to include the provision of services at Nelson Health Centre, which is planned to commence on 1st April 2015. The revised document can be found at appendix 3 for Board review and approval.

2.3 Summary of external assurance and third party inspections Jan 2015

The full Trust Assurance Map is presented to the Quality and Risk Committee bi-monthly for monitoring and scrutiny. The QRC seeks assurance, on behalf of the Trust Board, around the progress and appropriateness of actions in place to address any issues of non-conformities identified through an external or third party inspection or peer review. A summary of the findings of external inspections is presented here to the Board and, by exception, any significant risks arising out of external inspections identified by QRC will also be included.

2.4.1 Regional Quality Assurance - Pharmacy Aseptic Dispensing

A site inspection took place on 22nd January 2015 during which performance and quality standards for pharmacy aseptic dispensing were examined. Early feedback suggested that there were no major issues identified and the formal report is awaited.

2.5.1 London Fire and Emergency Planning Authority (LFEPA)

The Trust still awaits the LFEPA follow up visit in February 2015. The purpose of this visit is to re-inspect Grosvenor and Lanesborough wings' which were issued with Enforcement and Deficiency Notices in February 2013. There is a detailed action plan in place to address the issues highlighted in these notices. The plan is on target and is monitored by the Health, Safety and Fire Committee. The potential consequence of a failure to comply with the regulations is also recorded as a risk on the BAF.

3. Conclusion

There are detailed action plans in place to address the issues identified through external inspections, and these are monitored by the QRC. This monitoring includes oversight of the action plan in response to the CQC inspection of February 2014, against which good progress has been made. The Trust Board can be assured that no significant risks have been identified through external inspections reports received during the reporting period.

Appendix 1: Executive Overview of Board Assurance Framework

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
1.1 Patient Safety								↓↑	
01-12 Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	MW				20	25	20	↓	Likelihood decreased to 4 as actions to mitigate risk through Dec and Jan have been effective
01-13 Theatre capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	MW				20	20	20	→	
01-14 Staffing to support capacity may not be sufficient for the Trust to open the increased bed, critical care and theatre capacity and to meet demands from activity, negatively affecting quality, throughout the year.	MW				20	20	20	→	
01-15 Critical care capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	MW				20	20	20	→	
A513-O1: Failure to achieve the National HCAI targets for MRSA and C Diff	JH	16	16	16	16	16	12	↓	Likelihood reduced to 3 as the Trust is well below trajectory for C Diff target
O1-01 A risk to patient safety of inappropriate antimicrobial prescribing due to conflicting and out of date guidance being available within the Trust.	JH	12	12	12	12	12	12	→	
01-02: 01-02 Lack of established process for use, provision, decontamination and maintenance of pressure relieving mattresses	JH	9	9	9	9	9	9	→	
01-03 Lack of embedded process for use, provision and maintenance of bed rails	JH	12	12	12	12	12	9	↓	Likelihood reduced to 3: risk likely to close next period once final mitigating actions in place
01-04 Risk to patient safety should the organisation fail to meet its statutory duties under Section 11 in respect of number and levels of staff trained in safeguarding children.	JH	12	12	12	12	12	12	→	
01-05 Risk to patient safety arising from a lack of standardised and centralised decontamination practice across several areas of the Trust.	JH	12	12	12	12	12	12	→	

01-06 Risk to patient safety as patients waiting greater than 18 weeks on elective waiting lists	MW	15	15	15	15	15	15	→	
01-07 Risk to patient safety and experience as a result of potential Trust failure to meet 95% Emergency Access Standard	MW	16	16	16	16	20	20	→	
01-08 Risk to patient safety due to inconsistent processes and procedures for the follow up of diagnostic test results	SM	16	16	16	16	16	16	→	
01-09 Risk to patient safety due to a lack of a Trust wide visible training needs analysis, and lack of a system for ensuring these have been met in relation to Medical Devices	JH		12	12	12	12	12	→	
01-10 Risk to patients, staff and public health and safety in the event the Trust has failed to prepare adequately for an Ebola incident.	JH			10	10	10	10	→	
01-11 Risk that patients will potentially receive sub-standard care due to reduced availability of prison staff to support and inadequate healthcare response to clinical emergencies	JH					10			Proposal to close risk – management of remaining issues through business as usual. Staffing issues encompassed within separate BAF risk. Improved emergency response

Domain: 1. Quality

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
1.2 Patient Experience								↓↑	
A410-O2: Failure to sustain the Trust response rate to complaints	JH	16	16	16	16	16	16	→	
02-01 Risk of diminished quality of patient care as a result of Cost Improvement Programmes (CIPs)	JH	16	16	16	16	16	16	→	
02-02 Risk of poor patient experience due to long delays when trying to contact central booking service	MW		12	12	12	9	9	→	

Domain: 2. Finance & Performance

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
2.1 Meet all financial targets								↓↑	
2.2-O5 Tariff Risk – Emergency Threshold Tariff. The Trust's income and service contribution is reduced due to	SB	9	9	9	9	9	9	→	

application of 30% tariff to emergency activity exceeding the contract thresholds									
2.1-O5 Tariff Risk - The tariffs applicable to Trust clinical services are adversely changed as a result of National, Local and Specialist Tariff Commissioning changes. Also - transfer of tariff responsibilities to Monitor	SB	12	12	12	12	20	20	→	
1.2-O5 Volume Risk – Decommissioning of Services Activity and associated income/contribution will be lost from services decommissioned due to:- • risks to the safe delivery of care • changing national guidance • centralisation plans	SB	9	9	9	9	9	9	→	
3.3-O5 Cost Pressures * The Trust faces higher than expected costs due to:- •unforeseen service pressures •higher than expected inflation	SB	16	16	16	16	16	16	→	
3.2-O5 Cost Reduction slippage* The Trust does not deliver its cost reduction programme objectives:- •Objective 3: to detail savings plans for the next two years	SB	20	20	25	25	25	25	→	
2.3-O5 Tariff Risk – CQUIN Premium Trust income is not maximised due to failure to deliver required performance against CQUIN quality standards.	SB	12	12	8	8	8	8	→	
1.3-O5 Volume Risk – Tendering of services Activity and associated income/contribution will be lost due to:- • Competition from Any Qualified Providers • Service Line Tenders	SB	9	9	9	9	9	9	→	
1.1-O5 Volume Risk – Competition with other providers Activity and associated income/contribution will be lost due to competition from other service providers resulting in reductions in market share *	SB	9	9	9	9	9	9	→	
2.4-O5 Tariff Risk – Performance Penalties & Payment Challenges. Trust income is reduced by contractual penalties due to poor performance against quality standards and KPIs and payment challenges	SB	12	12	12	12	16	16	→	
3.4-O5 The Trust faces higher than expected costs due to higher marginal costs - higher than expected investment required to	SB	9	9	9	9	9	9	→	

deliver service increases.									
3.5-05 - Cashflow Risks – Forecast Cash balances will be depleted due to delays in receipt of:- Major Charitable donations towards the C&W development. Land Sales receipts Loan Finance	SB	9	9	12	12	12	12	→	
3.6-05 - Cashflow Risks – Operational Finance Forecast Cash balances will be depleted due to:- Adverse Income & Expenditure performance Delays in receipt of SLA funding from Commissioners	SB	12	12	16	16	20	20	→	
3.9-05 Potential financial impact of Better Care Fund	SB	12	12	9	9	9	9	→	

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
2.2 Meet all operational & performance requirements								↓↑	
3.7- 06 Failure to meet the minimum requirements of the NTDA Accountability Framework: Quality and Governance Indicators/Access Metrics.	SB	12	12	16	16	20	20	→	
3.8 – 06 Low compliance with new working practices introduced as part of new ICT enabled change programme	SB	12	12	12	12	16	16	→	
3.9 – 06 Risk of inappropriate deployment of e-prescribing and electronic clinical documentation	SB	12	12	12	12	16	16	→	
3.10-06 Risk of failure to effectively manage exit from national Cerner programme	SB	10	10	10	10	10	10	→	
3.11 - 06 Poor environment in ICT department/on site data centre may lead to interruptions or failure of essential ICT services	SB	16	16	12	12	12	12	→	
3.12-06 3.12- O6 Risk to patient safety due to data quality issues with Patient Administration System (PAS), Cerner, inhibiting ability to be able to monitor patient pathways and manage 18 week performance.	SB	15	15	9	9	9	9	→	

Domain: 3. Regulation & compliance

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
3.1 Maintain compliance with all statutory & regulatory requirements								↓↑	
A534-O7: Failure to provide adequate supporting evidence for all the CQC Essential standards of Quality and Safety	PJ	5	5	5	5	5	5	→	
A509-O8: Trust unable to achieve readiness for FT status by planned authorisation date as per agreed TFA	PJ	15	15	15	15	15			Proposal to close risk following authorisation as an FT
A537-O6: Confidential data reaching unintended audiences	SM	15	15	15	15	15	15	→	
A610-O6: The Trust will not attain the nationally mandated target of 95% of all staff receiving annual information governance training	SM	15	15	15	15	15	15	→	
03-01 Risk of premises closure, prosecution and fines as a result of non-compliance with fire regulations in accordance with the Regulatory Reform (Fire Safety) Order 2005 (RRO)	EM	16	16	16	16	16	16	→	
03-02 Risk of premises closure, prosecution and fines as a result of failure to demonstrate full compliance with Estates and Facilities legislation	EM	16	16	16	16	16	16	→	
03-03 Lack of decant space will result in delays in delivering the capital programme.	EM	16	16	16	16	16	16	→	
03-04 Delay to the ability to deliver the capital programme and maintenance activity due to clinical and capacity demands preventing access for estates and projects works.	EM	16	16	16	16	16	16	→	
03-05 Trust wide risk to patient, public and staff safety of Legionella	EM	12	12	12	12	12	12	→	

Domain: 4. Strategy, transformation & development

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
4.1 Redesign pathways to keep more people out of hospital								↓↑	
01-O8 Prolonged strategic uncertainty in SW London.	RE	12	12	12	12	12	12	→	

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Jan 2015	In month change	Change/progress
4.2 Redesign & configure our local hospital services to provide higher quality care								↓↑	
A533-O8: Reconfiguration of healthcare services in SWL result in unfavourable changes to SGHT services and finances	RE	8	8	8	8	8	8	→	

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
4.5 Drive research & innovation through our clinical services								↓↑	
05-05 Research does not form a key part of St. George's future activity which may result in the loss of funding and an inability to recruit and retain staff.	SM	8	8	8	8	8	8	→	

Domain: 5. Workforce

Strategic Objective/Principal Risk	Lead	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	In month change	Change/progress
5.1 Develop a highly skilled & engaged workforce championing our values								↓↑	
A518-O4: Failure to reduce the unacceptable levels of bullying & harassment reported by staff in the annual staff survey	WB	12	12	12	12	12	12	→	
A516-O4: Possible reductions in the overall number of junior doctors available with a possible impact on particular specialty areas	WB	4	4	4	4	6	6	→	
A520-O4: Failure to maintain required levels of attendance at core mandatory and statutory training (MAST)	WB	12	12	12	12	12	12	→	
5.1-01 Failure to recruit and retain sufficient staff to manage turnover rates and support future increases in capacity	WB	12	12	12	12	12	12	→	

JH	Jennie Hall	Chief Nurse (DIPC)	EM	Eric Munro	Director of Estates & Facilities
SM	Simon Mackenzie	Medical Director	RE	Rob Elek	Director of Strategy
PJ	Peter Jenkinson	Director of Corporate Affairs	WB	Wendy Brewer	Director of Human Resources
SB	Steve Bolam	Director of Finance Performance & Information	MW	Martin Wilson	Director of Delivery & Performance

Appendix 2 – Divisional Extreme Risks

Risk Ref.	CW&DT	Score	Jan 15 Change ↑↓	Rationale for change
	Risk			
CW048	Lack of awareness & resources for inpatients may mean patients who are victims of domestic violence are not identified	16	→	
CW057	The Division is significantly overspent due to a number of adverse movements.	25	→	
CW060	Delays to patients receiving chemotherapy of Trevor Howell day Unit	15	→	
B205	Loss of data due to clinical database no longer being supported	16	→	
CW0067	Financial risk – growth. Risk of CCG not paying for increased income assumptions particularly in children services, radiology and women's	15	→	
CW0068	Financial risk – CQUIN From 15/16 Maternity will no longer get CQUIN funding and instead CCG will develop a local tariff for 2015/16. Estimated value of risk in 14/15 = £2.5m	16	→	
CW0070	Financial risk – cost. The division fails to achieve its CIP programme	15	→	
CW0071	CW0071 - Financial risk – cost. The division does not receive funding for identified cost pressures. Estimated value of risk in 14/15 = c. £1.1m	16	→	
CW0081	Temperature during the summer months in Lanesborough Wing	16	→	
CW082	Manual Handling of deceased patients into Mortuary fridges	16	→	
CW084	Insufficient capacity in the mortuary resulting in closure of the mortuary	16	→	
CW0087	Call alarms in St James' wing therapy dept not working properly – risk to patient safety in the event of an emergency	15	→	
CW0088	Pharmacy core service standards to Adult ICUs not being met – potential harm to patients	16	→	
CW089	Insufficient number of CTG monitors for a full triage and full induction bay meaning some women need to wait for monitoring	20	→	
	M&C		Change	
Risk Ref.	Risk	Score	↑↓	
MC30-D5	Risk to patient safety due to a lack of capacity to transfer patients to SGH for their cardiovascular procedures within 24hrs of referral. This risk may also impact on finances and business if it results in loss of referral pathway.	15	→	
MC31-D5	Risk to patient safety as patients waiting greater than 18 weeks on elective waiting list for cardiothoracic surgery.	15	→	
MC32-D1	The division is at risk of not delivering a balanced budget if robust CIP schemes are not found. Not all schemes identified in 13/14 have delivered and therefore knock on effect for schemes in 14/15.	15	→	

MC35-D1	Risk to patient and staff safety due to aggressive and violent behaviour of haemodialysis patient.	15	→	
MC46-D2	Financial Risk – cost pressures within division are not funded	16	→	
MC48-D2	Financial Risk Volume – decommissioning of cardiology services	15	→	
MC50-D2	Financial Risk – Tariff. Emergency threshold tariff	15	→	
MC55-D2	Financial – Volume. Lack of theatre capacity for cardiac surgery impacts on income	20	→	
MC58-D1	Patient safety risk arising from roll-out of electronic records	16	→	
MC59-D1	Risk to patient safety that vulnerable patients are able to access the helipad form wards in St James Wing	15	New	
STN&C			Change	
Risk Ref.	Risk	Score	↑↓	
B253	SSD risk upgraded in light of recent significant failures and down time of SJW equipment. On-going issues. Upgraded from 12 to 16	16	↑	
B268	Sterilisation equipment requires replacing and breakdown may cause service failure potentially resulting in cancelled surgery.	15	→	
C11	Failure to prescribe essential medication for patients having elective surgery	16	→	
C04	Financial risk – cost. Neurosciences, pharmacy and finance unable to address under recording of high cost drugs of recharge to commissioners	15	→	
C05	Financial Risk – cost. Failure to deliver CIP programme	15	→	
C06	Financial Risk – cost. Failure to receive divisional funding for cost pressures	15	→	
C19	GPs in some regions (Surrey, Croydon) not prescribing Antiepileptic drugs (AEDs) recommend by consultant neurologists	15	→	
C20	Lack of trained fire wardens	15	→	
E&F			Change	
Risk No.	Risk	Score	↑↓	
EF176	Estates compliance – survey revealed gaps in compliance in statutory and mandatory items	16	→	
EF189	Standby Generators within Lanesborough Wing are at the end of their useful life and have insufficient capacity to meet the needs of current healthcare demands and will not need the demand as the building is re-developed and refurbished to modern standards.	16	→	
EF195	Electrical upgrades/maintenance to UPS and IPS in AMW	16	→	
EF198	Risk of noncompliance with fire regulations as a result of the lack of fire risk assessments for some areas on the St George's Hospital site.	15	→	
EF200	Delay to ability to deliver the capital programme and maintenance activity due to clinical and capacity demands preventing access for works	16	→	
EF202	There is a risk of absconding patients getting onto the helipad as access is via a	16	→	

	fire escape route			
	IM&T		Change	
Risk No.	Risk	Score	↑↓	
IT016	Reduction in capacity to deliver new infrastructure, systems and change programs	16	→	
IT018	Community staff experiencing access difficulties and slow response to RIO	16	→	
IT029	There is a risk of onsite data centre (DC) failure due to inadequate provision and support of air conditioning cooling in the DC.	20	→	
IT031	There is a risk to the provision of existing and future ICT applications hosted in the onsite DC due to poor environmental monitoring [UPS, air conditioning, BMS push alerts]	20	→	
IT032	Increased risk to network availability due to inadequate electrical supply to key locations.	15	→	
IT033	Increased clinical risk to patient safety resulting from lack of UPS protection for main Trust Switchboard.	20	→	
	CSW		Change	
Risk No.	Risk	Score	↑↓	
CSW1023-COM-D5	Cost Improvement Programme not achieving target.	16	→	

Appendix 3 Statement of Purpose (CQC) – updated February 2015

Location for CQC Registration	Lead	Relevant CQC Service Categories	Services included
St George's Hospital, Blackshaw Road, Tooting, London SW17 0QT	Peter Jenkinson, Director of Corporate Affairs	Treatment of disease, disorder or injury	<p>St George's Healthcare NHS Trust provides a diverse range of services, to people who live in Wandsworth, Merton; the western parts of Lambeth, Surrey and Sussex and in some cases treat patients from across the country. The clinical services are grouped into care groups, directorates and then divisions' e.g.</p> <ul style="list-style-type: none"> • Surgery, Neurosciences, Theatres and Anaesthetics, and Cancer Division • Medicine and Cardiovascular Division • Children and Women's, Diagnostic and Therapeutic Service Division <p>The Trust also provides a wide range of specialist care for complex injuries and illnesses. These include cancer services, stroke and trauma, neonatal intensive care.</p> <p>Cardiothoracic medicine and surgery, neurosciences and renal transplantation services also cover significant populations from Surrey and Sussex.</p>
		Surgical procedures	<p>The Trust provides both elective and day case surgery as follows:</p> <ul style="list-style-type: none"> • Neurosurgery • General Surgery includes colorectal, breast, upper GI, Urology • Trauma & Orthopaedic Surgery • Plastics surgery • Maxillofacial & Oral Surgery • Cardiothoracic Surgery • Obstetric – Caesarean sections • Gynaecology surgery • Paediatric Surgery • Neonatal Surgery • Day Surgery
		Diagnostic and screening procedures	<ul style="list-style-type: none"> • Emergency CT head for adults and paediatrics • Paediatric – fluoroscopy, plain radiology, ultrasound measurements and algorithms and ultrasound scans • MRI & CT for in-patients and out-patients - neurosurgery, adult neurology, paediatric neurology, and neuroscience • Vascular • X-ray requests • Contrast flowchart • Interventional radiology core procedures – embolisation for haemorrhage and nephrostomy • Interventional Radiology emergency -all vascular cases excluding neuro vascular, angio, nephrostomy and biliary procedures, all non-vascular cases, IVC filters,

			<ul style="list-style-type: none"> Breast screening
		Maternity and midwifery services	<p>St George's has a busy maternity unit which provides care to the very diverse, cross boundary community offering both consultant obstetric and midwifery led services for the local population.</p> <p>In addition, St George's Hospital is a tertiary referral centre providing high quality specialist care to women with complicated pregnancies from all over the United Kingdom. It has over 5,038 deliveries, which is an increase of 7% from the 2005/06 number of deliveries (4, 531).</p>
		Termination of pregnancies	<ul style="list-style-type: none"> in-patient
		Family planning services	<ul style="list-style-type: none"> Maternity clinics Community clinics
		Community Healthcare Services (CHC)	<ul style="list-style-type: none"> Community Adult Nursing including District Nurses and continence promotion (and community matrons) Integrated Falls service Tissue Viability Team Telehealth Health component of Sure Start Services Health visiting (general) Breastfeeding Specialist Services School Nursing Children's community nurses Reproductive Sexual Health (Family Planning) Homeless and refugee team Children's audiology Safeguarding children team Community Physiotherapy Community paediatric therapies <p>Community neurological rehabilitation teams</p>
		Dental Services (DEN)	Community dentistry
		Rehabilitation Services (RHS)	<ul style="list-style-type: none"> Community rehabilitation teams Primary Care Therapy Team including Community Physiotherapy Community paediatric therapies <p>Intermediate Care Team (Domiciliary, Care Co-ordinators and Night Nursing)</p>

		Long Term Conditions Services (LTC)	<ul style="list-style-type: none"> • Community Neurology Team • Heart Failure Specialist Nursing • Tissue Viability Specialist Nursing • Respiratory Specialist Nursing • Diabetes Specialist Nursing • Community Cardiac Rehabilitation • HIV/AIDS Specialist Nursing • Haemoglobinopathies Service • Children's Complex needs Team • Integrated Equipment service (WICES) • Children's continuing care team
		Urgent Care Services (UCS)	Walk in Clinics
St John's Therapy Centre, Battersea	Peter Jenkinson, Director of Corporate Affairs	Treatment of disease, disorder or injury	<p>Out-patients Department providing:</p> <ul style="list-style-type: none"> • ENT • Audiology • Plastics • Renal Medicine • General Nephrology • Retinal screening • Rheumatology • Dermatology, Cardiology • Paediatric medicine <p>Day Hospital</p> <ul style="list-style-type: none"> • Geriatric Medicine • Musculoskeletal service
		Rehabilitation services	<ul style="list-style-type: none"> • Rehabilitation • Physiotherapy • Musculoskeletal services
Health Care Services , HMP Wandsworth Heathfield Road, Wandsworth SW18 3HS	"	Prison Healthcare Services (PHS)	<ul style="list-style-type: none"> • 24hour nurse cover/ inpatient facilities • Prison drug rehab team
Queen Mary's Hospital Roehampton Lane, Roehampton,	"	Acute Services (ACS)	<ul style="list-style-type: none"> • Minor operations • Acute Outpatients • Community hospital • Minor Injuries

London, SW15 5PN		Diagnostic & or Screening Services (DSS)	<ul style="list-style-type: none"> • Rapid diagnostic and treatment facilities • (CT/MRI) • X-Rays • Endoscopy • Phlebotomy
		Rehabilitation services (RHS)	<ul style="list-style-type: none"> • In-patient elderly rehabilitation • In-patient neurological rehabilitation • In-patient amputee rehabilitation • Out-patient amputee (limb fitting) • Brysson White Day Unit at QMH (elderly rehab) • Physiotherapy • Dietetics (all ages) • Podiatry
Kingston Hospital NHS Trust, Galsworthy Rd, Kingston upon Thames KT2 7QB. (South West London Pathology Services).		Diagnostic & or Screening Services (DSS)	<ul style="list-style-type: none"> • Under South West London Pathology (St. George's is the host Trust); Microbiology and Clinical Blood Sciences services will be provided on site at the Kingston location.
Croydon Health Services NHS Trust, 530 London Road, Croydon CR7 7YE. (South West London Pathology Services).		Diagnostic & or Screening Services (DSS)	<ul style="list-style-type: none"> • Under South West London Pathology (St. George's is the host Trust); Microbiology and Clinical Blood Sciences services will be provided on site at the Kingston location.
Nightingale House 105 Nightingale Lane Wandsworth London SW12 8NB	Peter Jenkinson, Director of Corporate Affairs	Treatment of disease, disorder or injury	<ul style="list-style-type: none"> • This 20 bed ward is a facility which offers additional capacity throughout the winter period from which the Trust will provide an in-patient service. This ensures full continuity of medical care for patients who are medically stable but are not yet fit to return home.
Nelson health Centre Kingston Road Wimbledon Chase London Borough of Merton SW20 8DB	Peter Jenkinson, Director of Corporate Affairs	<p>Treatment of disease, disorder or injury</p> <p>Diagnostic & or Screening Services (DSS)</p>	<p>Out-patients Department providing:</p> <ul style="list-style-type: none"> • Cardiology • Colorectal • Dermatology • Gastroenterology • General medicine • General surgery

			<ul style="list-style-type: none">• Gynaecology• Ophthalmology (with Moorfields)• Plastic surgery• Respiratory medicine• Rheumatology• Trauma & orthopaedics• Urology• Anti-coagulation <p>Diagnostic services to be provided include:</p> <ul style="list-style-type: none">• X-ray• Ultrasound• Phlebotomy• Endoscopy• Cardiac testing
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REPORT TO THE TRUST BOARD 26th February 2015

Paper Title:	Care & Environment Report
Sponsoring Director:	Eric Munro, Joint Director Estates & Facilities
Author:	Rachel Gerdes-Hansen, Capital Projects Manager
Purpose:	To update the Board on progress with improving care and the environment across the Trust
Action required by the board:	For information
Document previously considered by:	None

Executive summary

1. **Key messages:** Improvements to the Hospital Environment & Medical Equipment from 11th December 2014 to 13th February 2015

Capital Developments:
MRI Upgrade, ground floor Lanesborough Wing: Project Value £546,755

A software upgrade of the existing MRI scanner and a refurbishment of the waiting area, reception and preparation rooms has been undertaken. The refurbishment included the installation of a new clinical wash hand basin, cabinetry and flooring in the prep room and new curtaining tracking and curtains in the patient waiting area, which has significantly improved patient privacy and dignity. A new DDA compliant reception counter and decoration to the waiting room complete the scope of works and have already had a positive impact on the patient experience. Works to this area completed December 2014.

Bed Capacity Project (Option 13) 20 Bed Oncology ward, Gordon Smith ward, 3rd floor Lanesborough wing: Project Value £3.5m

Existing office and laboratory space, on the third floor of Lanesborough Wing; adjacent to Trevor Howell Ward, was stripped out and fully refurbished to create a 20 bedded in-patient oncology ward. The new ward is configured of five three bedded bays; each with en-suite shower and WC facilities, and a further five single rooms with en-suite shower and WC. The ward surface finishes have been strategically augmented with mirrors and other light reflecting materials to provide a defined sense of being light, open and an airy environment. The architectural layout, clinical functionality and overall aesthetic provides the end user with in-patient accommodation that gives full consideration to the control of infection, privacy and dignity and an enhanced overall patient experience. The ward became operational on 3rd February 2015.

Capital medical equipment purchased from 11th December 2014 to 13th February 2015

Description of Investment	Total costs incl VAT	Reason for purchase
Nucleic acid extractor for genetics lab	£18,780 (lease)	Replacing manual processing with automation, considerably increasing efficiency and capacity
Video bronchoscope for cardiac theatres	£25,934	Replacement of old assets recently decommissioned.

On top of this various purchases have been made for the continuation of the multi-parameter monitors' standardisation project.

2. **Recommendation:** The report is for information purposes only. The Board are asked to note the improvements to the environment and medical equipment since December 2014.

Key risks identified:

None

Related Corporate Objective:

Strategic Aim no.6 - Continually improve our facilities and environment. Objective 19 - To continually improve efficiency of Estates and Facilities Services

Related CQC Standard:

Regulation 15

Equality Impact Assessment (EIA): Has an EIA been carried out? (Yes)

If yes, please provide a summary of the key findings If no, please explain you reasons for not undertaking and EIA.

Appendix A:

1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Headline outcomes for the Equality Delivery System (EDS)

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
1.1 Who is responsible for this service / function / policy? Eric Munro				
1.2 Describe the purpose of the service / function / policy? To improve the environment of the estate.				
1.3 Are there any associated objectives? Patient Led Assessment of the Care Environment (PLACE)				
1.4 What factors contribute or detract from achieving intended outcomes? N/A				
1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability (physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Region or belief and Human Rights No				
1.6 If yes, please describe current or planned activities to address the impact.				
1.7 Is there any scope for new measures which would promote equality? N/A				
1.8 What are your monitoring arrangements for this policy/ service N/A				
1.9 Equality Impact Rating				
2.0. Please give your reasons for this rating				