

MEETING OF THE TRUST BOARD

The next meeting of the Board of St George's Healthcare NHS Trust will take place on
29 January 2015, 9.00am – 11.00am
H2.6 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 18 December 2014</i>	TBR (M) 18.12.14 (Public)	9.05
5. Schedule of Matters Arising <i>To review the outstanding items from previous minutes</i>	TBR (MA) 29.01.15 (Public)	9.10
6. Chief Executive's Report <i>To receive a report from the Chief Executive, updating on key developments</i>	M Scott TBR 29.01.15/01	9.15
7. Quality and Performance		
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 9 (December 2014)</i> <i>To receive a verbal report from the Quality & Risk Committee meeting held on 28 January 2015</i>	J Hall/S Bolam TBR 29.01.15/02 Sarah Wilton	9.25
7.2 Finance Report <i>To review the Trust's financial performance for Month 9 (December 2014)</i> <i>To receive a verbal report from the Finance & Performance Committee meeting held on 28 January 2015</i>	S Bolam TBR 29.01.15/03 Christopher Smallwood	9.50
7.3 Workforce Performance Report <i>To review month 9 workforce report (December 2014)</i> <i>To receive an update from the Workforce and Education Committee meeting held on 22 January 2015.</i>	W Brewer TBR 29.01.15/04 Stella Pantelides	10.00
8. Strategy		
8.1 Service Improvement Updates:		10.10
• Capacity	M Wilson TBR 29.01.15/05	
• Outpatients	M Wilson TBR 29.01.15/06	

8.2 Annual Plan and Objectives 2014/15 – Quarter 3 Monitoring*To review progress against agreed objectives for Quarter 3***S Marsello
TBR 29.01.15/07****10.30****9. Governance****9.1 Risk and Compliance Report***To review the Trust's most significant risks and external assurances received***P Jenkinson
TBR 29.01.15/08****10.40****10. General Items for Information****10.1 Use of the Trust Seal***To note use of the Trust's seal during the period (January 2015)***10.50****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.***10.55****12. Meeting evaluation****13. Date of the next meeting -** *The next meeting of the Trust Board will be held on 26 February 2015 at 9.00am in H2.5 Board Room, 2nd Floor, Hunter Wing.*

MINUTES OF THE TRUST BOARD

18 December 2014

H2.5 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
	Dr Ros Given-Wilson	Medical Director
	Ms Jennie Hall	Chief Nurse
	Dr Judith Hulf	Non-Executive Director
	Mr Peter Jenkinson	Director of Corporate Affairs
	Professor Peter Kopelman	Non-Executive Director
	Mrs Karen Larcombe	Acting Director of Strategic Development
	Mrs Kate Leach	Associate Non-Executive Director
	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 David Flood	Lead Nurse for Safeguarding Adults
	Mr James Taylor	Assistant Trust Secretary
Apologies:	None	

14.269 Chair's opening remarks

Mr Smallwood welcomed all to the meeting.

Mr Smallwood noted that this was the last Board meeting for Dr Given-Wilson who, during her time at the Trust, had placed it on a new, more professional footing that operated as an effective going concern. Dr Given-Wilson's hard work had resulted in many achievements and had made an enormous contribution to the Trust and South West London as a whole. On behalf of the Trust Board, Mr Smallwood wished Dr Given-Wilson every success in her future endeavours.

Dr Given-Wilson responded by thanking the Board for their good wishes, noting that St George's was a great Trust in which to have worked, and that she had derived much pleasure from doing so.

14.270 Declarations of interest

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

James Taylor

14.271 Minutes of the previous meeting

The minutes of the meeting held on 27 November 2014 were approved as an

accurate record, subject to the following amendments:

- Chief Executive's Report (page 3): Mr Smallwood requested that, in the paragraph relating to "24 hours in A&E", the minute referred to it as a "morale boost" for the Trust rather than a "moral boost."
- Finance Report (page 9): Mr Smallwood requested that the minute be amended to reflect simply the fact that the divisions had attended Finance & Performance Committee to discuss forecast outturns;
- Children's and Women's Strategic Outline Case – Children's and Women's Hospital (page 13): Mr Munro requested that the minute show that the required investment was unsuitable for PFI funding because it related to refurbishment, rather than the reason being the amount of money involved.

14.272 **Schedule of Matters Arising**

Chief Executive's Report – branding

It was agreed that Mr Jenkinson would provide an update on the strapline 'rationale' and agreed appropriate usage in due course.

**Peter Jenkinson
26.02.15**

Quality and Performance Report

Mr Wilson agreed to recirculate the Emergency Department action plan to Board members.

**Martin Wilson
ASAP**

It was agreed that the date for finalisation of the thematic review of failure to act on test results and an update on work done would be provided to the January Board meeting. In response to Mr Rappolt's query regarding the delay on what was an important piece of work, Dr Given-Wilson reported that the original review had been a gap analysis which had identified a number of issues. This had resulted in the drafting of standard operating procedures for each area, which were to be considered at the January meeting of the Patient Safety Committee. In response to Mr Rappolt's point regarding associated risks in the absence of agreed SOPs, Dr Given-Wilson reported that some actions had already been taken, as well as picking up on some historical issues; Ms Hall added that all relevant staff were aware of the need to finalised SOPs that would work in practical terms.

**Jennie Hall
29.01.15**

Report from the Quality & Risk Committee

Mr Rappolt questioned why the date for proposals for the appropriate forum to which the Equality & Human Rights Committee should report would be presented to the Board was marked as "to be confirmed." Mr Scott confirmed that the matter would be considered at the next Trust Board meeting.

**Peter Jenkinson
26.03.15**

Workforce Performance Report

In response to a question from Mr Smallwood, Mrs Brewer reported that, from January 2015, reports would include actions and also target expectations in terms of recruitment every month.

Children's and Women's Strategic Outline Case – Children's and Women's Hospital

Mr Scott confirmed to Mr Rappolt that the refurbishment of Children's and Women's Outpatients would take place, but not as part of the proposal regarding the fifth floor.

14.273 **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:

- *Foundation Trust application:* It had been hoped that a decision on the Trust's application would be reached at the meeting of Monitor's executive committee held on 17 December, but this had not been the case. The executive committee had agreed that the Trust was well-led, that it met the qualifying criteria and had an appropriate business plan; however, there had been concern expressed regarding cash headroom and the Trust's ability to handle any future downturn. In response, the Trust had already applied for a loan for working capital and was exploring the possibility of a working capital facility.

Monitor wished to receive confirmation of this arrangement, together with a revised Working Capital Memorandum. Having met with Monitor last week, Mr Scott and Mr Bolam were working through the practicalities, in order that one of the two possible January slots for consideration of the Trust's case might be taken.

- *Sign up to safety:* Mr Scott introduced the update by noting that this was a national campaign, for which Ms Hall was the clinical director across the whole of South London. Ms Hall reported that the principal objective was the improvement of safety levels across the whole of the NHS. The Trust had signed up to the initiative in summer 2014, with work taking place to produce a three year improvement plan and the possibility of NHS Litigation Authority funding. Work was ongoing to examine the detail contained within the five generic themes that had been identified: handover, the World Health Organisation's checklist in theatres, "deteriorating patients", medication safety and the safety thermometer. Preparing the Trust's submission had involved a range of stakeholder engagement – Ms Hall agreed that the submission would be shared with Board members prior to it being formally sent out.

In response to Mr Rappolt's question regarding the basis of the five themes that had been identified, Ms Hall reported that triangulation with themes that have arisen from claims already received was taking place, in order that the drive for improvement was not a matter of beginning from first principles but using information already gathered. Ms Hall reported to Ms Wilton that the initiatives identified in the submission would form the basis of the revised Quality Improvement Strategy. There was the possibility of a 5% reduction in the Trust's SLA contribution in the event that the required target was achieved.

- *St George's – Partners in the African Patient Safety Movement:* Mr Scott introduced the item by noting that the Memorandum of Understanding which underpinned the partnership had now come to an end. Ms Hall reported to Mr Rappolt that the partnership was cost neutral as the Trust received funding for its involvement; some staff members' time was utilised as part of the project. Dr Given-Wilson added that areas such as hand hygiene, waste management and safer surgery were focuses of the partnership to improve patient safety.

Mr Scott believed that a process for approving similar future initiatives was required.

ACTION: The Board endorsed the continuation of the partnership and therefore the continuation of the Memorandum of Understanding.

- *South West London Collaborative Commissioning:* This provider-led work had resulted in another meeting of the four trusts, after which funding had been secured from commissioners over January and February to work up a

Jennie Hall
January 2015

delivery document and resource plan, with a programme director who would have access to SWL Collaborative Commissioning resources. The work programme would include making the case for change, as well as other initiatives such as the Medical Directors in each organisation looking at intervention in out of hours Radiology. New service models would be examined to make significant improvements in services such as ambulatory care; a simulation event would also look at the integrated business plans of the four trusts, in order that key strategic choices could be identified. Finally there had recently been agreement between the parties to explore a response to the tendering exercise for community services in nursing.

In response to Ms Wilton's question regarding the appropriate parties being involved, Mr Scott reported that, whilst other stakeholders such as Surrey Downs, the Royal Marsden or Epsom & St Helier should not be discounted, the four trusts had agreed between themselves that the main focus of the work was on imperatives for those four providers that were not necessarily imperatives for others. Nonetheless other stakeholder engagement needed to be mapped out – draft proposals would be provided to the Board at its next meeting.

Miles Scott
29.01.15

- *Joint working with St George's University of London – update from the Joint Implementation Board (JIB):* The Board's recent meeting had reviewed joint branding – although sign off on a strapline had been agreed, a document outlining appropriate usage was required. A further proposal had been agreed to initiate a clinical academic group in Cardiology, with a view to the Trust and the University becoming part of a single faculty with single leadership, reporting to both organisations. Proposals for such arrangements would be brought to a future Board meeting.

Miles Scott
TBC

Professor Kopelman added that a visual identity for 'St George's was required; additionally there was some sensitivity around the use of 'St George's Healthcare Partners,' which would be addressed through the JIB.

ACTION: The Board noted the report.

Quality and Performance

14.274 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 within the report:

RTT performance results were only available for the month of October at the time of writing the report. The Trust was currently in 'managed breach' mode, with the expectation that targets would be met once again in January 2015. The Trust had also missed the 62 day cancer standard during October – it was anticipated that recovery would occur during the rest of the quarter.

Some Outpatient data had been recorded in the report for the first time – Board members were invited to indicate what further information would be useful to them.

In terms of the Emergency Department (ED), Mr Bolam reported that the Trust had achieved 92.17% against the four hour waiting standard during November, but the situation had deteriorated in December. Mr Wilson reported that 87% had been achieved during the during the month so far, which was similar to many

other trusts in London and across the country, due to winter pressures, both in terms of volume but also acuity. Work had been taking place to improve patient flow – he thanked staff within the department who were working in difficult circumstances.

Mr Smallwood echoed Mr Wilson's gratitude to staff, noting that acuity of patients was the main issue, rather than their numbers. Dr Hulf agreed, noting that this reflected the quality of care that was being provided outside the Trust, which was not optimal; Mr Smallwood added that the number of general practitioners in the UK being fewer than in Europe did not help matters. Mrs Leach wondered if this was one instance where the success of the programme '24 Hours in A&E' worked against the Trust, as people would attend where they have viewed good treatment being carried out.

Mr Wilson reported to Ms Wilton that a plan to deal with the Christmas and New Year period was in place, to ensure that all areas that were operational would be covered. With some shifts currently unfilled, there was a need for a daily redeployment of staff. Ms Hall added that such choices were made by clinical decision makers, with operational leadership being provided by Mr Wilson and herself, in conjunction with the Workforce team and being managed very tightly.

In response a request from Mrs Leach, Mr Wilson agreed to share the analysis of three years of ED trends with Board members.

**Martin Wilson
ASAP**

Mr Wilson confirmed to Ms Wilton that a decision about a medication error and, in particular, whether it constituted a Serious Incident would be made by the end of the day.

In response to Mr Rappolt's question as to whether South West London Collaborative Commissioning might focus on the breach of the 62 day cancer wait standard, Mr Scott reported that the target was consistent across all members of the London Cancer Alliance; it should also be noted that contracts in this areas were organisation-specific and so could not be delegated in any way.

Ms Hall presented the quality element of the report and invited questions and comments from Board members, noting that the early date of this meeting during the month meant that not all of the usual data had been received in time for incorporation, and so would be added to the January report. In doing so, she highlighted the following points within the report:

The NHS 'Sign Up To Safety' video on patients managing their own safety had now been published – Ms Hall agreed to forward the web link to Board members.

**Jennie Hall
ASAP**

Effectiveness Domain

Mortality and SHMI performance continued to be strong for the Trust, with the recent national rebasing leading to a rise in the HSMR. The Trust's reporting for the National Epilepsy Audit was largely in line with national averages.

Ms Pantelides reported that a presentation she had viewed recently at the King's Fund had highlighted mortality among children in London as a concern – she wondered whether data could be broken down by age to identify trends. Dr Given-Wilson responded by reporting that the Mortality Monitoring Group examined breakdowns of data, which showed a long running signal in the 0 to 4 age group, which seemed to stem from risk issues in neo natal centres. It was difficult to achieve a proper risk assessment – it was not an issue of care. Professor Kopelman noted that the concern related to mortality among children in

London – not just children in hospital. It was agreed that a Board session outside of a formal meeting on Mortality should be arranged as part of the Board development programme.

**Peter Jenkinson
TBC**

Safety Domain

Safety Thermometer performance declined to a point below national average performance during the month, caused in large part by an increase in old pressure ulcers – work was taking place with Community Services, as well as a focus on validation of VTE data. The pressure ulcer profile remained consistent, with a reduction in grade 2 ulcers but a number of co-morbidities being reported. Deep dive reviews were ongoing in both the Surgery and Community divisions.

In terms of Infection Control, the number of MRSA bacteraemia cases had not increased for a four month period. One additional C-Difficile case meant that the Trust's performance remained ahead of trajectory.

Focus was now being placed on Safeguarding of both adults and children, in particular the improvement of training compliance at level 3.

Experience Domain

Challenges continued in terms of response rates for complaints – the Trust was not alone, but improvement was required. Sustainable performance in Quarter Four would be achieved using performance management, with divisions overseeing the process on a weekly basis. No conclusions should be drawn from a drop in complaints numbers during the month, but this was encouraging given the recent intervention work in the relevant areas – Outpatients, Trauma & Orthopaedics and Neurology, amongst others.

In response to a question from Mrs Leach, Ms Hall confirmed that the average length of time to respond to complaints had reduced, with no backlog to report at present. Any complaints that did not receive a timely response were only missed by a matter of days; some may require an extension of time that was agreed in advance with the patient and/or their family.

In response to Mr Smallwood's question regarding Friends and Family Test results, Ms Hall acknowledged that the figures were disappointing, but that work was ongoing to ascertain the reasons for current lack of engagement by some patients.

In response to Ms Wilton's concern at the statistic that 10% of patients fail to attend their Outpatients appointments, Mr Wilson confirmed that a paper would be brought to the January Board meeting on work being done to improve the situation. Mr Rappolt reported a recent positive experience where he had been called in advance as a reminder for his Outpatients appointment.

**Martin Wilson
29.01.15**

In response to Mr Smallwood's question regarding the call centre, Mr Wilson reported that the statistics related to the time between making a call and speaking to a person. There was still some way to go in terms of signposting calls, with more than 250 services being available within the Trust. Mr Munro reported to Mr Rappolt that the need to expand the number of call centre staff had necessitated a move into the larger space afforded by the Trident Business Centre, following a major telecommunications investment to ensure that concerns highlighted earlier in 2014 were properly resolved.

Well Led Domain and Ward Heatmap

The average fill rate for the Trust was 90.7% across inpatient areas, which represented a slight decrease. Staffing alerts that had been implemented across the Trust now occurred twice daily.

Ms Pantelides believed that these results were reassuring. In response to her question regarding the 11% fill rate reported in Neonatal, Ms Hall reported that this related to healthcare assistant staff working at night. In response to Ms Leach's point about the table not being particularly legible, Ms Hall confirmed that the template was nationally prescribed and thus could not be changed.

ACTION: The Board noted the report.

14.275 Adult Safeguarding Report

Mr Flood reported that, in terms of performance, one case that had been investigated following an alert, out of a total of 35 alerts during the reporting period, had resulted in a report being made to local social services, as well as sharing the information in the local area and across the safeguarding network.

The new enacted Care Bill would have wide-ranging implications for safeguarding in the Trust, with some uncertainty of its scope at present, which would hopefully be alleviated by briefings in the spring. Additionally the recent Supreme Court judgement relating to Deprivation of Liberty Safeguards would significantly affect authorisation numbers – as a result, the team was intending to bid for staff resource to deal with the expected increase.

In response to Ms Wilton's point that the CQC inspection in February 2014 in relation to the provisions of the Mental Capacity Act 2005 only made reference to Queen Mary's Roehampton, rather than the St George's Hospital site, Mr Flood reported that considerable work had been carried out at the Roehampton site in terms of provision of additional training. There was still work to be done, with ongoing discussions with the training team and a survey to be sent to staff, as the challenge was to train all staff at the appropriate level across the whole of the Trust. In response to Ms Wilton's request for assurance, Ms Hall agreed to provide an oral update on achieving training targets across the Trust to the next Board meeting.

Jennie Hall
29.01.15

Ms Hall thanked Mr Flood for his huge commitment and great support in the field of safeguarding throughout behalf of the Trust.

ACTION: The Board noted the report.

14.276 Finance Report

Mr Bolam reported that the projected surplus of £2.34m meant that the Trust was behind plan, with a further £218k adverse movement during the last month. With the Trust extremely busy, over-performance had occurred, which now amounted to £16.5m for the year. Pressure on pay and non-pay expenditure had led to cancellations of elective procedures. The forecast for the year end was a £4.45m surplus, provided every monthly target was reached from this point, which was therefore extremely challenging. The associated risks had been reported to the TDA.

Cash, which at Month 7 had been £13m, was now at £19m, with the expectation that it would reach £20m by year end. In terms of capital, action had been taken to reduce IT overspending, with £1.5m additional funding expected to assist with

provision of the IT portal. The Trust was £2.6m behind the targets of the CIP programme – a great deal of work with the divisions would take place during the final four months of the financial year.

Mr Smallwood reported that the recent meeting of the Finance & Performance Committee had acknowledged the increasing challenge of meeting financial targets. The committee agreed two reviews of actions that were being taken to achieve the dual aims of hitting the projected surplus and running with higher levels of cash. The committee had also agreed that an external audit of cash management should be conducted, with particular reference to the ongoing situation of the failure by NHS England (NHSE) to pay its bills.

In response to Ms Wilton's question regarding NHSE as a Trust debtor, Mr Bolam reported that the situation would not deteriorate; however both NHSE and local commissioners were challenging the Trust in terms of its data quality – the 'task and finish' groups that had been set up had yet to complete their work, which gave NHSE a reason to withhold payments in the meantime. Mr Scott added that this was a permanent and ongoing situation that needed to be factored in to future thinking. In response to Mr Rappolt's point that the circumstances were somewhat ludicrous, whereby one part of the NHS was in debt to another, Mr Scott reported that many representations had been made; Mr Bolam added that the Trust operated within a contractual framework that was also shared with commissioners.

Ms Pantelides questioned whether, as a provider of so much specialist work, the Trust could exercise greater leverage with funders than other providers. Mr Scott responded that the Trust had a good relationship with commissioners, which was not the case with many other similar partnerships.

Mr Bolam concluded his report by noting that the Trust was talking to NHSE and local commissioners regarding year end settlements, which could include full and final payment ahead of March 2015 and thus would be of considerable benefit to the Trust.

ACTION: The Board noted the report.

Governance

14.277 Workforce and Education Committee Report

Ms Pantelides highlighted the following key matters discussed at the last Workforce and Education Committee meeting:

- In terms of recruitment, patience was needed to see the workforce strategy work programme taking effect – the committee would monitor and then highlight progress to the Board as appropriate. Some ideas were raised at the meeting in terms of the Trust's profile within the market, which would hopefully lead to concrete proposals in due course;
- The meeting had concentrated on education issues, including Sarah Hammond's work on broadening the Foundation Programme. The committee had been impressed with the amount of work being done, involving both nurses and doctors and including early exposure for newly qualified doctors to experience working within community services. The three new community service posts had been lost by acute areas where performance had been poor recently.

- The Trust had secured funding of over £400k from HESL for training programmes in areas such as genomics, women's services and mental health nursing;
- The recent cut in SIFT funding was a disappointment, together with a reduction in numbers of medical students, although there was already a reported shift in students away from the London area;
- Cleave Gass had reported the disappointing results of the recent GMC survey in relation to bullying and harassment in three specialties, although the level of detail given was unhelpful;
- In terms of the CIP programme, the original target of £4.6m had been reduced to £1.2m, with take up of only £0.75m reported. In particular the job planning project had been adversely affected by an unwillingness to upset staff – this had implications for other CIP schemes, particularly with targets rising in the next year.

In response to Mr Smallwood's question regarding how to support the divisions with their increased CIP targets during the next year, Mr Wilson reported that there were three strands that needed to work in tandem:

1. Collective confidence that the activity will deliver accordingly – a clear vision for improvement;
2. Methods and tools to ensure minimal staff upset;
3. Ensuring that decisions are made against all divisions through the central channel of the CIP Programme Board – a clearer compact between individuals and teams.

Mr Wilson added that the Service Improvement resource was working, but better reporting was needed, with a need to focus on fewer areas and more transparency in outlining the Trust's current position.

Mrs Brewer added that the reintroduction of the Programme Board would lead to greater discussion upon further work, including greater income generation. A significant reduction in staff sickness during the last year had meant a reduction in money spent; additionally, efficiencies through e-rostering, shift management and administrative cost savings had taken place, with the opportunities for other schemes still to deliver.

Mrs Leach saw a parallel with the deliberations of the Trust's Commercial Board, where plans were agreed but not delivered to their full potential. It was an organisational issue that more work was needed to support plans once they were promulgated. Mr Rappolt believed that the Board needed positive assurance that the 2015/16 CIP programme targets could be reached before budgets for the next year could be agreed.

Dr Given-Wilson reported, in terms of job planning, it was challenging for local Care Group Leads to change job plans without central support from the Human Resources department on matters such as interpreting guidance, use of on-call notes and good practice more generally. Mrs Brewer agreed with the point, noting that Claire Low, the Medical HR Manager, was leading work in this field across all of London, ensuring greater collaborative working.

In response to Dr Hulf's point regarding the Foundation Programme, Professor Kopelman advised that community services engagement for new doctors would form only one part of the Foundation Programme in addition to the other (acute)

divisions. Dr Given-Wilson added that Sarah Hammond had done much to ensure that the community services posts were useful for training purposes. Additionally, at divisional level there was now clinical director input in terms of training focus, with much feedback also being received from postgraduates as well as Foundation doctors.

Professor Kopelman also noted that SIFT funding had been rebased some three years ago.

Mrs Brewer reported to Dr Hulf that the Workforce & Education Committee would be examining the results of the GMC survey and address issues where possible.

ACTION: The Board noted the report.

14.278 Risk and Compliance Report

Mr Jenkinson reported that the report for this month did not constitute a detailed review, but there were a number of points to note:

- Work had been taking place to split out capacity risks into four discrete areas – from January 2015 there would be a process for QRC to examine each, which would provide greater assurance to the Board;
- Risk ratings were agreed prior to controls being applied;
- The CQC Intelligent Monitoring Report would be considered by QRC at its next meeting – whilst the CQC report was itself difficult to read, the detail was more legible within the Board paper. Ms Hall added that the report provided additional information on Mortality that Board members might find useful.

Mr Wilson confirmed to Mr Smallwood that a discussion on capacity service improvement would take place at QRC, followed by a paper for consideration at the next Board meeting.

Martin Wilson
29.01.15

ACTION: The Board noted the report.

General Items for Information

14.279 Care and Environment progress report

Mr Munro reported that the report included information about the new departure lounge in Grosvenor wing, the first phase of the new Neonatal Unit, a new Gamma camera in Lanesborough wing and new ventilators for Paediatric ICU.

In response to Mr Rappolt's question regarding expenditure of £313k for 166 Roehampton Lane, Mr Munro explained that the need to expand Paediatric Outpatient services had necessitated a move into a building owned by Wandsworth Council.

ACTION: The Board noted the report.

14.280 Use of the Trust Seal

Mr Jenkinson reported that there had been two uses of the Trust seal since the last Board meeting:

1. Grant of lease for Queen Mary's Hospital, Roehampton:

- Escrow agreement

- Lease
- Works agreement

2. Lease agreement for Mapleton units relocating into the Trident Business Centre

ACTION: The Board noted the use of the Trust Seal.

14.281 Questions from the public

In response to a question from a member of the public on the Trust's surplus, Mr Smallwood responded that the surplus did not constitute a profit – rather, it was money that the Trust needed in order to fund its capital programme. Mr Scott added that efficiency targets were set annually by central government, which meant that there was an ongoing need to improve productivity or be paid less for doing the same amount of work. The CIP programme was therefore about greater efficiency without affecting patient care.

In response to a question from a member of the public on sickness absence caused by rising anxiety levels amongst staff, Mr Scott reported that the Trust's sickness levels were not unduly high in comparison with other trusts. A lot of initiatives were being taken forward, such as Listening into Action and LIAISE (PALS for staff members), plus an increase in awareness of methods of raising concerns confidentially. The Occupational Health team monitored teams at a granular level to identify trends. Mrs Brewer added that sickness levels had decreased over the last year; outliers tended to vary over time.

In response to a question from a member of the public, Mr Wilson reported that, as part of the Trust's change programme, efforts were made to manage new approaches, so as to minimise staff being upset by those proposed changes.

In response to a member of the public's point that there appeared to be no BME representation on the Trust Board, Mr Smallwood agreed that it would be desirable, but appointments could only be made from among those people who applied to become directors. Applications were not received from BME candidates – active efforts were being made across London to improve the situation. Mr Scott added that many forms of diversity were not physical, and so to assume a lack of diversity on the Board as currently constituted was not necessarily a conclusion that could be drawn.

In response to a question from the public on what an additional £10m could mean for the Trust, Mr Scott and Mr Bolam explained that the current funding arrangements meant that this was not something that would happen – any increase in the Trust's surplus simply meant slightly less pressure could be applied to existing resources.

Mr Smallwood concluded the discussion by noting that the Trust and its Board members operated in the context of where it currently found itself.

14.282 Any other business

There was no other business.

14.283 Date of the next meeting

The next meeting of the Trust Board will be held on 29 January 2015 at 9.00am.

Matters Arising/Outstanding from Trust Board Public Minutes
 29 January 2015

Action No.	Date First raised	Issue/Report	Action	Due Date	Responsible officer	Status at 29 January 2015
14.221	30.10.14	Report from the Quality and Risk Committee	Proposals to be brought to a future meeting on the appropriate forum to which the Equality & Human Rights Committee should report	29.01.15	Peter Jenkinson	To be placed on March Trust Board agenda as part of the annual Equality Delivery System (EDS) review
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	To be placed on February Trust Board agenda
		Quality and Performance Report	Date for finalisation of the thematic review of failure to act and update on work done	29.01.15	Jennie Hall	The review has been completed and has been used to draft a template SOP for care groups to use. This is being checked by the Medical Director. A report will go to the March QRC meeting.
14.273	18.12.14	Chief Executive's Report	Trust's response to Department of Health 'Sign up to safety' campaign to be shared prior to submission	January 2015	Jennie Hall	Update to be provided as part of Matters Arising
			SWL Commissioning Collaborative: draft proposals for other stakeholder engagement to be provided to the Board	29.01.15	Miles Scott	On (private) agenda
			Proposals for a single Trust/University Cardiology faculty	TBC	Miles Scott	To be placed on a future Trust Board agenda

14.274	18.12.14	Quality and Performance Report	Three year analysis of ED trends to be shared	ASAP	Martin Wilson	Analysis to be sent to Board w/c 26.01.15
			NHS 'Sign up to safety' video on patients managing their own safety to be disseminated	ASAP	Jennie Hall	Link was sent 18.12.14
			Board session on Mortality to be arranged as part of Board development programme	TBC	Peter Jenkinson	Date to be confirmed
			Paper on improvements to Outpatients to be considered	29.01.15	Martin Wilson	On agenda
14.276	18.12.14	Adult Safeguarding Report	Update to be provided on achieving training targets across the Trust	29.01.15	Jennie Hall	Oral update to be provided as part of Matters Arising
14.279	18.12.14	Risk and Compliance Report	Paper on Service Improvement in terms of capacity	29.01.15	Martin Wilson	On agenda

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
<p>Executive summary</p> <p>1. Key messages The paper sets out the recent progress in a number of key areas:</p> <ul style="list-style-type: none"> • Quality & Safety • Strategic developments • Management arrangements <p>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.</p>	
<p>Key risks identified:</p> <p><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></p> <p>Risks are detailed in the report under each section.</p>	
Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i>	All corporate objectives
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	N/A

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

If yes, please provide a summary of the key findings

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.

If no, please explain your reasons for not undertaking an EIA.

1 Strategic developments

1.1 Genomic Medicine Centre

We are delighted to announce that in December 2014, we received the excellent news that the Genetics Network Alliance, which includes the Trust, was successful in its bid to become a pioneering Genomics Medicine Centre as part of the ground-breaking 100,000 Genomes Project.

The Genetics Network Alliance includes the following members:

- Four NHS trusts: St George's Healthcare NHS Trust, Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust
- Two universities: St George's University of London and King's College London
- Two patient organisations: Macmillan Cancer Support and Genetic Alliance UK.
- Two Academic Health Science Networks: covering South London (The Health Innovation Network) and Kent Surrey and Sussex.
- One Academic Health Science Centre: King's Health Partners.

This is a great achievement and clear example of how we can work across multiple organisations spanning health, education, research and the third sector to create world leading programmes.

The programme will encourage increasingly personalised medicine through the development of better diagnostic tests and better targeted medicines. The opportunity to be part of the 100k Genomes Project, contributing to the development of a lasting legacy for genomic medicine which has the potential to transform clinical care is an extremely exciting one.

1.2 Foundation Trust (FT) application

The Trust continues to work with Monitor on the Trust's application for foundation trust status. Although St George's Healthcare NHS Trust is regarded as "well-led" by Monitor and also had an overall rating of 'good' from the Care Quality Commission in 2014, in the context of an increasingly challenging operating environment for NHS trusts, they have asked us to review our financial position and assure them that we can deal with and sustain any downturn.

The Trust has therefore taken measures to strengthen our balance sheet so that we can deal with any ups and downs in NHS finances without impacting our clinical services or our plans for major investment. We hope that this will provide the assurance which Monitor need when they consider the Trust's application at the end of this month.

1.3 External relations

Wandsworth Council Health Overview and Scrutiny Committee – scrutiny session

On 15th January the Trust hosted the first HOSC 'scrutiny' event for Wandsworth Council members. The purpose of these sessions is to enable the HOSC to focus on fewer topics in more detail and to examine cross-organisational health issues (including mental health, acute, community and primary care). The topics covered at the first meeting, as part of an agreed scrutiny plan, were:

- Managing the impact of alcohol misuse of the Trust's services
- Clinical networks and major trauma services: lessons for successful reconfiguration
- System resilience: coping with fluctuating demand

Wandsworth CCG Board to Board

The Trust Board is looking forward to the second Board to Board meeting with the board of Wandsworth Clinical Commissioning Group, on 27th January. These meetings allow the boards of both organisations to come together to discuss issues that affect both organisations. The focus of the next meeting will be quality.

1.4 Development control plan update

The Board was presented with the draft development control plan – a document which sets out potential options for the development of the St. George's site – at a previous board meeting.

Five key issues were identified at that stage that would need to be addressed in developing the DCP further, including:

1. Expansion of the DCP to deal with the strategy in relation to the full Trust estate. This will therefore include:
 - Queen Mary's Hospital, Roehampton, leased from NHSPS
 - The 4 community health centres that were transferred to SGHT from the PCT – Antrim House (Stormont), Doddington, Tooting and Eileen Llecky
 - The space that we lease from NHSPS in 5 community health centres – Balham, Bridge Lane, Brocklebank, Tudor Lodge and Westmore
 - The space that we lease from Community Health Partnerships in 3 community health centres – St John's, Surbiton and the new Nelson
 - The other two centres leased from SWLStG (Joan Bicknell Centre) and Wandsworth Council (166 Roehampton Lane)
2. Making sure that the DCP follows clinical strategy, particularly around service plans and service volumes
3. Delivery of a Trust-wide theatre, diagnostic and imaging strategy
4. Sweeping up the impact from the space reorganisation in the University
5. Financial feasibility – how elements of the DCP can be afforded and what the Trust's capacity is to borrow against these development plans

Work is now progressing in addressing these issues, as well as ongoing internal and external engagement on the potential options, and the final draft DCP is due to be presented to the Board in March.

2 Academic Development

The Trust is delighted to welcome Sarah James, who joins us from King's College Hospital as the new Assistant Director of HR with responsibility for Education and Training. Sarah has a wealth of experience from previous roles and will lead on the development of multi-professional training opportunities across the Trust in support of our Education Strategy.

2.1 Lead Provider for Vascular Surgery pan-London

The Trust has commenced a two-year contract this month as Lead Provider for Vascular Surgery following Stage 3B of Medical and Dental Education Commissioning System (MDECS). The Trust successfully bid to deliver the training programme having demonstrated

St. George's Vascular unit is a recognised leader in Vascular academia, Clinical development and training, with a proven track record for trainee development across London. Once again, recognition of the excellent leadership the Trust provides in managing Post Graduate Medical Education Programmes was a key factor with the Trust supporting a dedicated TPD in place. Vascular is currently one of the smaller specialties and increases the total number of programmes managed by the Trust to 14.

2.2 Funding Bids

St George's submitted a number of bids to Health Education South London in November, and we are delighted to have been successful in securing funding totalling £489,630 to take these projects forward.

Successful Bids:

1. Birth Centres: social model for Maternity Services – Bid Awarded £78,508

To produce a training package which aims to make the birth centre a social hub for a women-centred model of maternity services focused on support of maternal health, well-being and transition to parenthood. This will offer the best possible start in life for the newborn and support a positive shift to the new role of parents.

The training package will also develop the midwifery workforce based both in community settings and at the birth centre both on normal birth skills and dealing with obstetric emergencies, developing their communication skills and ability to work within the multidisciplinary team.

2. Genomics Massive Open Online Course (MOOC) – Bid Awarded £99,663

The bid is for the development and implementation of an online course to target and be available to the entire clinical workforce and to up-skill clinical practitioners in an age when genomic medicine is becoming integral to everyday clinical life. It will be available to all doctors, nurses, physiotherapists and members of the clinical workforce.

3. Genomics – Post Graduate Certificate - Bid Awarded £10,144

The bid is for the development of an e-learning component of the PgCert in the Interpretation and Clinical Application of Genomic Data.

4. Listening to Learn – Bid Awarded £35,000

The project intends to expand on an existing model of training, focusing specifically on examples from children's services where customer care, kindness and communication could be improved. We will utilise the rich experiential data we obtain from listening to patient stories, reviewing complaints and incidents to develop a training package for paediatric nurses and doctors. Specifically, the project focus is improved understanding of 'the patient's journey through paediatric services' and the impact of staff actions or behaviours on this experience.

5. Mental Health Training for Paediatric Nurses in the Acute Setting – Bid Awarded £132,480

Working in collaboration with King's College, London we will develop a 60 credit graduate certificate at Level 6. This would be delivered as four fifteen credit modules covering mental health, child, adolescent and intellectual disability and will include a minimum of one eight week placement in an adolescent mental health ward.

6. Improvements to care for patients with Mental Health Conditions – Bid Awarded £106,265

This is to release our acute nurses on short courses with Springfield simulation team.

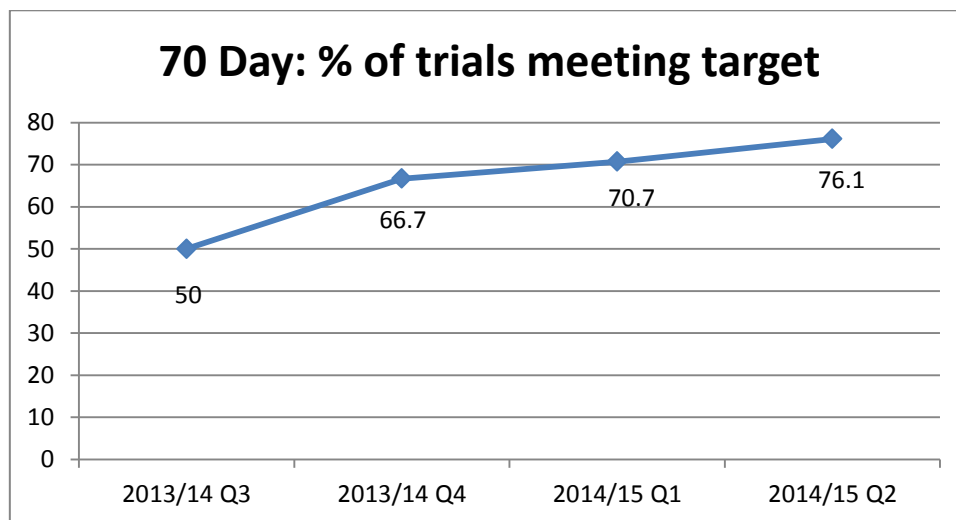
7. Young Onset Dementia (Neurology) – Bid Awarded £27,600

To develop a website for the Young Onset Dementia (YOD) project run at St George's. This includes (but is not exhaustive) advertisement of educational courses and training, a library of research documentation including new publications, support for the development of a virtual clinical network between clinicians involved in YOD in SWL.

2.3 Research

The NIHR has published their analysis of St George's performance on "70 day target" (recruiting the 1st patient within 70 days of a request to open a research site here) for clinical trials approved in the year October 2013-September 2014.

In this report (published Jan 2015) 76.1% of trials met the 70 Day Target – up from 50% one year ago. We have moved up from the 3rd quartile, to the second quartile in terms of national benchmarking.



Our recruitment figures are much improved. We had set an annual target to support 4,036 patients of St George's to participate in research for this financial year – and we have already surpassed that with 6,822 patients participating as of December 2014. We are awaiting the publication of 'frozen year' figures from the CRN.

Additionally, we are the largest recruiter onto commercial trials in South London. This is good news for our patients as commercial trials offers access to new drug therapies before they are widely available. For this reason, recruitment into commercial trials is often very competitive and some trials close earlier than expected. We do still have some challenges in supporting commercial trials here reach target recruitment – and are working with investigators around this.

2.4 Joint working with St. George's University of London

Following on from last month's report, work continues on developing a joint Education Strategy and developing a detailed proposal for more integrated working in Cardiology across our two organisations. In relation to branding, the vision for the partnership along with guidelines for the use of the brand and a communications plan for its launch are being

developed. Progress reports on all of these issues will be taken to the next Joint Implementation Board meeting in February 2015.

2.5 Personnel changes – St. George's University of London

Professor Peter Kopelman, Principal of St George's, University of London medical school, has announced he will be stepping down at the end of the calendar year. This will also mean Peter stepping down as a non-executive director of the Trust.

Professor Kopelman has been in the post for seven years and overseen a successful and varied programme of work. Under Peter's stewardship, St George's has achieved improved National Student Survey scores, a more sustainable financial footing, a growing number of collaborative relationships with US institutions and closer partnership working with St George's Healthcare NHS Trust.

Peter wrote to all university staff saying: "I have thought long and hard about when I should step down and, after much deliberation, I have decided to move on. I firmly believe I shall be leaving the institution with stronger foundations for my successor in an exciting new era."

The process for recruiting a new Principal will start soon, with the aim of appointing a new Principal late Summer 2015.

In addition, Professor Adrian Clark, Dean of Research and Enterprise, has decided to retire at the end of February 2015. Adrian joined St George's University nearly three years ago with a specific focus to reinvigorate our research effort and deliver a successful REF submission. Adrian has achieved much more than this and the three research institutes stand as a testament to his vision and aspirations for SGUL's research as we enter the 2020 REF era.

Seeking a successor to Adrian will be one of the first priorities for the new Principal. Meanwhile, Adrian's responsibilities will be shared between the Research Institute Directors.

2.6 Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

Work continues on the CLAHRC, and we are looking forward to sending representatives to the CLAHRC South London Collaboration event on 22nd January 2015.

2.7 Health Innovation Network (HIN)

A recent highlight for the HIN has been the inclusion of material produced by HIN's London Connect Team in the first annual report of the Independent Information Governance Oversight Panel, chaired by Dame Fiona and set up by the Secretary of State for Health in November 2013.

We are very grateful to Richard Barker, Chair of the HIN, for his support in chairing the Partnership Board for the Genetics Network Alliance to develop a successful partnership bid for a Genomics Medicine Centre, see below.

3 Workforce

3.1 Values awards

The Trust regularly recognise staff for their contribution to patient care and their demonstration of the Trust values in their work. Award winners are nominated by either colleagues or service users. In the latest round of awards, we have recognised:

All values

Pressure ulcer task group - They have worked tirelessly for 3 years as a dedicated group to change the way we manage and prevent pressure ulcers. The group has met every 2 weeks during this time and achieved recognised reductions in pressure ulcers, designed a care bundle, teaching package and are a shining example of a kind, responsible, respectful and excellent group of dedicated professionals.

Responsible

Tissue viability team (David McCall and Gillian Laird)- They have both driven the zero tolerance approach to pressure ulcers. They are keen enthusiastic, professional, approachable and very supportive. They are extremely dedicated and hard-working and have actively reduced pressure ulcers across the Trust using a focussed approach.

Excellent

Richard Riding (Surgery) - Richard has been passionate about spreading great practice across the organisation specifically around pressure ulcer prevention and management. He was instrumental last year and continues to roll out preventative strategies in PU management across surgery and wider. A real asset to the team.

Jane Holden (Surgery)- Jane works with a passion for excellence. She cares for her patients in an exemplary way and is a brilliant role model for all nursing staff and students. She demonstrates all the Trust values and is an absolute pleasure to work with. She works over and above the requirements of the job, definitely goes the extra mile.

Neonatal team - For the excellent care, love and compassion they provided to baby G - a premature baby who was born at 24 weeks gestation weighing just 580 grams. Baby G was rejected by his parents from the moment he was born. He was never held, kissed or loved by his parents but he had plenty of love and affection shown by the whole MDT during his short life. Baby G sadly died at the age of 3 months. After his death a number of staff got involved in organising the baby's funeral. Those most involved are Jayne Chinogurei (Sister) and Ruth Aguilar (Senior Staff Nurse). They liaised with social services in Norfolk (parents' local social services) and Wandsworth Council for the burial. They collected funds from staff for a private burial (a total of £700 was raised), selected a funeral director, liaised with Rob Wall to conduct the service and chose the order of service which was typed by Terry James (receptionist). Jayne paid for the flowers and Ruth bought his burial outfit which was too big and had to be taken in by Lorna Barracks (Sister). Samantha Mann (Staff Nurse) made teddy bear shaped cards for staff to write messages on. These cards were then linked together with a ribbon and attached to balloons. Wendy Sexton (medical secretary) also made a bouquet of flowers. The generosity shown by staff extended to the funeral directors who waived the fee when they heard that the neonatal unit staff are paying for the funeral. Wandsworth Council also waived the burial ground fee. First Touch Charity provided the refreshments for after the funeral and the hospital charity allowed us to use the ward fund to top up the £700 to purchase a headstone for baby G.

4 Communications

New Year's Honours

Congratulations to **Fiona Ross**, who until recently was Dean and Professor of Primary Care Nursing at the Faculty of Health, Social Care and Education - a joint venture between Kingston University and St George's University of London, has been made a Commander of the Order of the British Empire (CBE).

Professor Ross has a nursing degree from Edinburgh University, a PhD from King's College London and has worked as a nurse in primary care in a variety of clinical and academic posts. In 1996, she was appointed to the first chair in primary care nursing at St George's (through its partnership with Kingston University) and went on to become Director of the National Nursing Research Unit at the Florence Nightingale School of Nursing and Midwifery at King's College London.

Also **Judith Evans**, the recent Chair of SGUL Council, was awarded an Order of the British Empire (OBE).

Before her time at St George's, Judith Evans was Corporate Personnel Director at Sainsbury's, the first woman appointed at that level, and HR and IT Director on the board of Homebase. There she led the HR and IT strands of the company's corporate transformation and subsequent sale to a venture capitalist. Before that, Judith was Head of Development at British Airways where she was instrumental in transforming the company to become more focused on their customers. She was also a member of the Dearing Inquiry into Higher Education, the Quality Assurance Agency, the Higher Education Funding Council Business and Education Committee, the CBI Training and Policy Committee and the Learning through Experience Trust.

Emergency Department media interest

Since December there has been substantial media interest in the increased number of patients seeking treatment through ED and the impact this has had on waiting times. Both the TDA and NHS England have asked us to work with filming crews to help communicate this sensitive subject. We have so far worked with Sky News and BBC National News. This work is likely to continue.

Venous Thromboembolism (VTE) Assessments

We have launched a communications campaign to ensure the compliance of the completion of patient VTE assessments. This has included updating the nursing pocket guide to include VTE information and the use of task lists, a news story on the intranet and in eG, an alert reminder computer pop up and a screensaver message.

Quentin Blake visit

Sir Quentin Blake unveiled his donation of specially drawn dragons for the children's outpatients' area in December. There are eleven dragon illustrations in various hospital situations. They can be viewed in the Dragon's Children Centre at St George's Hospital. The project was supported by St George's Hospital Charity.

Good Morning Britain

Good Morning Britain spent Christmas Eve morning with us. They did a live broadcast from our neonatal unit, spoke to staff who were working on Christmas Day and expectant mothers who were due very soon or had recently given birth. The filming was a success and the feature was very well received on social media. We believe they will want to work with us again for 2015 Christmas.

REPORT TO THE TRUST BOARD

Paper Title:	Quality and Performance Report to the Board for Month 9- December 2014
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 8.
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 December Quality Performance:</p> <p>Performance</p> <p>The trust is performing positively against performance indicators as per NTDA and Monitor regulatory 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 3 which is 'Amber-Red'.</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. There is no further update since the November report. • The Sentinel Stroke National Audit indicated an improved performance for the period July to September 2014. These are clinical standards for patients. However of note for the Board is the capacity profile across the sector which remains challenged, this is a key risk for the ability to sustain the levels of performance reported for Q2. • The Paediatric Intensive Care Audit indicates that there are good clinical outcomes, challenges remain in relation to staffing levels but there is a proactive recruitment programme in place to improve the position. • The National Lung Cancer Audit indicates a mixed profile for SGH. Data Quality is believed to be a factor in relation to the findings as the Clinical outcome measures internally reported indicate the Trust is complaint with more measures. The issues of data quality are being addressed by the service. • The WHO Surgical Checklist Audit continues to demonstrate improved performance since 2011 however improvement has plateaued within the last 12 months and there are focussed actions in place to ensure that compliance improves across specialties with less 	

than 100% compliance.

- 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 December did not indicate any key trends.
- Safety Thermometer performance increased from November performance with the Trust achieving national performance in the Month. There was a decrease in patients with old pressure ulcers within this month and improved validation of VTE performance. Focussed work streams will continue to support improved performance i.e. pressure ulcers, falls and VTE assessment.
- The pressure ulcer profile for December was consistent with the November position in terms of grade 3 and 4 ulcers with a slight increase 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 falls profile for December slightly increased from November reflecting the profile of patients within the Trust during December with a higher number of frail patients admitted. A number of actions are in place to address falls which are outlined in the report.
- The VTE profile is largely unchanged. However the Trust has experienced some 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 4 MRSA bacteraemia cases and 28 C-Difficile to the end of December. 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 largely improved in December but deterioration in Maternity services confirming the requirement for us to review our approach to ensure the Trust achieves a strong response rate and delivery of associated CQUINS.
- The complaints summary indicates a 12% reduction in overall complaints from Q2. The reduction occurred across all Divisions with the exception of community services. The most significant reductions were within the Surgical and Medical Divisions. Response times have improved from Q1 but performance for response rates remains below target but some improvement within the Surgery and Neurosciences Division. Performance management is in place to deliver a sustainable performance in Quarter four, and Divisions have moved to a weekly oversight process.
- The headline findings from the Cancer patient Experience Survey are including, earlier feedback has previously been given to the Board in November 2014. This was a positive survey for the Trust which was one of the 10 most improved Trusts. There are a number of actions to be taken going forward but this is building on significant progress.

Well Led Domain:

- The safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 88.78 % 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 review is now being undertaken of the first 6 months of the returns to understand any trends and to also do future assurance on data quality.
- 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 maps for both November and December are 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. The complaints profile rose slightly. 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)

The profile regarding the failure to act on clinical test results arising from serious incidents.

Safeguarding Children Training compliance Profile

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



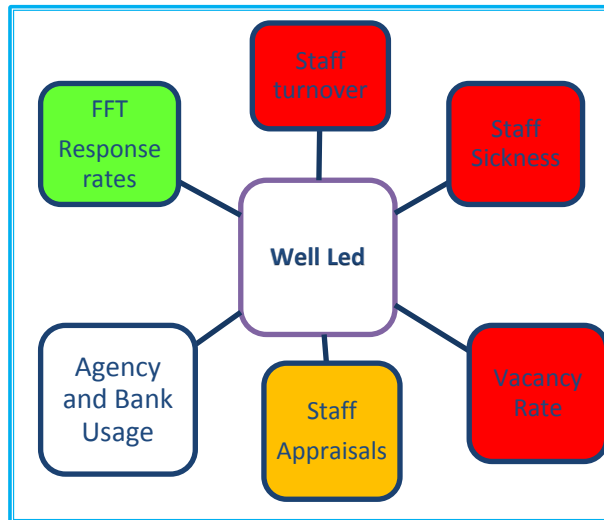
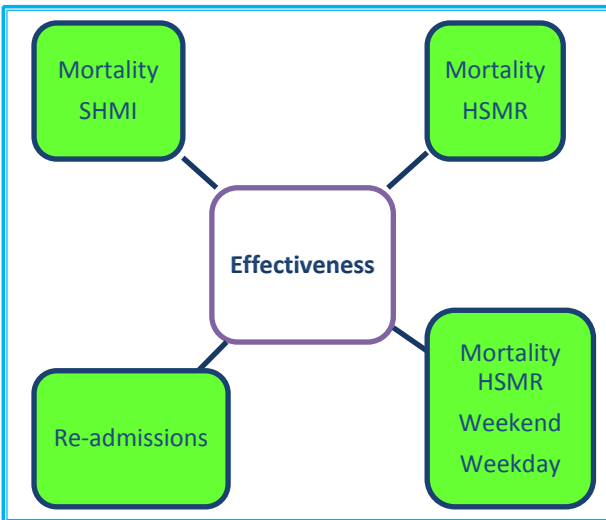
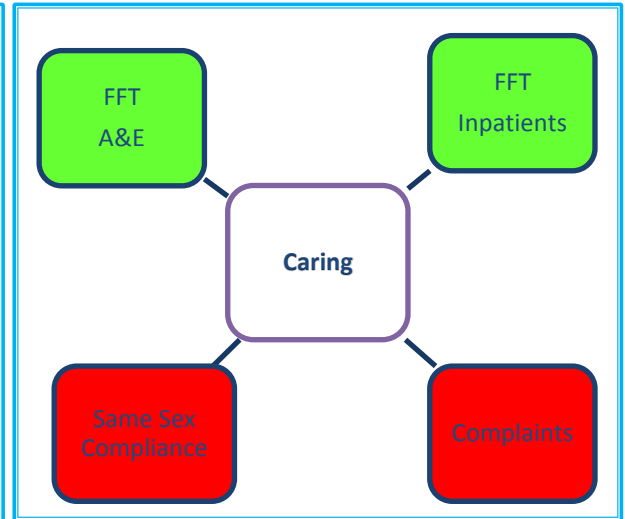
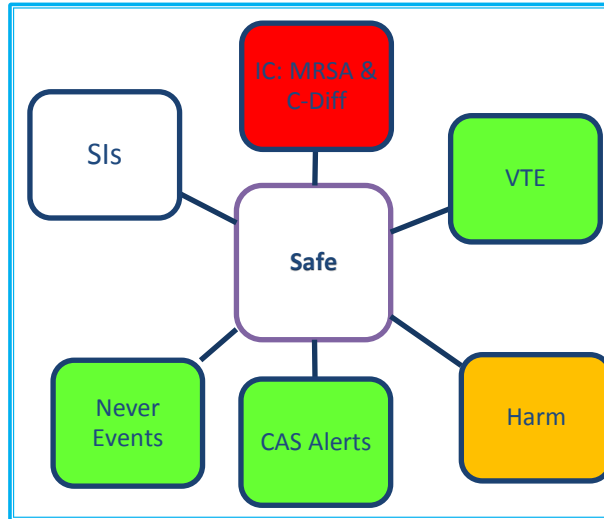
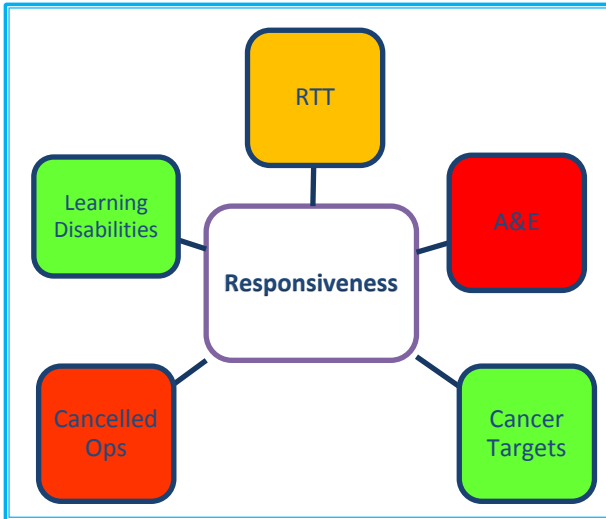
Trust Board
Month 9 – December 2014

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1. Executive Summary - Key Priority Areas December 2014



The above shows an overview of December 2014 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 - November as reported one month in arrears)

Performance against Frameworks

2. TDA Accountability Framework KPIs 2014/15: December 14 Performance (Page 1 of 1)

Responsiveness Domain					
Metric	Standard	YTD	November	December	Movement
Referral to Treatment Admitted	90%		83.77%	85.7%	▲
Referral to Treatment Non Admitted	95%		95.35%	95.7%	▲
Referral to Treatment Incomplete	92%		91.42%	90.3%	▼
Referral to Treatment Incomplete 52+ Week Waiters	0		1	2	▲
Diagnostic waiting times > 6 weeks	1%			98.9%	▼
A&E All Types Monthly Performance	95%	93.59%	92.17%	84.8%	▼
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%	3.5%	6.7%	▲
Certification against compliance with requirements regarding access to health care for people with a learning disability	Compliant	Yes	Yes	Yes	➤
	Standard	YTD	Q2	Q3 to Date	Movement
Two Week Wait Standard	93%	96.3%	94.7%	96.4.0%	▲
Breast Symptom Two Week Wait Standard	93%	98.1%	98.5%	96.1%	▲
31 Day Standard	96%	98.6%	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%	97.8%	▼
62 Day Standard	85%	86.8%	86.0%	87.3%	▲
62 Day Screening Standard	90%	92.6%	95.4%	91.7%	▼
Domain Score			3		

Safe Domain					
Metric	Standard	YTD	November	December	Movement
Clostridium Difficile - Variance from plan	0	-4	-3	-4	▼
MRSA bacteraemias	0	4	0	1	▼
Never events	0	3	0	0	➤
Serious Incidents		133	17	16	▼
Percentage of Harm Free Care	95%		93.33%	92.1%	▼
Medication errors causing serious harm	0	0	1	0	▼
Overdue CAS alerts	0	1	1	1	➤
Maternal deaths	1	1	0	0	➤
VTE Risk Assessment	95%		96.84%		▲
Domain Score			4		

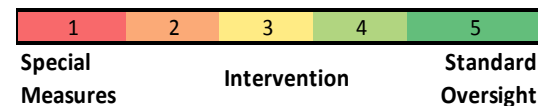
Effectiveness Domain					
Metric	Standard	YTD	November	December	Movement
Hospital Standardised Mortality Ratio (DFI)	100		76.7	84.3	▲
Hospital Standardised Mortality Ratio - Weekday	100		86.08	86.08	➤
Hospital Standardised Mortality Ratio - Weekend	100		83.66	83.66	➤
Summary Hospital Mortality Indicator (HSCIC)	100		81	81	➤
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust	5%	3.3%	3.5%	3.5%	➤
Domain Score			5		

Caring Domain					
Metric	Standard	YTD	November	December	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			68	81	▲
Mixed Sex Accommodation Breaches	0	6	0	2	▲
Domain Score			3		

Well Led Domain					
Metric	Standard	YTD	November	December	Movement
IP response rate from Friends and Family Test	30%		42.00%	41.70%	▼
A&E response rate from Friends and Family Test	20%		14.80%	32.80%	▲
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%		17.31%	17.4%	▼
Trust level total sickness rate	3.50%		3.77%	4.0%	▲
Total Trust vacancy rate	11%		12.99%	12.70%	▼
Temporary costs and overtime as % of total payroll					
Percentage of staff with annual appraisal - Medical	85%		84.97%	83.8%	▼
Percentage of staff with annual appraisal - non-medical	85%		79.81%	83.2%	▲
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 December 2014 is as detailed above with a overall quality score of 4. : RTT target failure is an issue only for December as the trust planned to fail in December with the agreement of the CCG. Performance is expected to be on target in January 2015

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

3. Monitor Risk Assessment Framework KPIs 2014/15: December 14 Performance (Page 1 of 1)

Access							
Metric	Standard	Weighting	Score	YTD	Nov	Dec	Movement
Referral to Treatment Admitted	90%	1	1		83.8%	85.71%	▲
Referral to Treatment Non Admitted	95%	1	0		95.4%	95.7%	▲
Referral to Treatment Incomplete	92%	1	1		91.4%	90.30%	
A&E All Types Monthly Performance (Quarter to date)	95%	1	1	93.59%	93.27%	90.71%	▼
				YTD	Q2	Q3 TD	
62 Day Standard	85%	1	0		86.0%	87.3%	▲
62 Day Screening Standard	90%	1	0		95.4%	91.7%	▼
31 Day Subsequent Drug Standard	98%	1	0		100.0%	100%	▶
31 Day Subsequent Surgery Standard	94%	1	0		100.0%	97.80%	▼
31 Day Standard	96%	1	0		98.7%	97.1%	▼
Two Week Wait Standard	93%	1	0		94.7%	96.4%	▲
Breast Symptom Two Week Wait Standard	93%	1	0		98.5%	96.1%	▼

* NYA Not yet available

Outcomes							
Metric	Standard	Weighting	Score	YTD	Nov	Dec	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			55%	55%	▼
referral information	50%	1			88%	88%	▶
treatment activity	50%	1			71%	71%	▲

Trust Overall Quality Governance Score	1	3	▶
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Green <1.0
Amber Green= >1 and <2
Amber/Red = >2 and <4
Red= >4

December 2014 Performance against the risk assessment framework is as follows:

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

Note: RTT target failure is an issue only for December as the trust planned to fail in December with CCG and performance is expected to be on target in January.

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
- 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 4) - A&E: 4 Hour Standard

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

Lead Director	November	December	Movement	2014/2015 Target	Forecast Jan- 15	Date expected to meet standard
FA	92.17%	84.84%	▼	>= 95%	R	Feb -15

Peer Performance Q3 at end December 2014

STG	Croydon	Kingston	King's College	Epsom & St Helier
90.7%	92.36%	94.82%	88.48%	94.65%

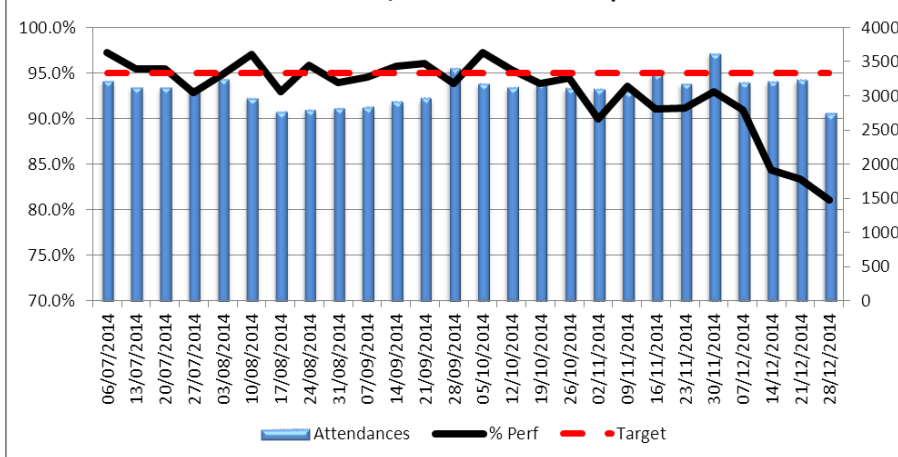
The ED target is that 95% or more of patients should be seen and discharged within 4 hours of attending the Emergency Department. In December the trust did not meet the target with only 84.84% of patients being seen within 4 hours. ED performance for the quarter of 90.7% is below target and trusts trajectory, but has improved over the last three weeks. Performance in Q3 was significantly impacted by flu and increases in frail elderly admissions with long length of stay

In view of the increased admissions and the impact of high bed occupancy on hospital flow immediate actions are being undertaken to include:

- Creating immediate additional bed capacity.
- Transfer of patients from acute to step-down beds.
- Pro-active management of DTOC patients including the piloting of a 'Discharge to Assess scheme'.
- Further work continues to build in additional bad capacity over the medium term.

The Trust continues to implement and further embed existing actions to maintain performance improvement as addressed by the trust action plan with additional focus on: maximising capacity, improving flow, reducing the number of delayed transfer of care patients, and reducing the number of patients awaiting repatriation . This is further supported and reviewed by commissioners as part of system resilience work being undertaken and weekly through system resilience conference calls.

ED Q2&3 2014/15 - Performance by Week



Performance Overview by Type

	ED	MIU	ED & MIU
	(Type 1)	(Type 3)	(Type 1+3)
Month to Date (December)	83.34%	100.00%	84.84%
Quarter to Date	89.74%	99.85%	90.71%
Year to Date	92.85%	99.83%	93.59%



3. Performance Areas of Escalation (Page 2 of 4) - RTT Incomplete 52+ Week Waiters

Referral to Treatment Incomplete 52+ Week Waiters

Lead Director	November	December	Movement	2014/2015 Target	Forecast Jan – 15	Date expected to meet standard
SB	1	2	▲	0	R	Feb-15

Specialty	Patient Type	Date for patient to be treated	Commentary
Gynaecology	Continuing OP	N/A	The patient is on a complex diagnostic pathway and has had a number of diagnostic appointments throughout the year. The patients pathway is currently being reviewed. Pending review the patient will either be discharged or an additional appointment will be scheduled for February 2015.
Pediatrics	Continuing OP	04/02/2015	Patient had a OP appointment for a post scan review scheduled for 23/12/2014, where the patient did not attend. The trust can confirm that the patient has subsequently been scheduled to attend on 04/02/2015. However, the trust is pro-actively working to expedite this patient to an earlier date if possible.

All 52+ week waiters reported in November 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 escalation email of long waiters is now sent by the Associate Director of Finance, Contracting and Performance to the Divisional Directors of Operations and Divisional Clinical Chairs to review personally 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.
- Two Executive Director led Task and Finish Groups have been initiated with the first focusing on data quality and IT technical improvements and the second on operational workflow and process improvement. Key workstreams are being identified and actioned upon both in terms of delivering short term 'quick wins' and long term strategic service improvement.



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

Proportion of Cancelled patients not treated within 28 days of last minute cancellation						
Lead Director	November	December	Movement	2014/2015 Target	Forecast Jan - 15	Date expected to meet standard
CC	3.5%	6.8%	▲	0%	G	Jan - 15

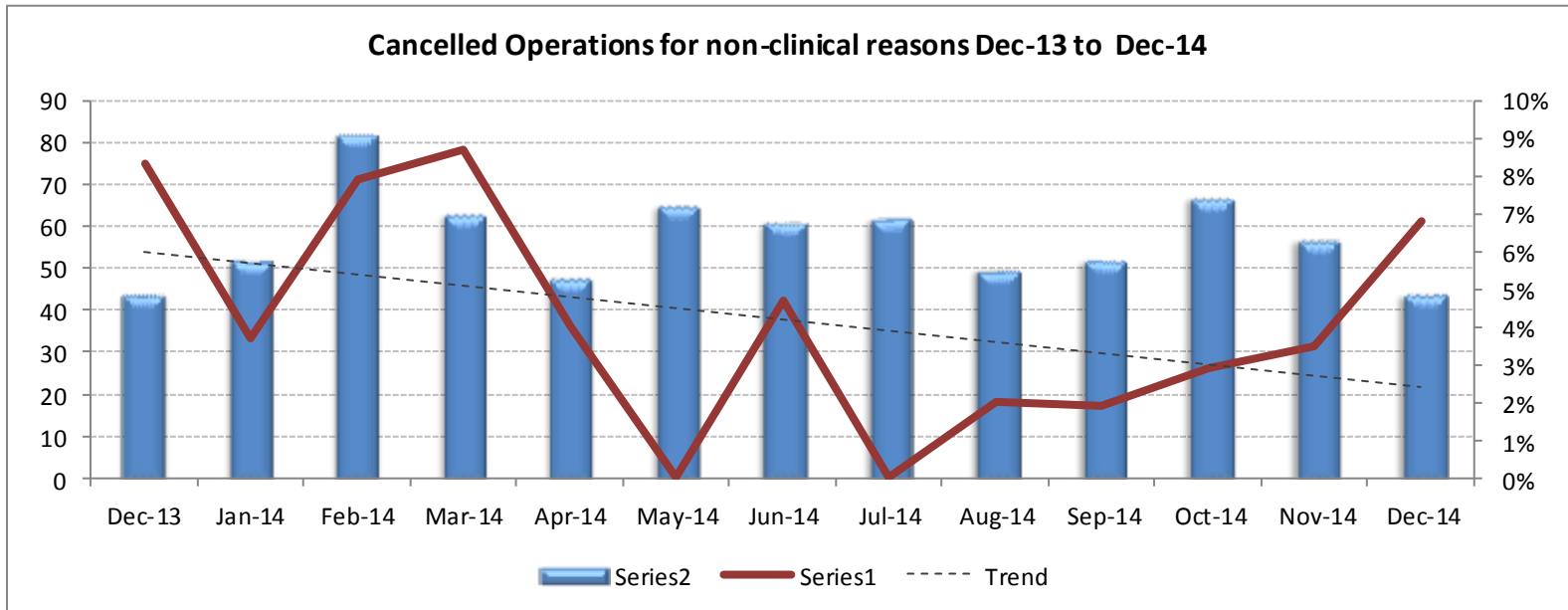
Peer Performance Comparison – Q3 2014/15				
STG	Croydon	Kingston	King's College	Epsom & St Helier
1.2%	5.88%	5.0%	10.75%	1.25%

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 44 cancelled operations in December from 3880 elective admissions, 41 of whom were rebooked within 28 days. Three patients were not rebooked within 28 days, accounting for 6.8 % of all cancellations.

The breaches were attributable to the specialties of Neurosurgery, Trauma and Orthopaedics and oral surgery respectively. Key contributory factors for the cancellations were related to 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.



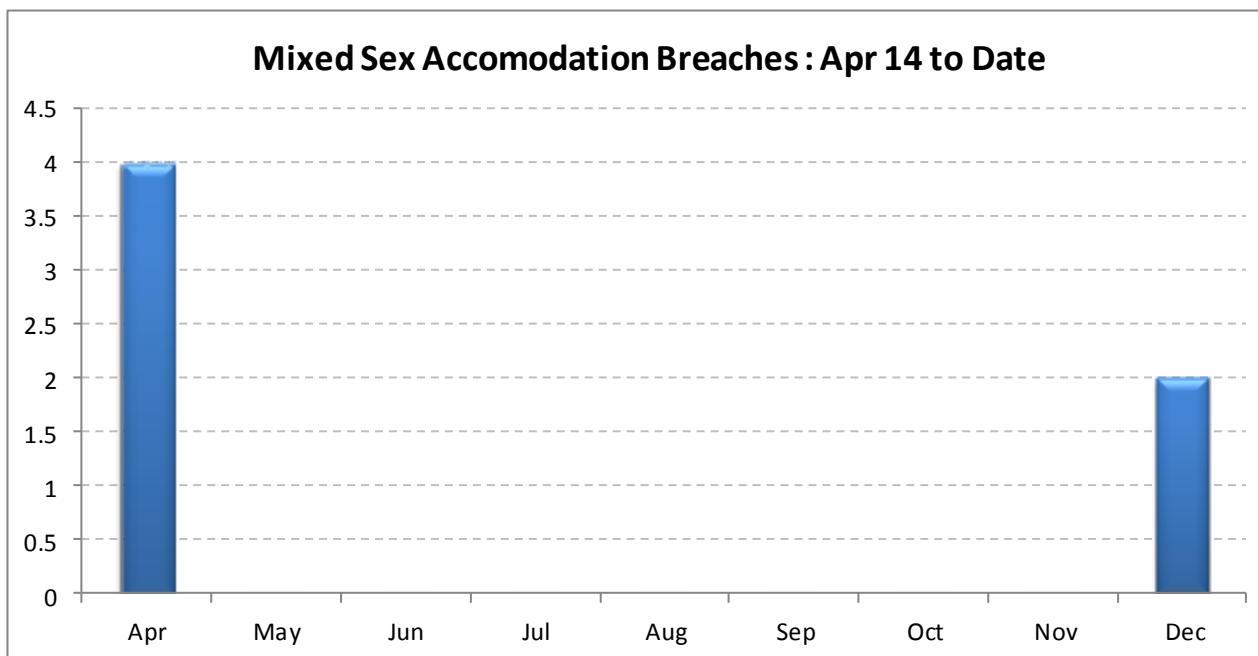


3. Performance Areas of Escalation (Page 4 of 4) - Mixed Sex Accommodation

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

Peer Performance Latest Published Q3 2014-15				
STG	Croydon	Kingston	King's College	Epsom & St Helier
2	0	0	0	7

In December the trust incurred two Mixed Sex Accommodation breaches which occurred on the Hyper Acute Stroke Unit (HASU). 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.

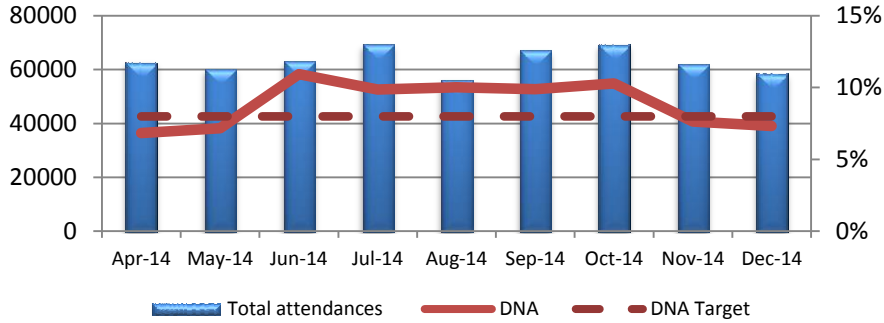


Corporate Outpatient Services Performance

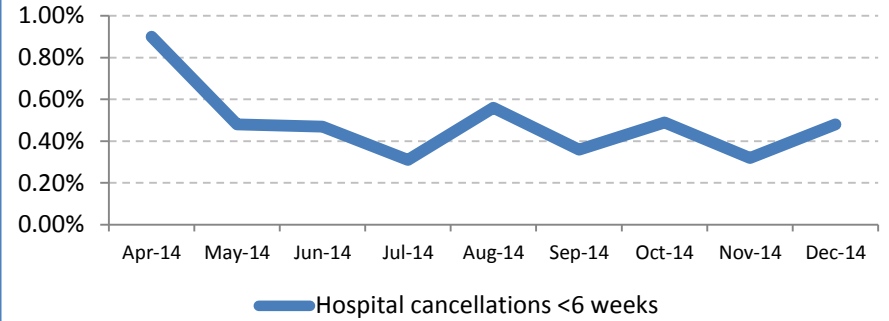
4. Corporate Outpatient Services (1 of 2)

- Performance Overview

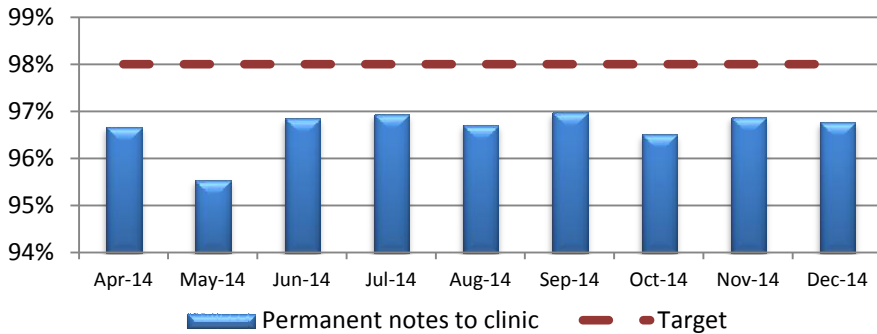
Activity - OP Attendances and DNA's



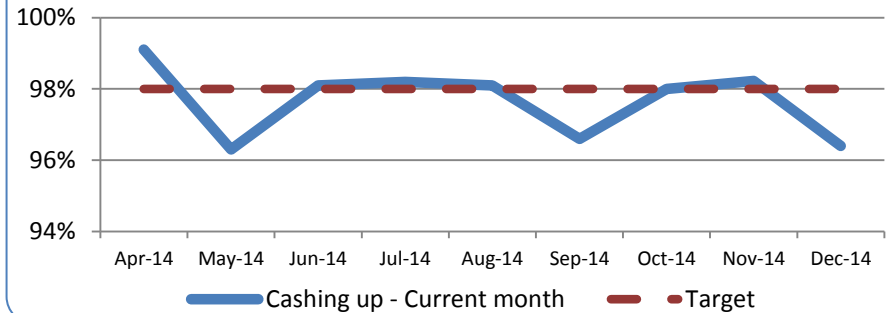
Outpatients - Hospital Cancellations < 6 Weeks



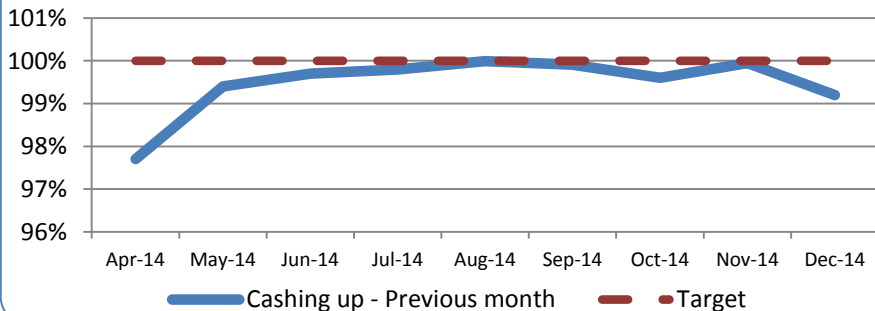
OP Department Performance - Permanent notes to clinic



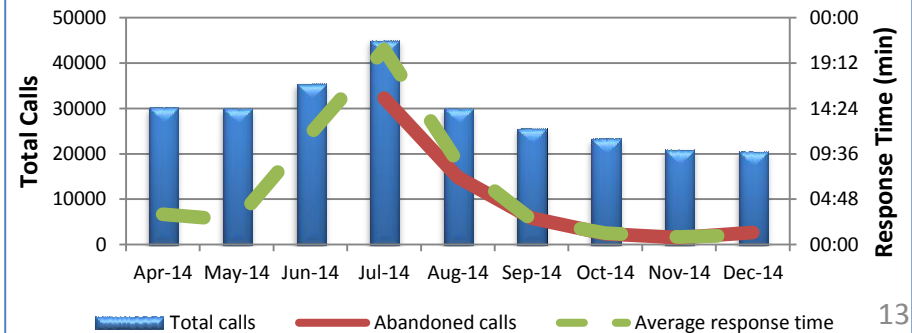
OP Department Performance - Cashing up Clinics Current Month Performance



OP Department Performance - Cashing up Clinics Previous Month



Call Centre Performance



4. 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
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Activity	Total attendances	N/A	62796	60264	62954	69250	56102	67188	69507	61879	58659
	DNA	<8%	6.84%	7.18%	10.93%	9.87%	10.02%	9.89%	10.30%	7.64%	7.33%
	Hospital cancellations <6 weeks	<0.05%	0.90%	0.48%	0.47%	0.31%	0.56%	0.36%	0.49%	0.32%	0.48%

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%
	Cashing up - Current month	>98%	99.10%	96.30%	98.10%	98.20%	98.10%	96.60%	98.00%	98.22%	96.40%
	Cashing up - Previous month	100%	97.70%	99.40%	99.70%	99.80%	99.99%	99.91%	99.60%	99.95%	99.20%

Call Centre Performance	Total calls	N/A	30162	30116	35571	45101	30004	25674	23420	20964	20639
	Abandoned calls	<25%				32257	14825	5794	2376	1558	2681
	Mean call response times	<1 minute	03:12	02:34	11:42	20:39	08:41	02:38	01:13	00:47	01:02

Key Messages:

- 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 varies between specialties from 2% to 86%.
- Call centre performance improvement continues to be built upon and sustained. CBS action plan on track to deliver key milestones.

Clinical Audit, Quality and Effectiveness



5. Clinical Audit and Effectiveness

- Mortality

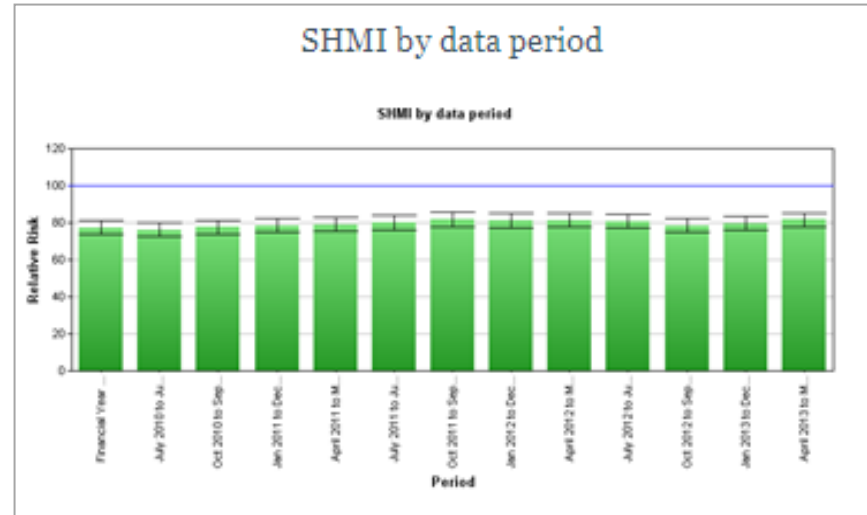
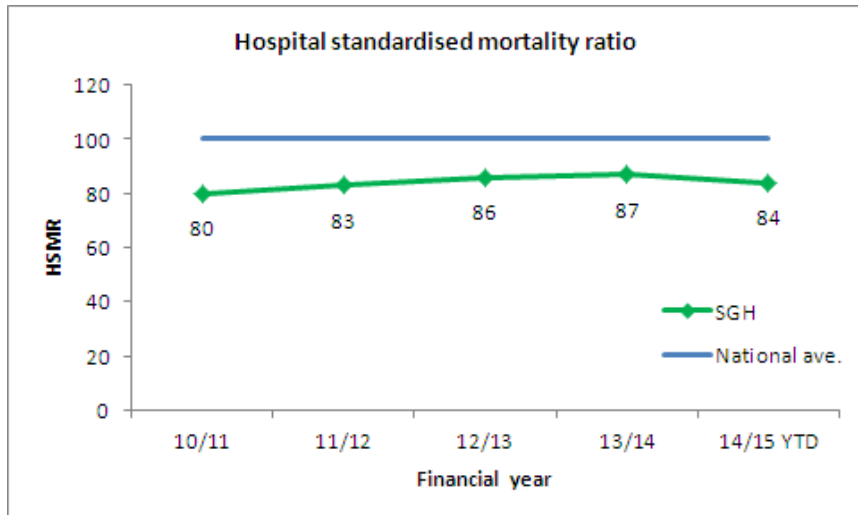
HSMR (Hospital standardised mortality ratio)						
Lead Director	November	December	Movement	2014/2015 Target	Forecast January 15	Date expected to meet standard
SM	76.7	84.3	↑	<100	G	Met

SHMI (Summary hospital-level mortality indicator)				
Oct 2013	Jan 2014	April 2014	July 2014	Oct 2014
0.81	0.81	0.78	0.80	0.81

Note: Source for HSMR mortality data is Dr Foster Intelligence, published monthly. Data is most recent rolling 12 months available. For December 14 this was September 13 to August 14. SHMI data is published by the Health and Social Care Information Centre 6 months retrospectively. The last 12 month period as published on 23rd October is reported and relates to the period April 2013 to March 2014. The publication of data for July 2013 to June 2014 is expected on 27th January 2015.

Overview:
 There has been a delay to the update of data by Dr Foster Intelligence and therefore our position remains unchanged from that reported last month. Our HSMR for the most recent 12 months available (September 2013 to August 2014) shows an increase in comparison to the figure calculated in November. This is due to the annual recalculation of the underlying risk model, which takes into account improvements in outcomes nationally over time. Through remodelling the national average is reset to 100, and therefore if mortality locally is not improving as quickly as it is nationally then our mortality will show an increase at the time of this readjustment. Dr Foster are moving towards monthly remodelling which will eliminate this and ensure that data reported is always reflective of current national performance. It should be noted that despite this apparent increase our mortality remains significantly better than expected.

Dr Foster have provided trusts with access to the data that the CQC use for the Intelligent Monitoring reports. All data is for the period April 2013 to March 2014 and shows that our mortality for weekday emergency admissions is significantly better than expected at 89.35. For weekend emergency admissions the ratio is 88.64 which is within the expected range.





5. Clinical Audit and Effectiveness

- National Audits

Sentinel Stroke National Audit Programme (SSNAP)

Acute Organisational Audit Report, December 2014

Overview: This is the second report with information on national and hospital level findings on the organisation of stroke services, in particular acute care organisation, specialist roles, staffing, TIA (mini stroke) services, communications between staff groups and with patients and carers, and pathway at discharge. The results reflect the organisation of stroke services as of 1 July 2014.

SSNAP is guided by the Intercollegiate Stroke Working Party (ICSWP) and delivered by the Stroke Programme in the RCP, and is centrally funded by the Healthcare Quality Improvement Partnership (HQIP) until 2015. The scoring system is across 6 domains, comprising 46 key indicators.

Overall Performance: We are rated A for our stroke service organisation, reflecting a well-organised service. In London, King's and UCLH were also rated A.

SSNAP Clinical Report, July – September 2014

Overview: This is an on-going quarterly report publicly reporting how the Trust meets clinical care standards for stroke patients. The Hyper Acute Stroke Unit (HASU) and Stroke Unit (SU) are rated separately.

Overall Performance: We were rated A for HASU and B for SU. This is an improvement from prior scores and reflects changes in consultant working practices, implementation of 7 day therapy and significant work by the team.

Analysis: The service is concerned that iClip implementation may adversely affect SSNAP performance as it has slowed down work. There are ongoing capacity issues across the sector that also influence our performance. In addition, the service is planning the move of the Stroke Unit to Thomas Young ward to facilitate the expansion of Neurosurgery. Therefore, we expect some fluctuation in our SSNAP scores over the coming months.

Action Plan: The team will continue to work towards providing a high-quality service. Planned improvements for the coming year include improved MRI access, increased TIA clinic activity and embedding extra consultant cover on the SU.

Comparison Table December 2014	Total Organisational Score	Domain 1 Acute Care Organisation	Domain 2 Specialist roles	Domain 3 Inter-disciplinary services	Domain 4 TIA/ Neurovascular clinic	Domain 5 Quality improvement, training and research	Domain 6 Planning & access to specialist support
St Georges's	A	A	A	A	A	A	A
King's College	A	A	A	B	A	A	A
Guy's & Thomas	B	A	D	D	A	B	A
Imperial College	B	C	A	B	A	B	A

Colour code of score

A (>80)	B (70-80)	C (60-69)	D (40-59)	E (<40)
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5. Clinical Audit and Effectiveness

- National Audits

PICANet (Paediatric Intensive Care Audit Network) report 2014: A decade of data

The death of a 10 year old child in 1995 resulted in an enquiry and subsequently the establishment of the PICANet audit. Over the last decade this project has been successful in driving forward improvement in paediatric intensive care services across the country; mortality rates are at their lowest level to date with 96% of children discharged alive. The report finds birth rates continue to exceed projected bed needs which in turn has an impact on bed capacity and staffing levels. Recommendations of this report are:

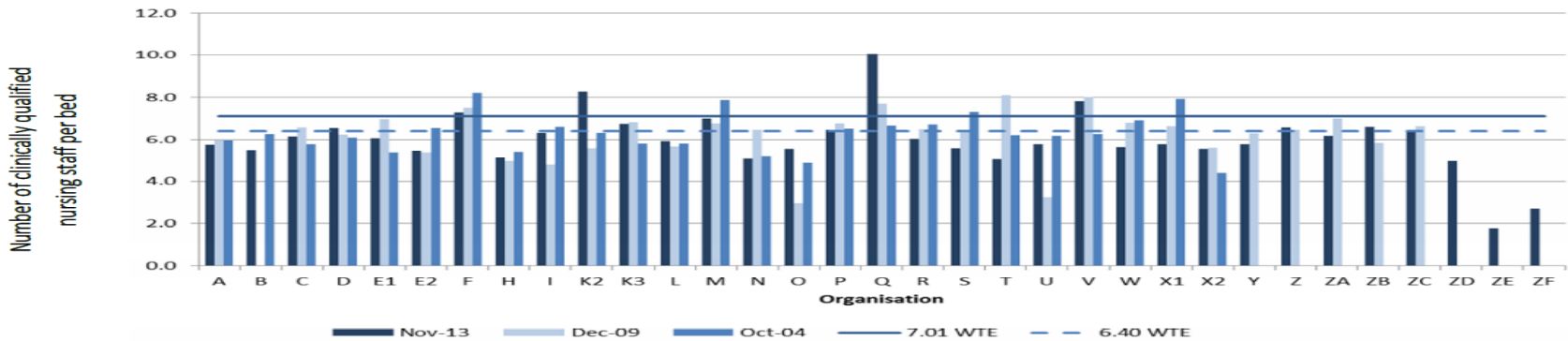
1. Staffing levels and skill mix are kept in accordance with professional standards, which is 7.01 WTE nurses per PICU bed.
2. To monitor mortality and morbidity post PICU discharge by data linkage to routine health datasets held by the NHS HSCIC.
3. Increasing use of high flow nasal cannula therapy should be monitored and its effectiveness assessed in the PICU setting.
4. A standard for emergency readmission rates should be established to enable effective monitoring of this key performance indicator.

St. George's (Trust 'T' on the below chart) are observed to fall below PICS (Paediatric Intensive Care Society) standards. Locally much work has taken place over the last 2 years to move towards achieving the PICS standards and accommodate the increase in activity and bed base, this work will continue.

The service have acquired 5 high flow oxygen devices for use on PICU and PSDU. These have been extremely useful in preventing intubation in respiratory failure and as an adjunct treatment post extubations to avoid re-intubation. Audit of the use of these high flow nasal cannulae will be conducted by the ward sister within the next six months.

The unit monitors 48 hour readmissions on their quality dashboard and there have been no 48 hour readmissions in over 12 months. This is a KPI on the national quality dashboard and we continue to perform as one of the best trusts in the country.

Figure 2. Number of clinically qualified staff in post (WTE) per bed, by health organisation: 2004, 2009 & 2013



Nurse staffing data are collected annually to monitor PICS Standard 164 of the revised PICS Standards for the Care of Critically Ill Children (4th edition) Version 2, June 2010 and to identify any major nursing issues.



5. Clinical Audit and Effectiveness

- National Audits

National Lung Cancer Audit Report

Table 1 - Overall Standards of Care - 2014	Target to achieve	National Score (England)	London Cancer Alliance score	St George's Score for 2014	St George's Score for 2013	Comparison - London Cancer Alliance scoring better than St Georges
MDT Discussion	>=95%	95.4%	93.7%	84.6%	96.5%	Guys & St Thomas - 100% Imperial College - 100%
Patients receiving CT before bronchoscopy	>=95%	91.1%	91.9%	81.8%	73.9%	West Middlesex - 97.3%
Patients seen by nurse specialists	>=80%	83.9%	78.6%	49.3%	79.4%	Croydon Health Services - 97.5%
Nurse specialist present at diagnosis	>=80%	65.3%	60.4%	35.3%	53.9%	Croydon Health Services - 96.7%
Histological diagnosis	>=75%	75.1%	80.6%	83.8%	87.2%	Guys & St Thomas - 100%
Having active treatment	>=60%	60.2%	62.3%	56.6%	72.3%	Guys & St Thomas - 87.4%
NSCLC having surgery	>=16%	16.5%	14.8%	18.1%	-	Guys & St Thomas - 25.5%
NSCLC Stage 1A, 1B, IIA or IIB having surgery	>=52%	51.8%	51.0%	53.7%	65.0%	North West London - 71.2%

Overview: The National Lung Cancer Audit 2014 was published on 3rd December 2014. The audit is managed by The NHS Health and Social Care Information Centre in partnership with the RCP. The audit collected data on 39,203 patients, representing approximately 100% of the expected number of new cases of lung cancer in the audit period (98% in the previous audit period). The report added that the overall measures of the standards of care have been sustained and in some areas have marginally improved compared to previous years.

Overall Performance: For 2014, the Trust scores are above both the target and national average for:

- Histological diagnosis – National score is 75.1%, and the Trust score is 83.8% (87.2% in 2013);
- NSCLC having surgery - National score is 16.5%, and the Trust score is 18.1%; and
- NSCLC Stage 1A, 1B, IIA, or IIB having surgery - National score is 51.8%, and the Trust score is 53.7% (65.0% in 2013).

The Trust scores are below target and average for England for:

- MDT Discussion - National score is 95.4%, and the Trust score is 84.6% (96.5% in 2013);
- Patients receiving CT before bronchoscopy - National score is 91.1%, and the Trust score is 81.8% (73.9% in 2013);
- Patients seen by nurse specialists - National score is 83.9%, and the Trust score is 49.3% (79.4% in 2013);
- Nurse specialist present at diagnosis - National score is 65.3%, and the Trust score is 35.3% (53.9% in 2013);
- Having active treatment - National score is 60.2%, and the Trust score is 56.6% (72.3% in 2013).

The Consultant Respiratory Physician that leads on this project has examined the report and feels that some measures are the result of inaccurate data and not a true reflection of practice. For example, given that we have high tissue diagnostic rates and better than national average resection rates it is probable that our MDT discussion rate is not accurate, as these cases are discussed and patients will not get a resection unless they go through an MDT. The service continue to consider ways to make improvements to data quality. Necessary steps include employing appropriate resource to ensure accurate data upload, deployment of an adequate database and provision of consultant access to the system.

It is understood that the treatment rate may appear reduced because the service try to discuss every case at their MDT, including patients that we do not get tissue on and palliate. It was further noted that it is not possible to achieve 100% histological diagnosis as it is unethical to pursue tissue in patients that are terminally unwell, and every centre should have some patients like this with no tissue confirmation.



5. Clinical Audit and Effectiveness

- Local Audits

WHO Checklist Audit for non-theatre areas, Quarter 3 2014/15

WHO for non-theatres	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr
	2013/14	2013/14	2013/14	2013/14	2014/15	2014/15	2014/15
Interventional Radiology - St Georges	100%	100%	100%	100%	100%	100%	100%
Endoscopy - St Georges	83%	85%	83%	90%	100%	98%	96%
Endoscopy DSU - Queen Mary Hosp	100%	100%	100%	100%	no data	100%	100%
Cath Lab - St Georges	100%	100%	100%	100%	100%	100%	no data
NeuroRadiology - St Georges	100%	100%	99%	100%	100%	100%	100%
CT - St Georges	20%	80%	100%	100%	95%	100%	100%
Ultrasound - St Georges	20%	33%	70%	50%	33%	100%	100%

Overview

The World Health Organisation (WHO) launched the Surgical Safety Checklist in 2008 in response to an identified global risk of patient safety, with the aim to diminish the number of surgical deaths across the world. It emphasises a core of surgical safety principles to keep common problems at the front of everyone's mind. As part of the commitment to improving patient safety, St Georges Healthcare NHS Trust adopted the WHO Surgical Safety Checklist for theatre and this has been extended to non-theatre sites.

Overall Performances

Interventional Radiology (SGH), has maintained 100% compliance since the programme of quarterly audit began in 2013. Ultrasound (SGH) has shown a significant improvement, achieving 100% in both 2nd and 3rd quarters compared to below 80% previously. For the Endoscopy unit, the team acknowledge the importance of safety checks and the endoscopists have been reminded to sign the check list forms. The team is aiming for 100% compliance for the next audit round (4th Qtr 2014/15).

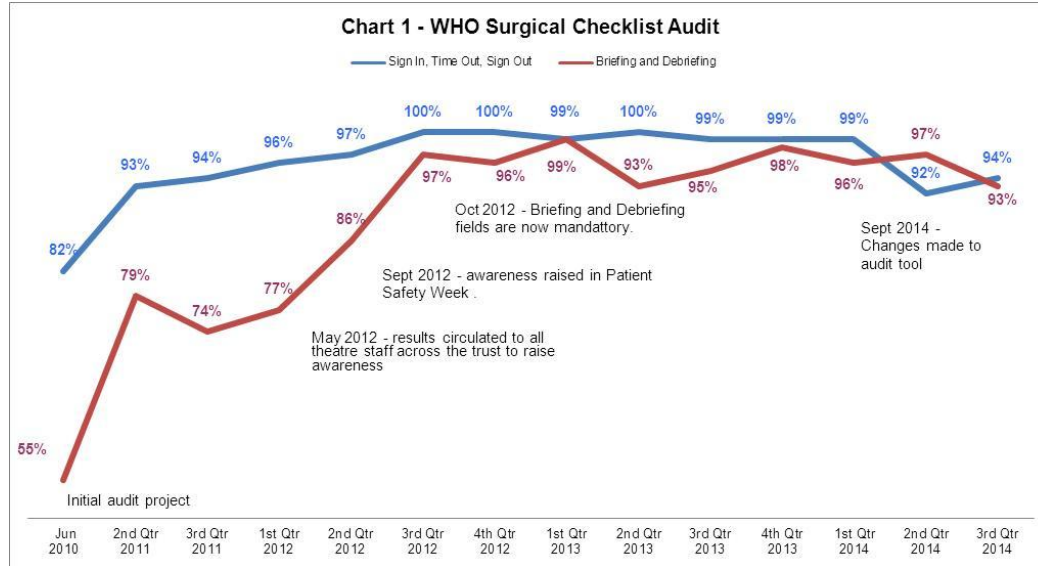
From January 2015, the WHO audit will be extended to Interventional Radiology in SGH, Dental Procedures in SGH, and Endoscopy in Nelson Hospital.



5. Clinical Audit and Effectiveness

- Local Audits

WHO Surgical Checklist Audit, Quarter 3 2014/15



Overview

This quarterly audit was introduced in 2011 and demonstrates significant improvement since the WHO checklist was first introduced at St George's.

Overall Performances

Sign-in, Time Out and Sign-out - chart 1 shows marginal improvement to 94% (92% in the last audit round). ENT and Urology scored 100% while Obstetric (Emergency), Cardiothoracic, Max Fax, and T&O scored <90% as shown in Table 1.

Briefing and Debriefing

Following redesign of the audit tool the number of debriefings recorded has increased to 91 (14 in the last audit round). Overall compliance with this aspect of the checking procedure stands at 93%. 8 specialities scored 100% and 1 speciality scored <90%. Obstetric emergency cases are exempt from briefings as there is no planned theatre list; in this instance it is recommended that 'debrief' be performed together with the 'sign out'.

Table 1 Division	Specialty	Sign In, Time Out, and Sign Out												
		2011/12		2012/13				2013/14				2014/15		
		2nd Qtr	3rd Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr
Children & Women	Gynaecology	93%	93%	98%	99%	100%	100%	100%	100%	100%	100%	100%	87%	97%
	Obstetric - Elective	100%	100%	98%	99%	100%	100%	100%	100%	100%	100%	100%	90%	99%
	Obstetric - Emergency	90%	-	-	88%	100%	100%	100%	100%	100%	100%	100%	91%	88%
	Paediatric	97%	99%	100%	100%	100%	100%	100%	100%	99%	100%	99%	92%	96%
Medicine & CardioThoracic	CardioThoracic	99%	88%	88%	99%	96%	96%	99%	100%	89%	93%	91%	94%	88%
	Renal	-	-	100%	100%	100%	100%	96%	100%	100%	100%	100%	96%	98%
	Vascular	-	100%	100%	93%	100%	100%	96%	100%	100%	98%	100%	94%	99%
Surgery	CEPOD	59%	92%	89%	91%	99%	100%	95%	100%	100%	100%	100%	94%	97%
	DSU	100%	94%	91%	96%	99%	100%	99%	100%	98%	98%	100%	92%	98%
	ENT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88%	100%
	General Surgery	100%	95%	98%	99%	99%	100%	100%	100%	99%	98%	100%	90%	94%
	MaxFax	100%	85%	100%	100%	100%	100%	98%	100%	100%	100%	100%	96%	86%
	Neuro Surgery	100%	98%	99%	91%	98%	97%	100%	100%	100%	100%	90%	99%	93%
	Plastic	96%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	88%	92%
	T&O	100%	96%	-	92%	100%	100%	100%	100%	99%	100%	94%	-	82%
	Urology	-	95%	100%	100%	100%	100%	98%	100%	100%	100%	100%	98%	100%

Action Plan:

- ✓ Present findings at Theatre Care Group and Divisional Governance Board meetings.
- ✓ MD to discuss with Clinical directors and Care Group Leads and request action plans for those specialties which are non-compliant.
- ✓ Theatre Matrons and team leaders to ensure there is discussion at local team meetings and an action plan for areas of non-compliance.
- ✓ Theatre staff to report as AI if checks are not completed.



5. Clinical Audit and Effectiveness

- Local Audits

Tissue Handling Audit (HTA) 2014

Consent Audit Results	Plastic Surgery (n = 10)	Max-Fax & ENT (n = 10)	Neurosurgery (n = 10)	T&O (n = 10)	Cardiac Surgery (n = 10)
Discussion of procedure documented in the notes	30%	90%	90%	20%	100%
Responsible health professional identified	50%	70%	100%	60%	100%
Proposed treatment detailed	100%	100%	100%	100%	100%
Procedure specifically indicated graft	90%	10%	0%	20%	100%
Explanation of procedure documented	100%	100%	100%	100%	100%
Patient ticked the boxes to indicate agreement	0%	62.5% ¹	20%	20%	0% ²
Name of procedure indicated graft	90%	10%	0%	20%	100%

¹ 8 cases audited, ² 2 cases audited

Overview

This annual audit measures compliance with the ‘Policy for Maintaining the Quality and Safety of Organs, Tissues & Cells Intended for Patient Treatment’ (Clin. 5.42) and is a requirement for Human Tissue Authority. The audit focussed on three aspects of the policy, namely storage, consent, and knowledge of the correct procedure for bone, skin grafts, vein and artery. The specialties audited were T&O, Plastics, Max-Fax, ENT, Neurosurgery and Cardiac Surgery.

Storage: The temperature of the freezer/fridge is being checked and documented daily. All the entries audited in the graft book for bone and skin specimen storage had all necessary details recorded.

Consent: Fifty sets of notes were audited. Documentation of consent was generally high but there are aspects that require improvement. These include documentation of discussion with the patient at the time of decision to operate. Such discussion is imperative in order to obtain informed consent and therefore it should be documented within the patient record. Providing the name of the Consultant responsible is also important and there is room for improvement. The audit indicated that consent forms were not completed legibly in many cases. Effort should also be made to ensure that patients fully complete the consent form, indicating whether or not they consent to the use of tissue in diagnosis and audit, teaching and research. When detailing the procedure on both the consent form and the operation note it should be clear that a graft procedure will be carried out. This needs to be improved in all the specialties audited except cardiac surgery where in all cases it was clear that a vein graft would be used.

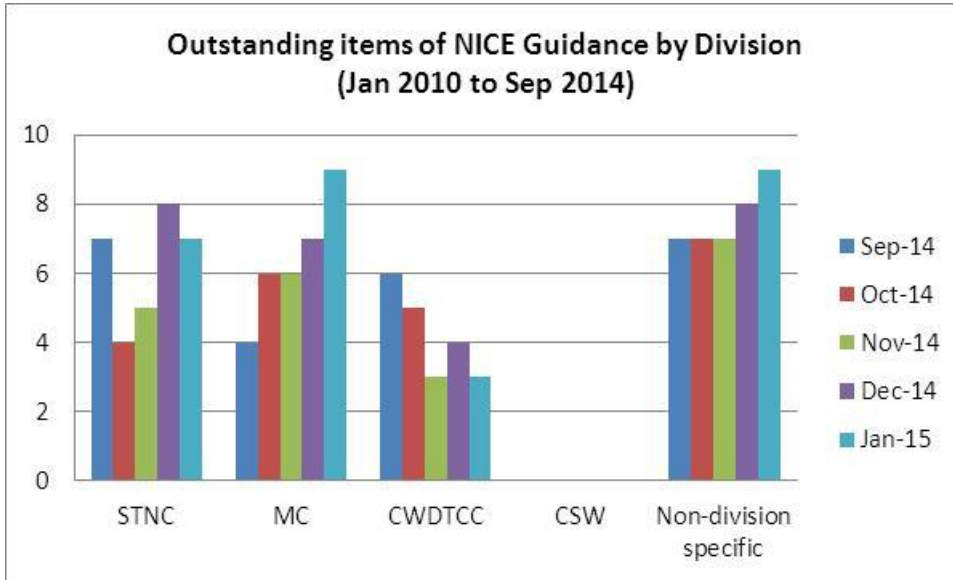
Knowledge: Knowledge of the standard operating procedures and their rationale appears to be improved when compared to the previous audit in 2013; however out of the 39 members audited there were some aspects where the knowledge was not complete. It is recommended that the staff are formally trained and competency assessed.

The findings of this report have been discussed and actions are being taken forward through the quarterly tissue quality meetings with theatre staff, including the recommendation that theatre matrons schedule regular teaching sessions and presentations. All new staff should be supervised to ensure adherence to the protocols, SOPs and updates for clinical competencies. The report has been circulated to relevant divisions for discussion at their Divisional Governance Board and Clinical Governance meetings as local action planning is required to achieve improved documentation of consent.



5. Clinical Audit and Effectiveness

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



Items of NICE Guidance with Compliance Issues (Jan 2010 to Jul 2014)	
Division	Number
STNC	n=5
M+C	n=14
CWDTCC	n=12
CSW	n=0
Non-division specific	n=6

Overview

There were 20 items of NICE guidance released in November and December 2014 and we have already received 7 responses. For guidance issued between January 2010 and September 2014 there are currently 28 items of guidance outstanding; an increase of 1 from the previous report with an additional month's guidance (September 2014) included. In each of the divisions (other than Community) there are items of guidance where responses have been outstanding for a long time: STNC since August 2011; M+C Division since February 2014 and C+W division since August 2014. Responses to these specific items of guidance will be escalated to the divisions via the Clinical Effectiveness and Audit Committee (CEAC) this month.

In December the audit team performed the six-monthly review of all guidance with compliance issues, enabling us to develop an accurate picture of implementation. The responses generally indicate that whilst some progress has been made with aspects of implementation, full compliance has not been achieved in any of the previously identified areas. The results of this review has been sent to the divisions for discussion in their Divisional Governance Board meetings. All have been asked to provide an update to CEAC as to whether non-compliance presents a risk and how this is being managed.

Patient Safety



6. Patient Safety

- Incident Profile: Serious Incidents and Adverse Events

Closed Serious Incidents (not PUs)					
Type	Sept	Oct	Nov	Dec	Movement
Total	7	5	8	10	▲
No Harm	2	3	5	6	▲
Harm	5	2	3	4	▲

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

NB There was also one shared SI in December across three divisions

Table 1

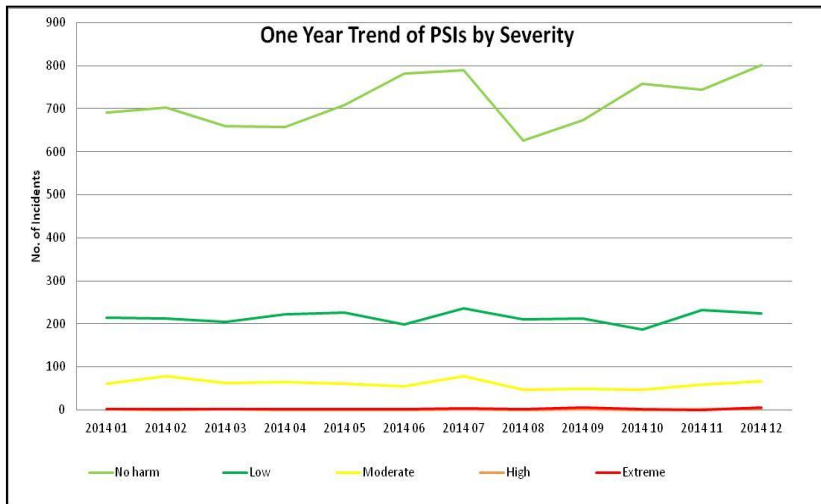
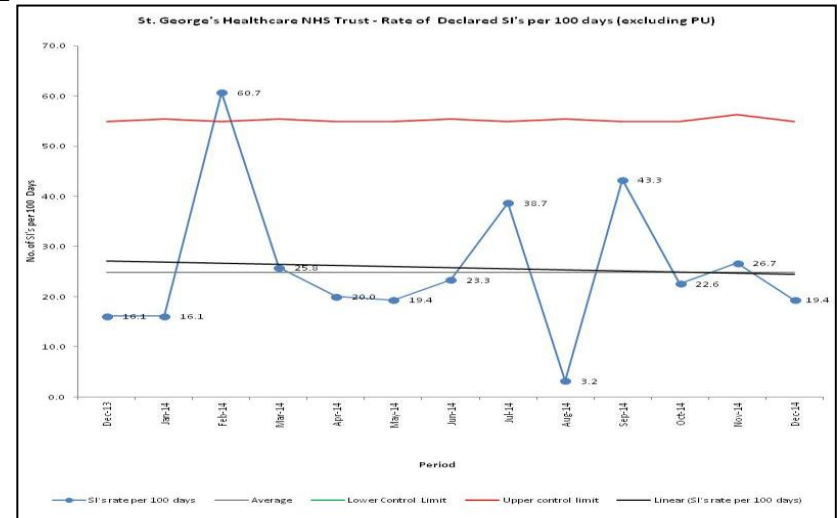


Table 2



Overview:

The annual trend for new -serious incidents excluding pressure ulcers shown in Table 2. Regarding the closed SIs where there was harm : one related to deaths in custody at HMP Wandsworth, one related to a fall, one related to missing instruments in theatre and the other related to an incident of self harm
Trends for adverse incidents in Table 1 show consistent levels of incidents under each of the severity ratings (NB this data is still being validated)

Sign up to Safety

Five safety improvement plans have now been submitted to the Sign up to Safety Campaign and bid for NHSLA reductions in contributions. The five agreed areas are: handover, safety thermometer, medication safety, deterioration and WHO Safer Surgery. The bid builds on existing work within the trust and includes elements of work to enhance the safety culture. The outcome of the bid for NHSLA reductions will be announced in March 2015.



6. Patient Safety

- Incident Profile: Serious Incidents and Adverse Events

Patient Story- Missing Notes

Corporate outpatients see 10,000 patients on average every week and about 3% of them (about 300 patients) will have missing notes. This means that either they cannot be seen and the appointment needs to be rescheduled or they are seen without all the relevant information being available.

Missing notes may seem like an expected administrative problem but we sometimes forget how much of a trauma it can cause for our patients. A recent count of renal transplant patients identified 14 patients where their notes could not be located leading to duplicated work and risks caused by gaps in information.

Sid is a long term patient of our renal team and has visited St George's for a variety of health issues since his renal transplant in the 1980's. Currently he is being seen for diabetes, skin complaints and has also been an orthopaedic patient. Because of his complex problems his notes were crucial to ensure that all clinicians involved in his care knew the important facts.

Unfortunately the majority of Sid's notes were lost with only the notes on one admission remaining. He said "If I see the same doctor I know then they know my history but if I see someone different they need me to tell them about my history. Last time I saw the skin specialist I needed to tell them what lotion they needed to prescribe as they could not check in my notes. It is so frustrating and time consuming having to repeat the same information again and again"

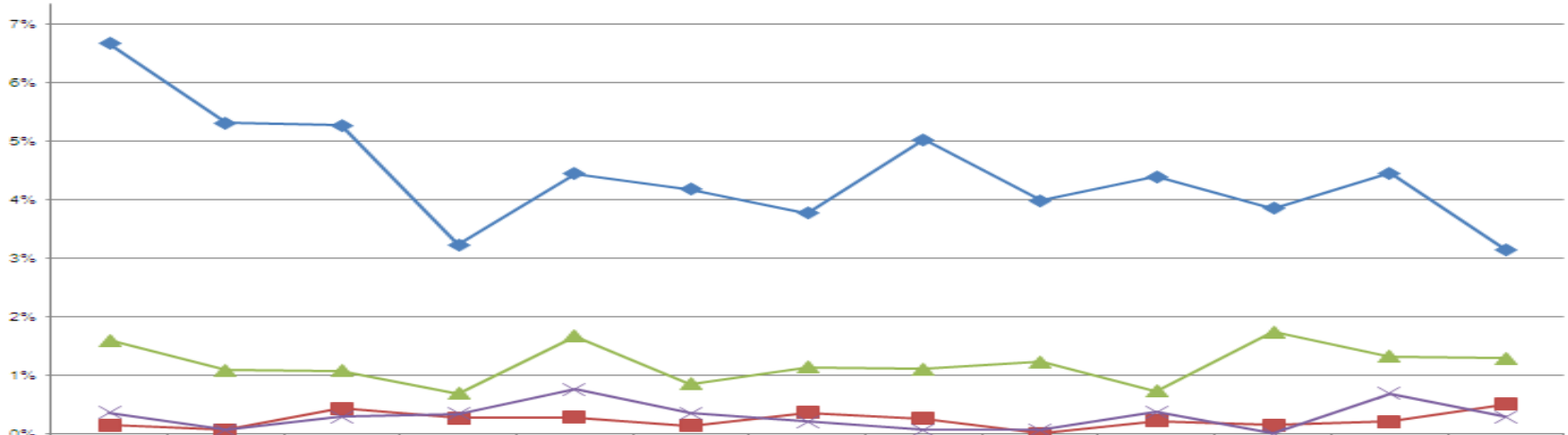
Although it is a great inconvenience to Sid, some patients do not understand or even know the medications they are given and are therefore completely dependent on their medical records and whichever clinician they see.

The outpatient department would like to improve these figures but to do this **all** staff need to take responsibility and see the importance of tracking all notes. It takes less than 1 minute to log-in and track an individual set of notes and a clinic of 20 sets of notes can be batch tracked in less than 2 minutes with a barcode scanner but the difference that this could make to Sid and others would be significant.



6. Patient Safety - Safety Thermometer

% Harm Free Care							
Lead Director	October 14	November 14	December 14	Movement	2014/2015 Target	National Average December 14	Date expected to meet standard
J Hall	94.63%	93.75%	95.00%	↑	95.00%	94.07%	March 15



	Dec13	Jan14	Feb14	Mar14	Apr14	May14	Jun14	Jul14	Aug14	Sep14	Oct14	Nov14	Dec14
Pressure Ulcers	6.67	5.31	5.27	3.23	4.44	4.18	3.77	5.02	3.98	4.39	3.85	4.45	3.15
Falls	0.15	0.07	0.43	0.27	0.28	0.14	0.36	0.26	0	0.22	0.15	0.21	0.5
Catheter & UTI	1.6	1.09	1.08	0.69	1.67	0.85	1.14	1.11	1.23	0.73	1.74	1.32	1.29
New VTE	0.36	0.07	0.29	0.34	0.76	0.35	0.21	0.07	0.07	0.37	0	0.69	0.29
Patients	1379	1375	1386	1456	1441	1410	1405	1533	1458	1368	1377	1439	1399

This point prevalence audit shows that in December 2014 the proportion of our patients that received 'harm free' care was in line with our target at 95 per cent. This is a slight improvement from the previous month (93.75%) and just above the national average of 94.07 per cent. This represents 73 harms to 70 patients. 68 patients experienced one harm (39 of these were new), 1 patient had 2 harms (both new) and one patient experienced 3 harms (2 new and 1 old). The decrease in the proportion of pressure ulcers reported is largely attributable to the lower incidence of old pressure ulcers recorded, with the percentage falling from 3.54 in November to 2.14 in December. There was little change in the proportion of patients with new pressure ulcers. A greater number of falls was recorded this month with 6 patients experiencing a fall which resulted in low harm and 1 patient having a fall causing moderate harm. The number of catheter associated urinary tract infections (CAUTI) remained similar with 18 patients affected. We are continuing to pilot a number of approaches to validation of CAUTI's. There was a decline in the number of VTE's observed this month, with both fewer new and old VTEs reported. It is likely that improved validation, along with issuing revised guidance to staff on definitions, supported this improved position. However, it was observed that the level of VTE risk assessment declined significantly from 86.56% to 75.92%. Detailed information on VTE assessment has been shared with the Hospital Thrombosis Group and the senior team that are looking iClip related issues.

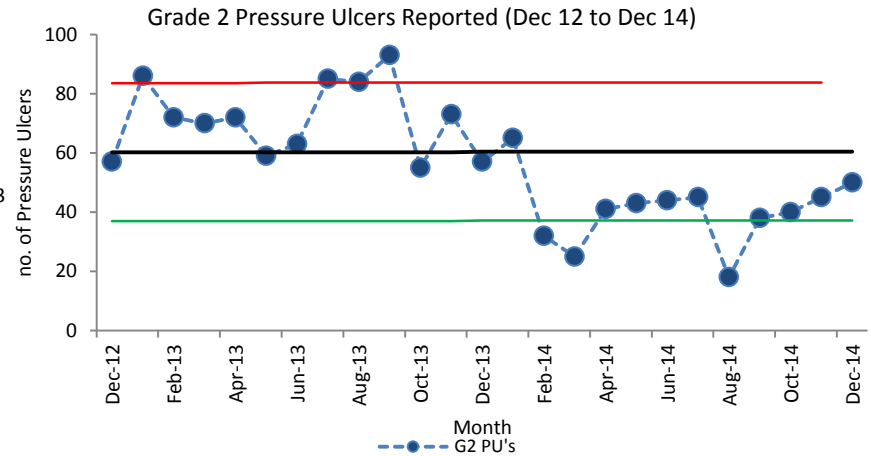
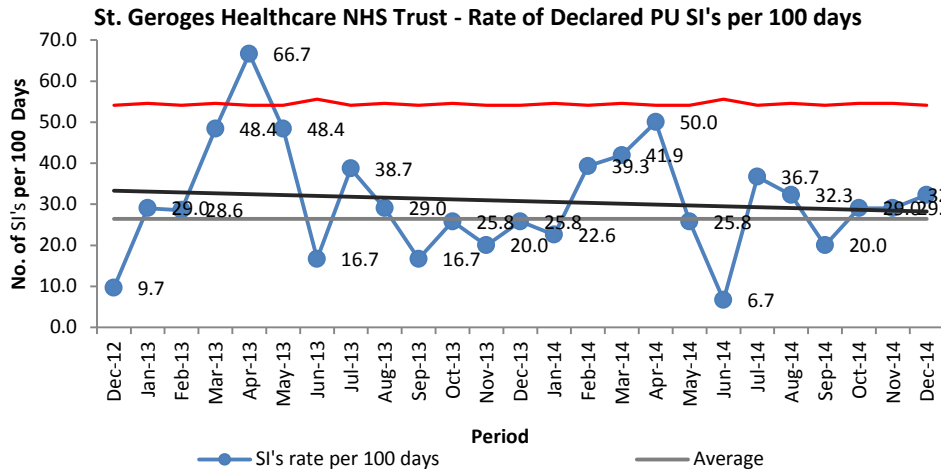


6. Patient Safety

- Incident Profile: Pressure Ulcers

Serious Incident – Grade 3 & 4 Pressure Ulcers										
Type	Aug	Sep	Oct	Nov	Dec	YTD	Movement	2014/2015 Target	Forecast Sept - 14	Date expected to meet standard
Acute	7	4	3	5	6	45	▲		G	-
Community	3	2	6	4	4	35	▢		G	-
Total All	10	6	9	9	10	80	▲		G	-
Total Avoidable	3	3	6	TBA	TBA	30		40		-

Grade 2 Pressure Ulcers					
Aug	Sep	Oct	Nov	Dec	Movement
7	26	19	26	33	▲
11	12	21	19	17	▼
18	38	40	45	50	▲



Overview:

December saw a rise in the number of pressure ulcer SI's across the trust. There was also an increase in the number of Grade 2 pressure ulcers, however community services showed a reduction. Rising trends of pressure ulcer development throughout December aligns with increased clinical activity and patient acuity.

Actions:

- Spot-checks across Trauma and Orthopaedic speciality in light of increased incidence rates.
- 'Listening in to Action' event, held on 7th January, specific to pressure ulcers to discuss and generate possible service improvements or pathways.
- January sees the start of regular neurosciences teaching to ensure staff are up to date with current practice and competencies.
- Roll out of 'Heel-Pro' boots and 'Dermal Pads' continues, providing nurses with more preventative strategies.
- Four study days planned for 2015 with a high number of applicants already and the February date fully booked.
- Planning of 'Hotspots' initiative roll-out across trust to reduce pressure ulcers, particularly those related to mechanical devices.
- Negotiating delivery of Pressure Ulcer prevention training with CCG for nursing homes as part of the CQUIN action plan

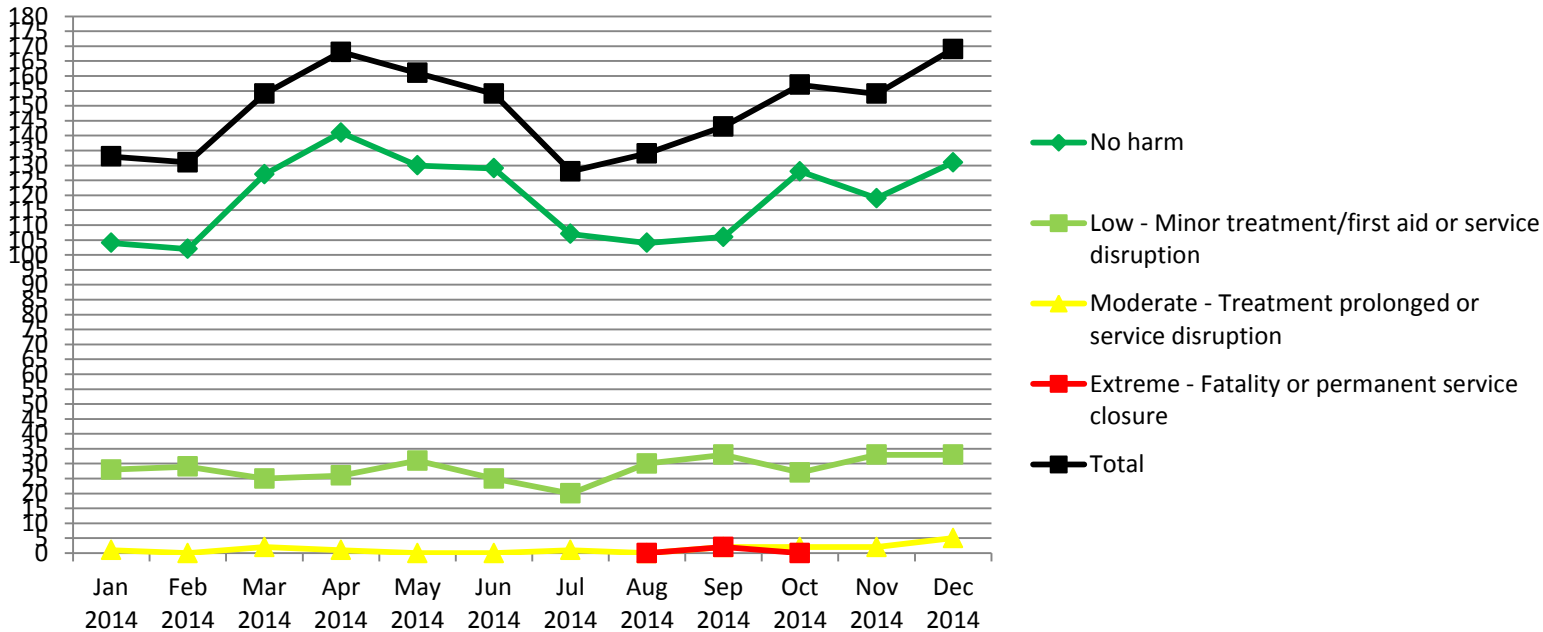


7. Patient Safety: December 2014 - Incident Profile: Falls

Falls										
Lead Director	June	July	August	September	October	November	December	Movement	2014/2015 Target	Date expected to meet standard
	151	151	125	143	157	154	169	↑	100	July 2015

Falls with Harm				
No Harm	Moderate	Severe	Death	Falls related Fractures
1601	18	2	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 increase in the number of falls over the last month which may be seasonal. Preliminary analysis of incident reports in December shows that a small number of incidents are related to specific active medical problems and a small number are miscoded. The majority of falls are un-witnessed occurring during the night and early hours of the morning.

Actions: A review of the Trust falls strategy and dedicated resource to implement best practice in each division/ clinical area is required as a matter of urgency. Correlation between factors such as staffing and falls is required. An outline proposal for a falls practitioner post has been discussed 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.



6. Patient Safety - VTE

VTE Risk Assessment

1. Overview: The Trust has not achieved in October and November, 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%				

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%			
National average	85.57%	84.83%	84.83%	84.62%	90.87%	85.50%	85.04%	84.19%				

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%		
	RA complete and correct			92%	89%	82%	81%	88%	78%	88%		
2. Written information 'on admission' (100%)	-	-	12.8%	13.2%	21.1%	50%	50%	56%	71.8%			
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%			
5. VTE prophylaxis offered in line with NICE (>98%)	-	-	94.6%	94.8%	93.1%	92.9%	95%	92.3%	92%			
6. Written information 'on D/C'	Stand-alone audit (Co-ordinator: Anticoagulation Pharmacist, Date Planned: January 2015)											
7. Extended prophylaxis in line with NICE	Stand-alone audit (Co-ordinator: Anticoagulation Pharmacist, Date Planned: January 2015)											

(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	16.3% (16/98)
	>28 days since notification (reminder sent)	20.4% (20/98)
RCA complete	69.4% (68/98)	

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

Trends identified (findings from 68 cases for whom RCA is complete):

- General breakdown includes:
 - 35.3% (24/68) – 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 61.8%(42/68) –Examples of contributing factors to failure of prophylaxis:
 - 10 patients - malignancy +/- complications arising from malignancy
 - 7 patients – pharmacological prophylaxis contraindicated
- Inadequate prophylaxis received 23.5% (16/68) – Examples of reasons for inadequate prophylaxis:
 - 4 patients - Prophylaxis not offered in high risk patients
 - 4 patients - Dose of LMWH not escalated appropriately in obesity
 - 2 patients – no evidence of risk assessment



6. Patient Safety: December 2014 - Infection Control

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

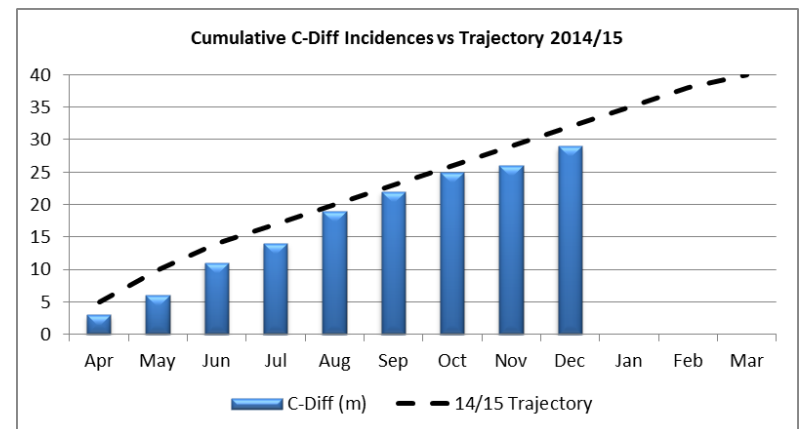
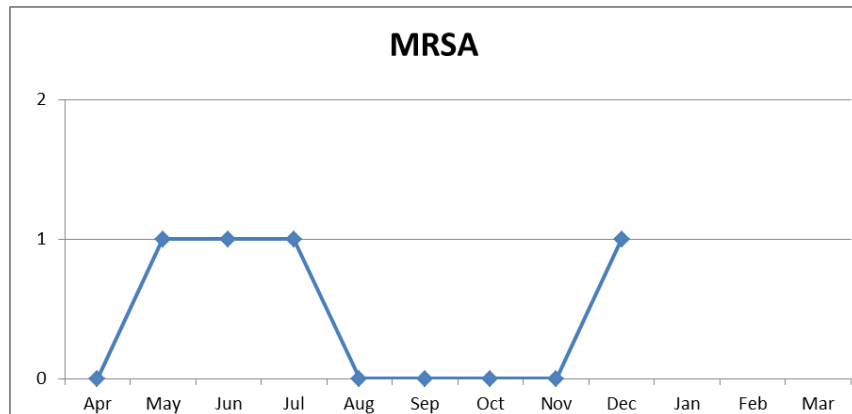
Peer Performance – YTD December 2014				
STG	Croydon	Kingston	King's College	Epsom & St Helier
4	1	1	2	4

C-Diff						
Lead Director	November	December	Movement	2014/2015 Threshold	Forecast Jan - 14	Date expected to meet standard
JH	1	3	▲	40	G	-

Peer Performance – YTD December 2014 (annual trajectory in brackets)				
STG	Croydon	Kingston	King's College	Epsom & St Helier
29 (40)	11 (17)	9(24)	54 (58)	34 (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 December and 4 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 December there was 3 C. diff incidents, a total of 29 for the period April to December. This is against a trajectory of 32 and an annual target of 40. Close monitoring will continue to ensure compliance is maintained.



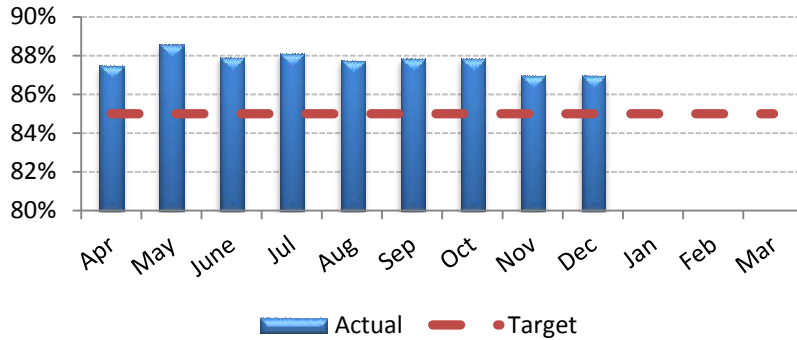


6. Patient Safety - Safeguarding: Adults

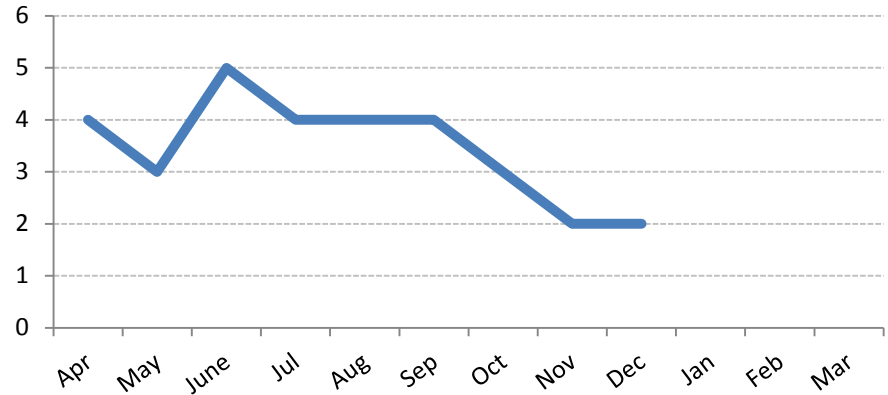
Safeguarding Training Compliance - Adults										
Lead Director	July	Aug	Sep	Oct	Nov	Dec	Movement	2014/2015 Target	Forecast July - 14	Date expected to meet standard
JH	88.13%	87.77%	87.86%	87.86%	87.5%	87.3%		95%	A	-

Safeguarding Adults Training Compliance by Division – Sep 14				
Med & Card	Surgery & Neuro	Community	Children's and Womens	Corporate
82%	84%	92%	89%	87%

**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

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.

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

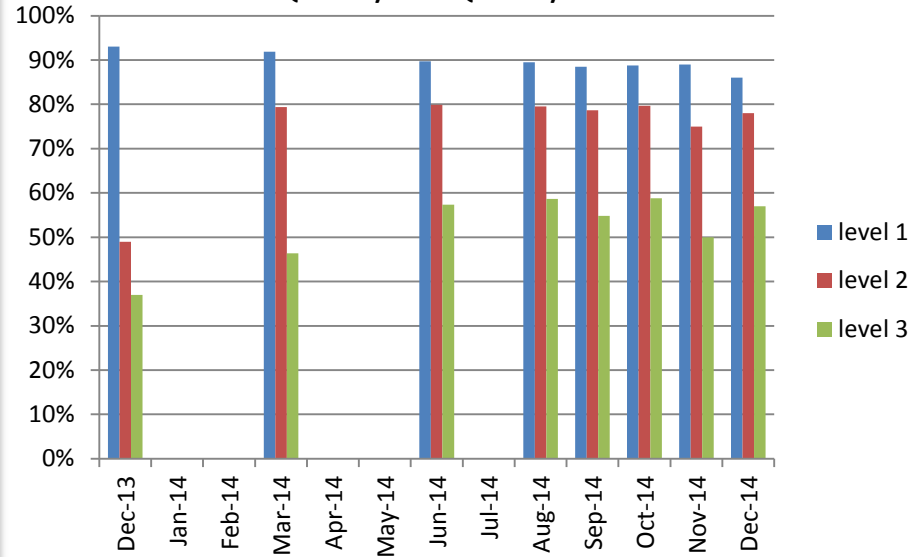


6. Patient Safety - Safeguarding Children

Safeguarding Training Compliance - Children

December			Movement	2014/2015 Target	Forecast December- 14	Date expected to meet standard
Level 1	Level 2	Level 3				
86%	78%	57%	↔	95%	A	-

Safeguarding Children Training Compliance
Q3 2013/14 to Q3 2014/15



Target areas: FGM is a current targeted area. The remit is to raise awareness of the issue throughout the workforce thus increasing child safety and to also comply with the statutory national data reporting /training compliance remains a challenging issue. The training matrix, including examination of the determination of training level requirements for each role has been tested at a recent meeting chaired by the director of HR. The outcome of this meeting is awaited. Dates for the 2015 acute and community training programmes are being advertised in e G and are available on the intranet. Targeted level 3 areas such as ED are hoping to provide additional training sessions. Training in FGM is being planned for all ED staff. There are FGM half day training sessions throughout the year in the community and 2 hours sessions being arranged for acute service staff to access each month. Level 3 in both areas provides information and raising awareness about FGM.

Serious Case Reviews and Internal Management Reviews: In addition to the cases noted in the previous Quality Report there are 2 new cases . The first is a 6 week old baby who has died of unknown cause in the community. This is a Croydon case and the community Named Nurse will be preparing an IMR. The second has not yet been called as a SCR . This case involves a young Merton baby who was diagnosed by the St George's team with multiple fractures. The baby presented in the ED on two occasions and a fracture was identified on the second visit. A meeting is being held on 20.01.15 to decide if a SCR is needed

Other: 1. The safeguarding team are pleased to welcome the Nurse Specialist for Domestic Abuse who is a member of the adult safeguarding service. It is anticipated she will have close links with child safeguarding.

2. The Trust will be undertaking the annual LSCB audit of compliance with section 11 requirements. This will take the form of a questionnaire that has to be completed by 10% of the workforce during February/ March . The results will be analysed by the safeguarding team and Chief Nurse before submission to the LSCB.

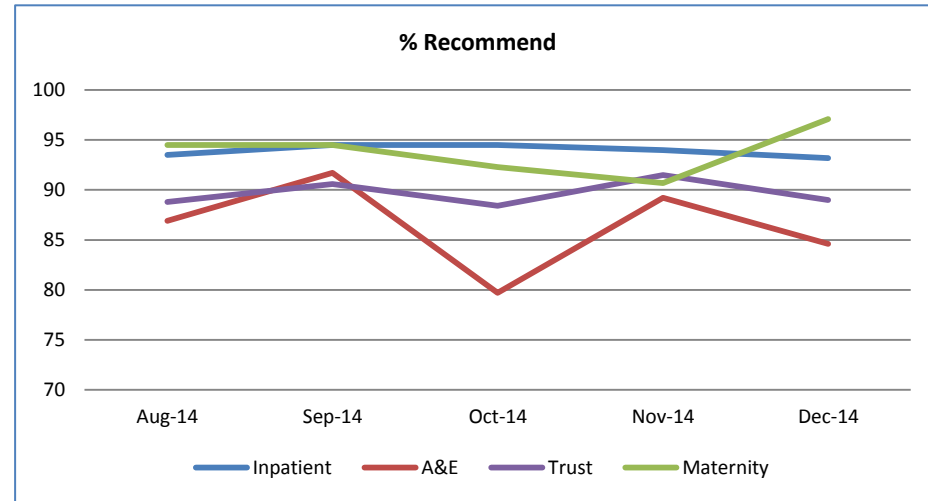
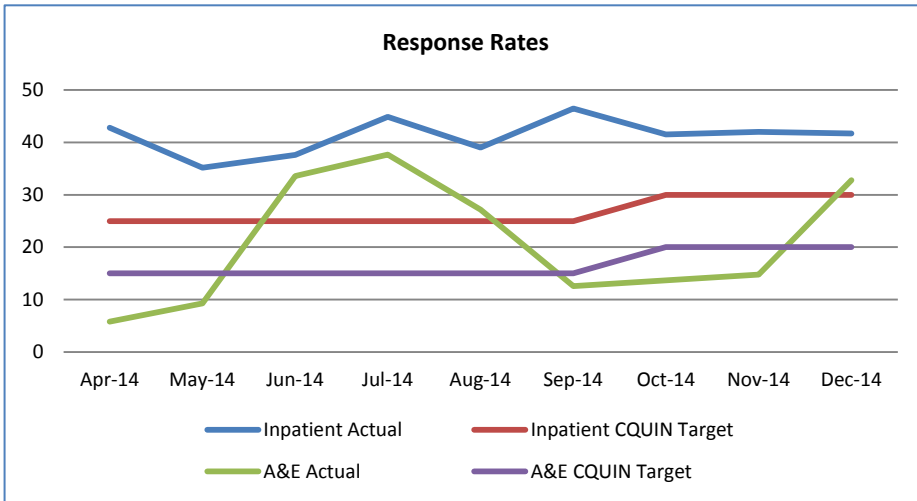
Patient Experience



7. Patient Experience - Friends and Family Test

FFT Response Rate							
Domain	Oct-14	Nov-14	Dec-14	Movement	2014/2015 Target	Forecast	Date expected to meet standard
Trust	23.7	23.5	32.3	▲	-	G	-
Inpatient	41.5	42	41.7	▼	30%	G	-
A&E	13.7	14.8	32.8	▲	20%	G	-
Maternity	26	20.7	12	▼	-		-

FFT Response Score			
Oct-14	Nov-14	Dec-14	Movement
88.4	91.5	89	▼
94.5	94	93.2	▼
79.7	89.2	84.6	▼
92.3	90.7	97.1	▲



Overview: Overall Trust response rates have markedly improved in December. Both inpatient and A&E areas are meeting the CQUIN trajectory set for Quarter 4 of 30% for inpatients (score = 41.7%) and 20% for A&E (score = 32.8%). Maternity responses have dipped significantly – this was due to Gwillim ward not utilising tablet which was functional but not charged. Recognition of this should be reflected in an increased response rate in January 2015. The percentage of respondents who are ‘extremely likely’ or ‘likely’ to recommend a particular service has slightly dipped this month.

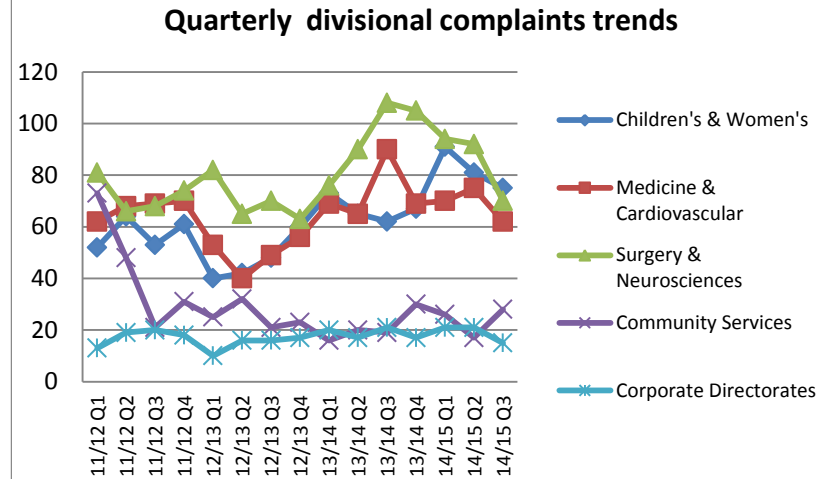
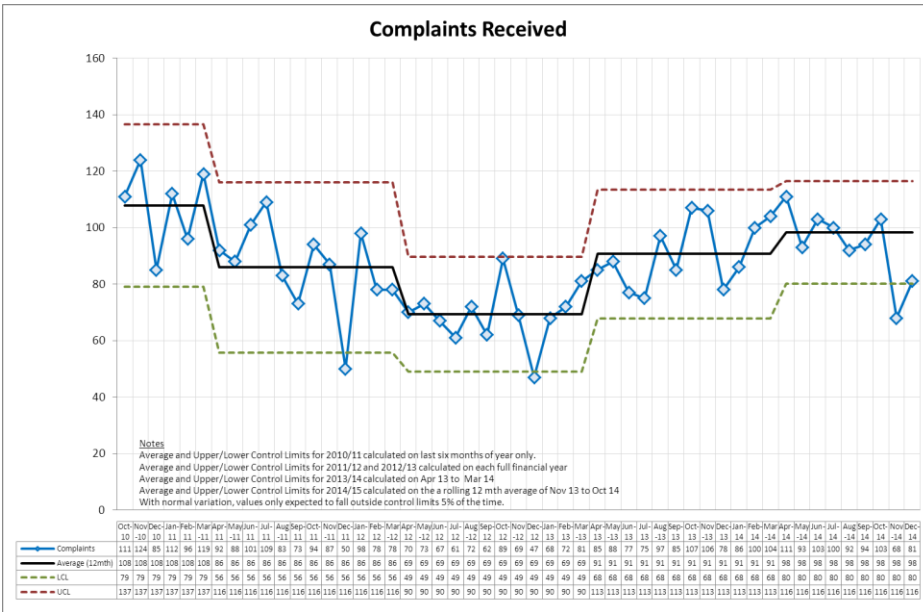
Actions:

- Staff awareness of CQUIN trajectories for this quarter (shown in the chart) has been heightened to ensure performance is maintained throughout Quarter 4. An increase in March 2015 for inpatient wards to 40% will also be required to achieve trajectory
- Continue to monitor performance in maternity at the 4 touch points; antenatal, birth, postnatal ward and postnatal community to improve responses
- A&E have implemented an SMS system to carry out surveys on patients (hence the increase in response rate)



7. Patient Experience - Complaints Received

Complaints Received										
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Movement
Total Number received	111	92	100	99	92	94	107	68	81	



Overview:

This report provides an update on complaints received in quarter 3 of 2014/2015 and information on responding to complaints within the specified timeframes for complaints received in October and November of 2014 with divisional breakdowns and analysis of the data to provide some trends and themes. The board will receive information about actions planned in the February report once the target dates for closure of complaints received in quarter 3 has been reached. The February report will also contain a severity rating report for complaints received in quarter 3.

Total numbers of complaints received in quarter 3 of 2014/2015

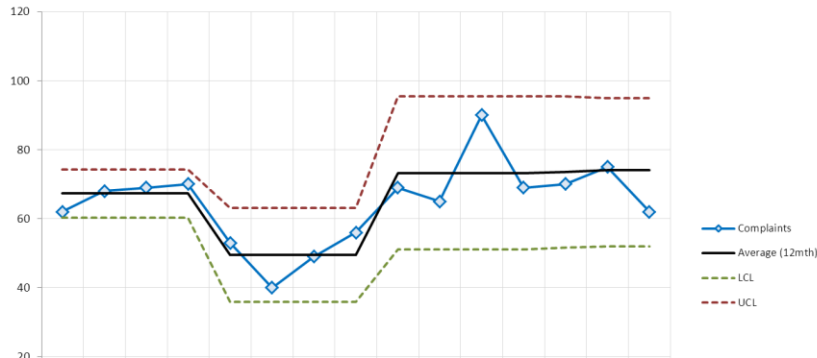
There were 250 complaints received in quarter 3 of 2014/2015, a reduction when compared to quarter 2 when 286 complaints were received. The reduction was largely due to the low number of complaints received in November. Complaints reduced across all divisions except the Community Services Division.



7. Patient Experience

- Complaints – Q3 received by division

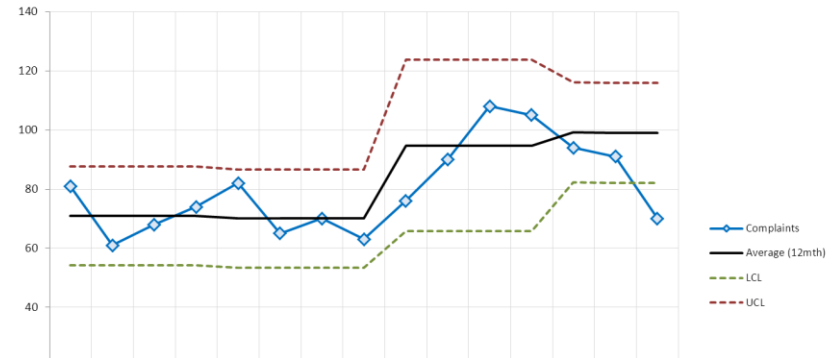
Complaints Received - Medicine & Cardiovascular



Notes
Average and Upper/Lower Control Limits for 2011/12, 2012/13 and 2013/14 calculated on each full financial year.
Average and Upper/Lower Control Limits for 2014/15 are calculated on Q2 2013/14 to Q1 2014/15
With normal variation, values only expected to fall outside control limits 5% of the time.

	11/12 Q1	11/12 Q2	11/12 Q3	11/12 Q4	12/13 Q1	12/13 Q2	12/13 Q3	12/13 Q4	13/14 Q1	13/14 Q2	13/14 Q3	13/14 Q4	14/15 Q1	14/15 Q2	14/15 Q3
Complaints	62	68	69	70	53	40	49	56	69	65	90	69	70	75	62
Average (12mth)	67	67	67	67	50	50	50	50	73	73	73	73	74	74	74
LCL	60	60	60	60	36	36	36	36	51	51	51	51	52	52	52
UCL	74	74	74	74	63	63	63	63	95	95	95	95	95	95	95

Complaints Received - Surgery & Neurosciences



Notes
Average and Upper/Lower Control Limits for 2011/12, 2012/13 and 2013/14 calculated on each full financial year.
Average and Upper/Lower Control Limits for 2014/15 are calculated on Q2 2013/14 to Q1 2014/15
With normal variation, values only expected to fall outside control limits 5% of the time.

	11/12 Q1	11/12 Q2	11/12 Q3	11/12 Q4	12/13 Q1	12/13 Q2	12/13 Q3	12/13 Q4	13/14 Q1	13/14 Q2	13/14 Q3	13/14 Q4	14/15 Q1	14/15 Q2	14/15 Q3
Complaints	81	61	68	74	82	65	70	63	76	90	108	105	94	91	70
Average (12mth)	71	71	71	71	70	70	70	70	95	95	95	99	99	99	99
LCL	54	54	54	54	53	53	53	53	66	66	66	66	82	82	82
UCL	88	88	88	88	87	87	87	87	124	124	124	124	116	116	116

Overall complaints in the Medicine and Cardiovascular division reduced by 17% from 75 to 62. A&E care group saw a reduction from 30 to 23 complaints and Renal Haematology and Oncology from 12 to 5. However, Acute Medicine had a significant increase in complaints received from 9 to 17 with 14 being in General Medicine and 3 in Senior Health. 2 complaints were about discharge arrangements on Richmond Ward. Of the 4 complaints received about Caesar Hawkins Ward 2 were about nursing care.

	14/15 Q2	14/15 Q3
Accident and Emergency	30	23
Acute Medicine	9	17
Cardiovascular	14	11
Renal, Haem, Palliative Care & Onc	12	5
Specialist Medicine	10	6

Overall complaints received in the Surgery and Neurosciences Division reduced by 24% from 92 to 70. There were no complaints received about Urology in quarter 3 and complaints for Trauma and Orthopaedics reduced from 24 to 15. Complaints being received about General Surgery Care Group remained high with the most complained about theme being clinical treatment – operative procedure. Complaints in Neurosciences also remained high with complaints in the Stroke Neuro-logy & -rehab Care Group increasing from 5 to 12 across a number of themes and wards.

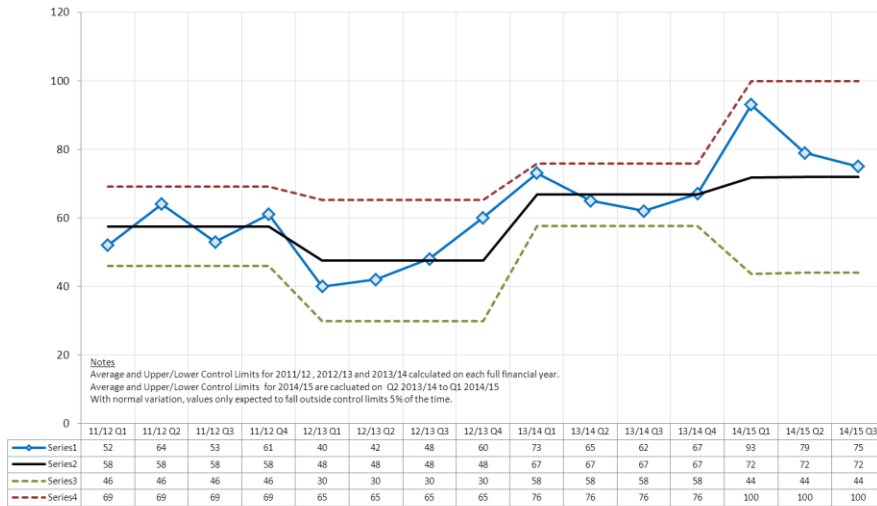
	14/15 Q2	14/15 Q3
Cancer (not for Oncology wards)	0	1
Neurosciences	22	23
(Surgery (inc T&O)	66	43
Theatres	4	3



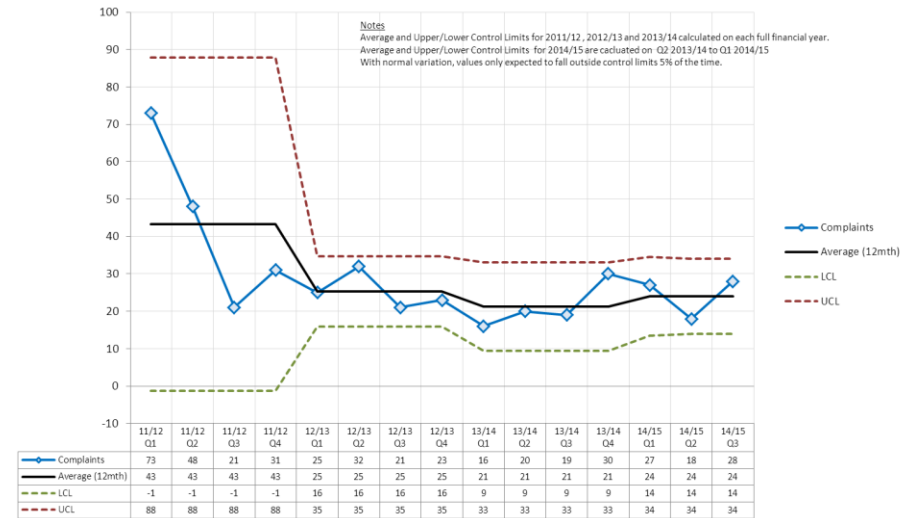
7. Patient Experience

- Complaints – Q3 received by division

Complaints Received - Children & Women



Complaints Received - Community Services



Complaints about the Children’s and Women’s division reduced slightly overall from 80 to 75. In the Outpatient and Medical Records care group (part of the Therapeutics directorate) overall there was a 38% reduction from 42 to 26 however complaints about lost medical records rose from 5 to 8. In the Women’s Directorate complaints increased from 18 to 25 across Obstetrics and Gynaecology about a variety of subjects. No themes can be seen with regard to staff members or locations. No complaints were received about Critical Care in quarter 3.

	14/15 Q2	14/15 Q3
Children’s	7	8
Critical Care	2	0
Diagnostics	7	12
Therapeutics	46	30
Women’s	18	25

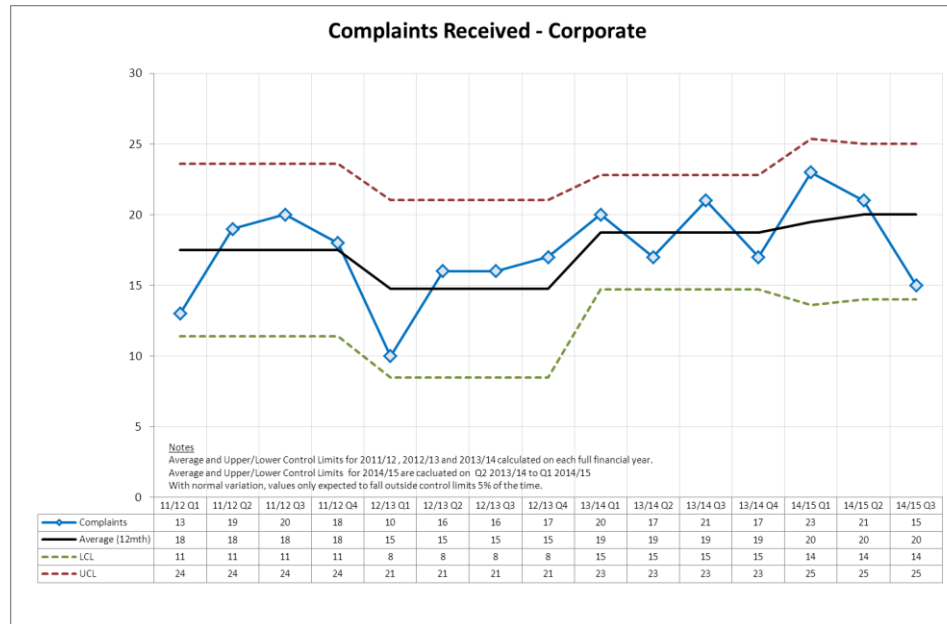
Complaints received about the Community Services division increased by 65% from 17 to 28. The increase was mainly in Adult Services across a number of specialities but of note 4 complaints were received about Radiology at Queen Mary’s Hospital compared to none in the previous quarter. There are no themes with staff members and all were about different subjects – staff attitude, written communication, medical device and diagnosis.

	14/15 Q2	14/15 Q3
Adult Services	6	14
Children’s Services	0	1
Offender Healthcare	8	9
Older People and Neurorehabilitation	3	4



7. Patient Experience

- Complaints – Q3 received by division



There was a reduction in complaints being received about Corporate Directorates from 21 to 15. Complaints about Estates and Facilities care group reduced from 17 to 11 with no complaints about either Car Parking or Security (2 were received about each in quarter 2) and a slight reduction in complaints about Transport (from 12 to 9) with the most complained about subject remaining to be the timing of transport.

	14/15 Q2	14/15 Q3
Director of Estates & Facilities	17	11
Director of Finance	3	1
Director of HR	1	1
Director of Nursing	0	2

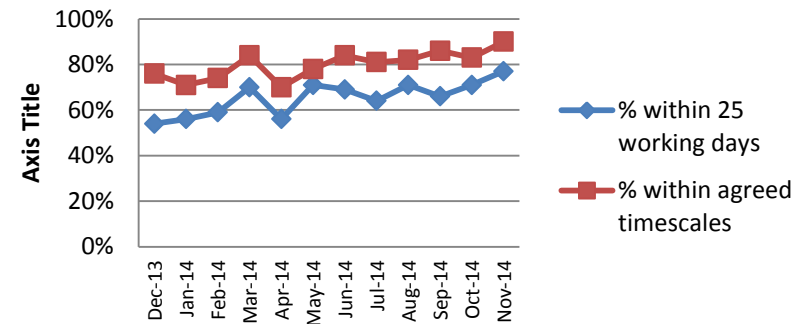


7. Patient Experience

- Complaints Performance against targets

Performance Against Targets quarter 3 so far (complaints received in October & November 2014)				
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	54	41	76%	(4) 83%
Medicine and Cardiovascular	31	23	74%	(3) 84%
Surgery & Neurosciences	50	36	72%	(6) 84%
Community Services	21	15	71%	(4) 90%
Corporate Directorates	13	10	77%	(2) 92%
Totals:	169	125	74%	(19) 85%

Complaints performance by month



Overview:

For complaints received in quarter 3 so far where targets have been reached (so complaints received in October and November of 2014), 74% were responded to within 25 working days, an improvement when compared to quarter 1 when 64% 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 1 when 77% 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 is still possible with one month left of the quarter.
- 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 is still possible with one month left of the quarter.
- Community Services had committed to achieving 85% and 100% and this will not be achieved based on the performance for the quarter so far as even if the 7 complaints received in December are responded to on time this would equal 78% for the whole quarter.



7. 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.

There were 26 posts made on NHS Choices and Patient Opinion in quarter 3 of 2014/2015 of which 18 were positive and 8 were negative. The Emergency Department, and Day Surgery Unit at St George's Hospital and the Minor Injuries Unit at Queen Mary's Hospital each received 2 positive comments. 2 negative comments were received about Gynaecology at Queen Mary's hospital.

Below are some examples of comments/stories posted on NHS Choices and Patient Opinion since the last board report in December.

Elena gave Gastrointestinal and Liver services at St George's Hospital (London) a rating of 5 stars

Very stressful time made more bearable

I was admitted to Allingham ward after a short stay in urgent care/A&E where nurses and doctors were wonderful at taking care of me and giving me the right treatment when I was feeling so ill because of a stomach ulcer.

I was then moved to Richmond ward for the night and nurses were equally great. After my endoscopy, I was transferred to Allingham ward where I stayed for 5 days. I will be forever grateful to the nurses (both staff and agency) who took great care of me despite being so busy with elderly patients. I wish I could remember all their names to thank them one by one. Also, the gentleman and the lady who brought breakfast, lunch and dinner were so kind and put a smile on my face. Last but not least a big thank you to the doctor and her team. She is very professional and prepared yet friendly and managed to reassure me when I was so scared and anxious. I am now feeling better, thank you all!

Visited in December 2014. Posted on 03 January 2015

K Bunn gave Queen Mary's Hospital, Roehampton (St George's Healthcare Services) a rating of 1 star

Gynaecology: still waiting results a month later

I had to go for a scan and a month later I still have not heard anything regarding my results. I have had to chase up results which are still unavailable as I was put under two different names and addresses. Furthermore I was passed from department to department and am still no clearer. This has caused me excessive worry and I am frankly very very disappointed with the service that has been provided for what should have been a routine scan.

Visited in November 2014. Posted on 11 December 2014



7. Patient Experience

National Cancer Patient Experience Survey (CPES)

Table 1 - 3 questions within the highest 20% threshold of Trust scores.	National Score	Trust Score	Trust's 2013 score
Staff gave complete explanation of purpose of test(s)	84%	88%	80%
Taking part in cancer research discussed with patient	31%	37%	40%
Staff explained how operation had gone in understandable way	78%	81%	75%

Table 2 - 13 questions within the lowest 20% of Trust scores.	National Score	Trust Score	Trust's 2013 score
Patients find it easy to contact their CNS	73%	68%	68%
Doctors did not talk in front of patient as if they were not there	84%	79%	79%
Patient had confidence and trust in all ward nurses	71%	64%	54%
Nurses did not talk in front of patient as if they were not there	85%	77%	79%
Patient never thought they were given conflicting information	79%	77%	76%
All staff asked patient what name they preferred to be called by.	60%	46%	41%
Always given enough privacy when discussing condition/treatment.	85%	81%	78%
Always given enough privacy when being examined or during treatment	95%	91%	91%
Patient was able to discuss worries or fears with staff during visit.	65%	58%	56%
Staff told patient who to contact if worried post discharge	94%	91%	90%
Staff definitely did everything they could to help control pain.	82%	77%	86%
Doctor had the right notes and other documentation with them.	96%	94%	95%
Patient's rating of care as 'excellent/very good'	89%	86%	85%

The Cancer Patient Experience Survey 2014 (CPES) follows on from the successful implementation of the 2010, 2012 and 2013 surveys, designed to monitor national progress on cancer care. The 2014 survey is congruent with the National Operating Framework (NOF) for the NHS 2014. Information from this survey can be used to drive local quality improvements, both by Trusts and Commissioners, and is consistent with the objectives of NHS policy.

The survey included all adult patients (aged 16 and over) with a primary diagnosis of cancer who had been admitted to an NHS hospital as an inpatient or as a day case patient, and had been discharged between 1st September and 30th November 2013. A total of 611 patients responded to the postal survey from the Trust. This is a significant drop from 907 responses in the last audit round.

Overall Performances:

The Trust is in the top 10 of the most improved trusts in the country, indicating good progress is being made.

Although the response rate for 2014 is 56% which compares less favourably to the previous response rate for 2013 (57%) and 2012 (59%), the number of questions in the lowest 20% threshold has reduced to 13 compared to 39 in the previous audit round.

Table 1 shows 3 questions that were within the highest 20% threshold, and Table 2 shows the 13 questions that fall within the lowest 20% threshold.

Action Plans:

- 1) CNS to continue to visit their patients when on the ward and document in notes and on Infoflex.
- 2) Run education sessions on the 'Principles of Cancer Care'
- 3) Undertake 'real time' patient survey and provide feedback to patients to inform what we are doing with the feedback, i.e. 'You Said, We Did'.
- 4) Set up CNS working group to explore how to improve accessibility.
- 5) All CNS must complete Holistic Needs Assessment (HNA) within 4 weeks of diagnosis and completion of primary treatment.
- 6) Progress is being made on promoting cancer research and trial recruitment.

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 December 2014. 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 December the trust achieved an average fill rate of 88.78%, a reduction from 90.7% submitted for November. December has been a challenging month also in respect of staffing fill rates. Whilst staffing has been lower this month on some wards, actions such as moving staff from other wards and reprioritising work, amongst other things have ensured patient safety.

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.
- 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.
- 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.

Heatmap Dashboard Ward View



9. Ward Heatmap: November 2014

		INCIDENCE OF C.DIFFICILE	INCIDENCE OF MRSA	TRUST ACQUIRED PRESSURE SO..	PERCENTAGE OF HARM FREE CARE	PATIENT SATISFACTION (FRIENDS & FA..	FRIENDS & FAMILY RESPONSE RA..	WARD STAFFING: UNFILLED DUT..	FALLS (WARD LEVEL)	SERIOUS INCIDENTS (WARD LEVEL)	SICKNESS/ ABSENCE RATE - (WARD)	VACANCY RATE - (WARD)
Children & Women's	CARDIOTHORACIC..	0.0	0.0	0.0	94.1			8.3	1.0	0.0	3.6	12.8
	CARMEN SUITE	0.0	0.0	0.0	100.0			5.8	0.0	0.0	13.7	11.0
	CHAMPNEYS	0.0	0.0	0.0	100.0	63.9	39.9	4.4	0.0	0.0	5.2	12.8
	DELIVERY	0.0	0.0	0.0	100.0			10.8	0.0	4.0	6.6	11.0
	FREDDIE HEWITT	0.0	0.0	0.0	100.0			-2.3	0.0	0.0	1.1	12.8
	GENERAL ICU/HDU	0.0	0.0	0.0	82.4			10.9	0.0	0.0	4.2	11.0
	GWILLIM	0.0	0.0	0.0	100.0			18.0	0.0	0.0	6.6	12.8
	JUNGLE	0.0	0.0	0.0				-3.3	0.0	0.0	3.3	12.8
	NEONATAL ICU	0.0	0.0	0.0	94.7			24.8	0.0	0.0	3.4	7.2
	NEURO ICU	0.0	0.0	0.0	100.0			6.0	1.0	0.0	3.1	8.1
	NICHOLLS	0.0	0.0	0.0	0.0			9.3	0.0	0.0	6.2	-3.6
Medicine & Cardiovascular	PICU	0.0	0.0	0.0	85.7			-1.1	0.0	0.0	5.6	-11.0
	PINCKNEY	0.0	0.0	0.0	100.0			8.6	1.0	0.0	4.0	-117.8
	ALLINGHAM	0.0	0.0	0.0	88.0	68.0	48.1	2.7	8.0	0.0	5.4	12.8
	AMYAND	0.0	0.0	0.0	96.3	28.6	23.0	12.6	3.0	0.0	0.9	3.9
	BELGRAVE	0.0	0.0	0.0	96.8	42.7	66.7	8.1	6.0	0.0	5.0	23.9
	BENJAMIN WEIR	0.0	0.0	0.0	96.3	96.2	51.0	12.6	3.0	0.0	6.2	8.1
	BUCKLAND	1.0	0.0	1.0	94.4	62.8	52.4	7.3	4.0	1.0	2.1	7.8
	CAESAR HAWKINS	0.0	0.0	0.0	78.3	51.2	6.8	13.3	6.0	1.0	1.5	11.0
	CARDIAC CARE U..	0.0	0.0	0.0	77.8	51.2	100.0	-5.7	1.0	0.0	1.6	-24.1
	CAROLINE	0.0	0.0	0.0	100.0	65.5	53.7	9.9	1.0	0.0	1.0	12.5
	CHESELDEN	0.0	0.0	0.0	95.2	83.3	43.1	7.7	3.0	0.0	2.6	7.6
	DALBY	0.0	0.0	0.0	59.1	54.5	40.7	5.5	2.0	0.0	17.8	12.8
	EMERGENCY DEP..	0.0	0.0	0.0		45.2	0.1	10.0	1.0	1.0	4.3	16.7
	HEBERDEN	0.0	0.0	0.0	66.7	20.0	16.1	7.9	5.0	0.0	7.3	35.2
	JAMES HOPE	0.0	0.0	0.0	100.0	68.5	100.0	7.9	1.0	0.0	0.0	-19.0
	MARNHAM	0.0	0.0	0.0	89.3	61.9	34.4	3.0	3.0	0.0	5.4	3.9
	MCENTEE	0.0	0.0	0.0	88.9	78.6	50.9	8.1	2.0	0.0	1.8	1.5
	RICHMOND	1.0	0.0	2.0	91.2	40.8	20.7	11.5	13.0	2.0	3.0	11.0
	RODNEY SMITH	0.0	0.0	0.0	85.7	75.0	6.2	11.4	8.0	0.0	5.6	13.2
RUTH MYLES	0.0	0.0	0.0	91.7	75.0	33.3	-5.0	1.0	0.0	2.6	30.4	
Surgery & Neurosciences	TREVOR HOWELL	0.0	0.0	0.0	94.4	69.2	27.1	11.3	4.0	0.0	1.8	17.4
	BRODIE NEURO	0.0	0.0	0.0	100.0	100.0	12.5	14.7	2.0	0.0	16.1	2.0
	CAVELL	0.0	0.0	0.0	96.0	33.3	23.3	1.9	1.0	0.0	8.2	-18.0
	FLORENCE NIGHTL..	0.0	0.0	0.0	100.0	74.3	56.8	8.0	1.0	0.0	3.8	12.0
	GRAY WARD	0.0	0.0	0.0	96.8	43.9	34.7	13.7	4.0	0.0	7.2	17.7
	GUNNING	0.0	0.0	0.0	100.0	46.9	94.2	8.7	2.0	0.0	4.5	32.0
	GWYN HOLFORD	0.0	0.0	0.0	100.0	100.0	100.0	0.6	5.0	0.0	3.0	33.0
	HOLDSWORTH	0.0	0.0	0.0	100.0	53.6	76.3	-1.6	2.0	0.0	8.6	29.1
	KEATE	0.0	0.0	0.0	100.0	74.4	71.1	6.4	2.0	0.0	0.4	18.5
	KENT	0.0	0.0	0.0	84.6	35.7	34.9	0.9	14.0	0.0	4.9	16.1
	MARY SEACOLE	0.0	0.0	1.0	77.3	80.0	29.4	13.4	12.0	1.0	7.5	-1.6
MCKISSOCK	0.0	0.0	0.0	100.0	77.8	62.5	8.3	3.0	0.0	0.4	6.6	
VERNON	0.0	0.0	1.0	96.8	65.4	38.0	11.9	2.0	1.0	10.3	19.4	
WILLIAM DRUMMO..	0.0	0.0	0.0	100.0	82.9	38.7	10.5	0.0	0.0	9.1	12.4	



9. Ward Heatmap: December 2014

		INCIDENCE OF C.DIFFICILE	INCIDENCE OF MRSA	TRUST ACQUIRED PRESSURE SO..	PERCENTAGE OF HARM FREE CARE	PATIENT SATISFACTION (FRIENDS & FA..	FRIENDS & FAMILY RESPONSE RA..	WARD STAFFING: UNFILLED DUT..	FALLS (WARD LEVEL)	SERIOUS INCIDENTS (WARD LEVEL)	SICKNESS/ ABSENCE RATE - (WARD)	VACANCY RATE - (WARD)
Children & Women's	CARDIOTHORACIC..	1.0	0.0	0.0	90.0			8.2	0.0	0.0	6.0	13.6
	CARMEN SUITE	0.0	0.0	0.0	100.0			9.1	1.0	0.0	15.9	10.7
	CHAMPNEYS	0.0	0.0	0.0	100.0	95.0	27.6	11.1	0.0	0.0	6.1	23.5
	DELIVERY	0.0	0.0	0.0	100.0			22.6	0.0	2.0	9.2	7.3
	FREDDIE HEWITT	0.0	0.0	0.0	100.0			8.4	0.0	1.0	2.2	15.0
	GENERAL ICU/HDU	0.0	0.0	0.0	88.2			7.3	0.0	0.0	3.1	13.5
	GWILLIM	0.0	0.0	0.0	100.0			21.1	0.0	0.0	10.2	35.9
	JUNGLE	0.0	0.0	0.0				16.8	0.0	0.0	9.1	25.8
	NEONATAL ICU	0.0	0.0	0.0	100.0			14.7	0.0	0.0	4.7	9.8
	NEURO ICU	0.0	0.0	1.0	100.0			9.1	0.0	1.0	3.6	7.9
	NICHOLLS	0.0	0.0	0.0	100.0			11.0	0.0	0.0	4.2	7.0
	PICU	0.0	0.0	0.0	90.9			12.2	0.0	0.0	7.3	11.0
	PINCKNEY	0.0	0.0	0.0	100.0			18.8	0.0	0.0	2.5	111.5
Medicine & Cardiovascular	ALLINGHAM	0.0	0.0	0.0	96.6	76.5	51.5	11.9	6.0	0.0	3.5	16.5
	AMYAND	0.0	0.0	0.0	96.8	100.0	7.9	15.2	1.0	0.0	1.4	9.5
	BELGRAVE	0.0	0.0	0.0	97.0	94.0	44.7	13.5	3.0	0.0	3.1	14.1
	BENJAMIN WEIR	0.0	1.0	0.0	96.8	100.0	58.3	6.2	3.0	0.0	5.0	6.1
	BUCKLAND	0.0	0.0	0.0	100.0	96.3	30.3	9.1	0.0	0.0	2.1	-1.8
	CAESAR HAWKINS	0.0	0.0	0.0	95.0	100.0	27.7	16.9	14.0	0.0	12.1	19.7
	CARDIAC CARE U..	0.0	0.0	0.0	92.3	77.8	100.0	9.7	0.0	0.0	4.1	-31.4
	CAROLINE	0.0	0.0	0.0	100.0	85.7	54.9	15.4	3.0	0.0	1.3	0.3
	CHESELDEN	0.0	0.0	0.0	100.0	95.3	45.3	7.1	5.0	0.0	9.9	15.8
	DALBY	0.0	0.0	0.0	84.6	83.3	20.0	13.1	8.0	0.0	15.6	12.2
	EMERGENCY DEP..	0.0	0.0	1.0		0.0	100.0	9.0	0.0	1.0	3.0	15.2
	HEBERDEN	0.0	0.0	0.0	73.9	100.0	25.9	13.1	6.0	0.0	2.1	33.7
	JAMES HOPE	0.0	0.0	0.0	100.0	97.8	164.3	5.3	0.0	0.0	2.2	19.0
	MARNHAM	0.0	0.0	0.0	92.6	93.3	33.3	12.0	3.0	0.0	4.1	15.1
	MCENTEE	0.0	0.0	0.0	94.4	91.9	50.0	9.3	1.0	0.0	1.8	10.3
	RICHMOND	0.0	0.0	0.0	93.1	87.5	13.0	11.7	11.0	0.0	4.7	10.1
	RODNEY SMITH	0.0	0.0	0.0	73.7	83.3	15.4	12.2	1.0	0.0	7.0	20.8
	RUTH MYLES	0.0	0.0	0.0	100.0	96.2	76.5	10.1	2.0	0.0	6.3	31.4
	TREVOR HOWELL	0.0	0.0	0.0	85.7	96.3	52.9	8.2	6.0	0.0	3.9	12.4
	Surgery & Neurosciences	BRODIE NEURO	0.0	0.0	0.0	96.3	83.3	24.0	11.8	0.0	0.0	17.4
CAVELL		0.0	0.0	0.0	93.8	95.2	30.7	9.4	1.0	0.0	7.1	-21.6
FLORENCE NIGHTI..		0.0	0.0	0.0	94.7	96.6	86.9	10.2	4.0	0.0	5.0	14.8
GRAY WARD		0.0	0.0	0.0	97.3	93.0	41.3	10.5	8.0	0.0	5.9	20.2
GUNNING		1.0	0.0	2.0	86.2	93.6	94.0	10.7	4.0	2.0	7.2	37.1
GWYN HOLFORD		0.0	0.0	0.0	96.4	100.0	57.1	14.9	8.0	0.0	5.3	5.3
HOLDSWORTH		0.0	0.0	0.0	90.9	74.2	55.4	10.6	3.0	0.0	5.2	34.2
KEATE		0.0	0.0	0.0	94.7	95.0	53.6	5.1	1.0	0.0	1.0	18.5
KENT		0.0	0.0	0.0	93.1	91.7	13.5	9.6	5.0	0.0	3.3	14.6
MARY SEACOLE		0.0	0.0	0.0	85.7	88.2	73.9	15.6	4.0	0.0	6.7	-12.2
MCKISSOCK		0.0	0.0	0.0	96.0	94.2	65.8	10.4	4.0	0.0	5.2	11.1
VERNON		0.0	0.0	0.0	100.0	94.5	33.5	10.6	2.0	0.0	10.0	19.4
WILLIAM DRUMMO..		0.0	0.0	0.0	0.0	0.0	100.0	7.8	1.0	0.0	5.6	12.4



9. Ward Heatmaps:

Women's and Children's , Diagnostics and Therapies Division

Commentary

Incidence of C.Difficile

2 cases reported in CTICU in December 2014. Both root cause analysis completed and action plan in place; including additional microbiology ward rounds, improved cleaning and leadership in relation to infection control.

% of harm free care

November 2014:

General ICU - 82.4%:

A total of 17 patients were surveyed, with 3 harms identified. These were 2 old grade 2 pressure ulcers and 1 new grade 3 pressure ulcer.

Nicholls - No data return, this relates to an IT error as the data was entered.

PICU – 85.7%:

A total of 7 patients were surveyed with 1 harm identified. This was 1 catheter with associated UTI.

December 2014:

General ICU – 88.24%:

A total of 17 patients were surveyed with harm noted in 2 patients. These were 2 new VTEs

Ward Staffing: Unfilled Duty Hours

November 2014

Gwillim and NNU reported unfilled duties over 18%. Despite this there were no safe staffing alerts reported for Gwillim. The neonatal unit did however have 3 alerts during this time period. All of these occurred out of hours, safety was not however compromised in this time but staff were unable to take breaks.

December 2014

Delivery suite, Gwillim, Jungle and Pinckney all reported unfilled duty hours > 15%. There were a total of 3 staffing alerts in this period, with non-clinical staff, such as practice educators being used to support wards and staff moved from areas such as outpatients to support this overall staffing across areas. Further work with the rota templates will be completed in February 2015 to ensure accuracy.

Serious Incidents

November 2014

5 serious incidents were reported within the division in November 2014. 4 of these relate to maternity, including 2 unexpected admissions to NNU, the other incident occurred in radiology.

December 2014

4 Serious incidents were reported in December 2014, these include an unexpected admission to NNU, a grade 3 pressure ulcer on NITU and a failure to monitor within paediatrics.

All serious incidents are being investigated within agreed time lines, are discussed at DGB and actions monitored closely.

Vacancy Rate

All areas are continuing to recruit via the trust assessment days, international recruitment and holding service specific recruitment open days.

Sickness

A number of areas are reporting higher than average sickness rates. Monthly rota management meetings continue to be held within the division with the ward sisters and matrons; this includes a review of sickness absence rates and the overall management of sickness. December 2014 saw an increase in the amount of short term sickness some of which related to flu. All long term sickness cases are being managed appropriately with the support of HR



9. Ward Heatmaps: Surgical, Theatres, Cancer and Neurosciences Division

Commentary

November Data

Brodie ward- Flags relate to friends and family- there have been on-going issues with the Wi-Fi and although data was collected it wasn't captured on the tablet- this has now been resolved. Sickness data should read 14% and this relates to 4 staff on long term sick leave. This is being managed and 1 staff member returned to work mid-December.

Gwynne Holford- The vacancy rate date is 14% rather. Recruitment is slow but positive in reducing this level.

Kent ward- 4 red flags- harm free care scores relate to falls (n=14) and 2 patients that fell on multiple occasions- all associated with no harm. This number was unusually high and unrelated to staffing. Both patients were risk assessed and managed appropriately. Sickness is reflected as 4.9% on the scorecard but was 2.9% on the roster, which we believe to be accurate. The vacancy factor is 10%.

Vernon ward- 4 red flags- 1 grade 3 pressure ulcer. The RCA reflected a lack of rigour around documentation and failure to reassess the patient following a deterioration in their condition. Sporadic use of the alert system introduced to highlight "at risk" patients. Probably unavoidable but due to the lack of documentation impossible to evidence this. The SI related to the pressure ulcer. Sickness predominantly long term related with 3 staff on mat leave off sick and 2 with long term conditions. Some short term seasonal sickness evident. Vacancy factor impacted upon by Irish nurses withdrawing. Recruitment has re-commenced with good interest in speciality. Newly appointed and substantive band 7 now in place.

Holdsworth – Sickness is 8.6% and relates to 3 staff on long term sickness returned in December and 3 short term who have triggered and subsequently commenced formal sickness monitoring. Vacancy rate is 29%- all recruited into and start at the end of January. Gunning vacancy factor is also high and will drop at the end of January with newly appointed recruits starting.

Gray Ward- Triggers relate to sickness and vacancy factor. 4 new starts commence in January, this includes a band 6 and will impact the current 32% VF. The 7.2% sickness is predominantly short term and being managed. The recruitment of a full leadership team should impact upon this. A new band 7 also takes up post in January.

December Data

Florence ward – 3 red flags- Harm free care scores related to 1 grade 2 PU around a tracheostomy site due to mechanical- suture plate friction and falls (n=4) - all no harm. Sickness of 5% is impacted by 3 short term sickness of which 2 are being monitored and 1 stage 3 long terms sickness episode. Vacancy factor relates to 4 RN's and staff have been moved to support this short term. Compounded by 1 RN moving to support Gunning ward short term.

Gray Ward- 3 red flags – There were 8 falls in December- all occurred at night and all occurred on shifts where there was a high use of temporary staffing. Permanent staff being focused more on nights, weekly audits and PSAG boards used to flag at risk pts. Vacancy is 20% and 5 new RN's take up post in Feb. Sickness is predominantly short term and seasonally related.

Gunning- 7 red flags – 1 CDT (known about pre admission), 2 grade 3 pressure ulcers 1 Gd 3 on heel deemed unavoidable and care exemplary, the 2nd RCA being completed. Harm free care related to pressure ulcers and falls (n=4)- all no harm and 2 involved independent patients. SI's relate to PU's. Sickness all short term. Vacancies are a risk at present and staff have been moved to support the area. 1 band 6 starts in February and 8/14 RN vacancies have been appointed into.

Vernon Ward- red flags relate to sickness and vacancy factor. Plans in place and should resolve by February.

Gwynne Holford- 8 falls predominantly occurred during rehabilitation or were near misses and witnessed/supported by staff. No harm recorded. Sickness is 1 member of staff on long term sickness.

Kent Ward – Harm free care scores relate to incomplete VTE assessments, Friends and Family low scores are being investigated but possible Wifi related. Falls related to patients having seizures but all appropriately mobile and risk assessed and no associated harm. All posts now recruited into and should be 1.6 by February.

December data in Surgery is more concerning than previously and although many flags can be explained the increasing operational challenges are impacting and evidenced by this data. The senior team will maintain increased visibility and scrutiny to ensure that risks are proactively being identified and managed.



9. Ward Heatmaps:

Medical and Cardiovascular Division

Commentary

Recruitment delays continue. Have previously met with Wendy to discuss and recruitment have had increases to their staff. All areas still reporting delays in getting start dates for nurses interviewed Oct/Nov 14.

Vacancies in many areas with extra pressure from **sickness** particularly medical wards where we have had flu although diagnosis not confirmed in all staff. Moving staff to open **additional capacity** – Nightingale, Champneys, and Allingham / Amyand beds and **increasing the established** posts in 11 wards. HoNs report vacancy numbers do not tally with their own records or those on workforce data. Have discussed with JMc.

Infection control – 2 C diff and 1 MRSA bact. Robust action plan in place for cardiac.

Falls – Matrons report high number of vulnerable and confused patients. Particularly identified on CH and Rodney Smith. We have had high use of specials across medicine & senior health.

FFT – Heberden, Richmond & Rodney Smith have had 2 months of low returns. Matrons are aware of increasing target and need to increase feedback. December levels of satisfaction across all areas good.



9. Ward Heatmaps: Community Services

Domain	Patient Safety & Experience			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Direction	Comments												
	Indicator	Frequency	2014/2015 Target															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				➤													
Patient Safety	Number of SI's breached	Monthly	0					0	0	0	0	1				▲													
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				▼													
Patient Safety	Grade 4 Pressure Ulcers	Monthly							1	0	0	1				▼													
Patient Safety	Number of Fall of No Harm and Low Severity	Monthly		10	10	3	16	3	20	14	12	10				▼													
Patient Safety	Number of moderate falls	Monthly	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				➤													
Patient Safety	Number of falls resulting in death	Monthly	0	0	0	0	0	0	0	0	0	0				➤													
Patient Safety	MRSA	Monthly	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				➤													
Patient Safety	CAS ALERTS - Number ongoing - received (Trust)	Monthly		13	16	13	12	15	8	7	6	7				▼													
Patient Safety	CAS ALERTS - Number not completed within due date (Cumulative) Trust	Monthly	0	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				▼													
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					➤													
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					▼													
			Level 2 95%	78.4%			80.91% 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					▲													
			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					▼													
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																	
Patient Experience	Number of Complaints received	Monthly		26 APR14, MAY14, JUN14			17			11	10	7																	
Patient Experience	Number of Complaints responded to within 25 days (reporting 1 month in arrears)	Monthly	85%	46% APR14, MAY14, JUN14			44%			66%	64%	90%				▼													



9. Ward Heatmaps: Community Services

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%								http://www.qualityobservatory.nhs.uk/index.php?option=com_cat&view=item&Itemid=28&cat_id=588
Patient Outcomes	Catheter related UTI (Trust)			0.00	1.56	1.43	0.00	1.47	1.41	1.47	1.32	1.29								http://www.hscic.gov.uk/search/catalogue?q=title%3A%22nhs+safety+thermometer+report%22&area=&size=10&sort=Relevance	
	Number of new VTE (Trust)		National 0.005	0.76	0.35	0.21	0.07	0.07	0.37	0.00	0.69	0.29									
Workforce	Sickness Rate -	Monthly	3.50%	5.37%	5.06%	5.48%	3.82%	4.0%	4.2%	4.4%	5.1%	Data available mid January 2015							▲		
Workforce	Turnover Rate-	Monthly	13%	14.87%	14.76%	14.98%	16.48%	17.1%	18.0%	19.9%	20.2%									▲	
Workforce	Vacancy Rate-	Monthly	11%	12.45%	13.10%	14.61%	14.67%	15.7%	15.9%	17.9%	18.4%									▲	
Workforce	Appraisal Rates - Medical	Monthly	85%	54.05%	62.07%	71.43%	78.57%	80.8%	78.3%	86.4%	86.4%									▶	
Workforce	Appraisal Rates - Non-Medical	Monthly	85%	79.64%	77.36%	74.80%	77.80%	81.1%	79.5%	84.3%	81.3%										▼

KPI Exception Report for Community CQR Meeting: January 2015

Serious Incidents: 5 SIs were declared – (4 PUs and 1 Death in Custody)

Pressure ulcers: In December there were 5 pressure ulcers acquired in our care (3 Grade 3s and 1 Grade 4, community nursing). No G3/4 declared for MS ward (67 days since).

Falls: 10 falls were reported, all of which were no-low harm

Complaints: There were 7 new complaints received in December (3 OHC, 1 community nursing)

DDNG and DDO meet weekly to review performance of complaints and work with care group leads to improve performance. its processes and expect to see a steady improvement in performance.

HR: Sickness absence was 5.1% in November which is a slight increase on the two month previous. HR continues to work with service managers to reduce absence

The upward trend in turnover has continued into December with an increase in turnover from 14.87% in April to 20.2% in November. Turnover includes voluntary, retirement and involuntary turnover.

The division continues to experience high vacancy levels, with an increase in the vacancy rate from 12.45% in April 2014 to 18.4% in November 2014. A Recruitment and Retention strategy is in place, which includes a recruitment tracker and reviewing of the local induction process.

Appraisal rates for Medical and Non-medical staff have continued to improve with performance above 80% for both areas in December 2014.

Non-medical appraisal rate is currently at 81.3% and medical appraisals are currently at 86.4%. Local plans are in place to ensure all outstanding appraisals are completed.

Finance Report

December 2014 results – Month 9

Trust Board (29th January 2015)

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FINANCE AND ACTIVITY SUMMARY

Area of Review	Key Highlights	Month	Year End rating
Financial Position	<p>As at Month 9, the Trust is showing a deficit YTD of £458k which is £4.368m adverse to the YTD target of £3.91m surplus. This is an adverse movement in month of £1.929m. The month 9 results have seen a worsening of the position as a result of:</p> <ul style="list-style-type: none"> • an anticipated reduction in Project Diamond funding from NHSE by £1.5m, and • excess costs of extreme operational pressures during December. <p>The reduction in Project Diamond funding now assumed places the Trust at greater risk of moving into deficit. 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 is under way led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified will be 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 has amended its forecast with the TDA to be a £2.734m surplus and £4.258m adverse to plan.</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 is higher 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 has an overspend for the year to date primarily due to premium costs of Medical Junior Doctors cover especially in ED, Paediatrics and Surgery. Nursing now underspending in month but agency/bank nursing cover for maintaining safe staffing levels, covering vacancies and use of nurse specials is 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 £2.136m mainly due to difficulties achieving income and expenditure CIPs and inpatient activity levels at suitable margins. Overall YTD was behind plan by £5.961m as total expenditure pressures exceed additional income received to date.</p>		
Cash	<p>The cash balance was £6.7m at M09 (M08: £18.9m) a reduction of £12.2m on last month. When the unexpended balance of the LEEF loan is excluded, the underlying cash balance is negative -£4.9m.</p> <p>The trading loss made in December of £3.1m (IFRS) contributed to this reduction however the main cause relates to timing differences on receipts: SLA invoices payable by NHSE and some CCGs that were due on 15th December were not paid.</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>Since month-end the Trust has secured payment of a number of long-outstanding NHSE and CCG invoices and the forecast cash balance for M10 is approx. £16m.</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 £0.8m since it peaked in M04 and further reductions are planned in the next 3 months however debt remains high and on current trends is unlikely to reduce to the 13/14 level between now and the year end.</p> <p>As a consequence the Trust is continuing to exert tight management of payments.</p>		
<p>Capital</p>	<p>Actual capital expenditure in month 9 was £3.4m. YTD expenditure is £27.7m against the budget of £40.1m – an under spend of £12.4m.</p> <p>The IMT over spend is unchanged from M08 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 M09 forecast indicates the Trust will generate an under spend in terms of overall capital expenditure of £12.1m but a capital cash deficit in financing terms of approx £1.4m - the proportion of expenditure financed by loans and leases has reduced but that financed by internal capital is forecast to increase however due to actions taken by IMT and slippage in other parts of the capital programme the forecast capital cash deficit is now £1.4m compared to £2.7m in M07.</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 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 £41.8m has been identified. Year to date CIP performance is £3.2m 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.

For the YTD to December, the Trust is showing a £458k actual deficit compared to the YTD planned surplus of £3.91m, therefore the Trust showed a £4.37m adverse variance to plan.

In December, the Trust was ahead of its monthly income target by £985k. Overall SLA income has slowed in December but over-performed for the YTD by £12.34m. Activity in month over-performed for Exclusions & Bed Day activity but underperformed for Elective and Emergency activity. There are estimates included due to incomplete data activity submissions. The YTD position includes £7.5m of systems resilience funding from local commissioners to support achievement of RTT 18 week's targets and winter pressures. In month the Trust received notification of a reduction in its project diamond funding causing a variance of £1m YTD

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 can result in potential fines. The Trust has renegotiated Emergency activity thresholds and where exceeded the activity is being paid at 30% marginal rate above the 2012/13 outturn levels.

Pay is overspent by £3.53m 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. The position includes recognition of significant non recurrent benefits through income and expenditure reductions.

SUMMARY I&E	Month 9				Month 8		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	442,511	454,850	12,339	2.8%	11,997	342	-315	1,051	248	0	78	-720	
Other Healthcare	6,934	6,934	0	0.0%	-30	30	94	-9	-97	-5	0	46	
Other Income	86,383	91,547	5,164	6.0%	4,551	613	-68	193	-123	98	-81	595	
Operating income	535,828	553,331	17,503	3.3%	16,518	985	-289	1,236	28	94	-3	-79	
Expenditure													
Pay	-325,931	-329,460	-3,529	1.1%	-2,783	-746	-273	-216	-208	-512	109	353	
Drugs	-31,930	-36,092	-4,162	13.0%	-3,507	-655	-112	-530	-180	182	-11	-5	
Clinical supplies	-66,140	-68,290	-2,150	3.3%	-1,539	-611	27	444	-151	-816	-23	-93	
Other non pay	-85,263	-98,887	-13,624	16.0%	-12,515	-1,109	249	-1,322	-729	485	-203	411	
Operating expenditure	-509,265	-532,729	-23,464	4.6%	-20,343	-3,121	-108	-1,623	-1,267	-660	-128	666	
EBITDA	26,563	20,602	-5,961	-22.4%	-3,825	-2,136	-397	-387	-1,240	-567	-131	587	
Depreciation	-15,599	-15,274	325	-2.1%	253	72	0	0	0	0	0	72	
Dividend	-5,719	-5,793	-74	1.3%	-74	0	0	0	0	0	-2	2	
Other	-2,378	-2,362	16	-0.7%	35	-19	-12	-1	-5	0	5	-7	
Net I&E position	2,867	-2,826	-5,694	-198.6%	-3,611	-2,083	-409	-388	-1,245	-567	-128	654	
excl. IFRS/ donated assets	1,043	2,368	1,326	127.1%	1,172	154						154	
Net NHS Performance	3910	-458	-4368	-111.7%	-2,439	-1,929	-409	-388	-1,245	-567	-128	808	
CASH & CAPITAL													
Cash balance	20,653	6,738	-13,915	-67.4%	-5,568	-8,347							
Capital programme	-40,116	-27,875	12,241	-30.5%	9,556	2,685							

As part of their forecasts, Divisions have been asked to identify 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 funding now assumed places the Trust at greater risk of moving into deficit. 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 is under way led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified will be 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.

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 December 2014

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

	CURRENT MONTH M9			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	4,677	4,010	-667 A	46,877	43,752	-3,125 A	-6.7%	-2,458 A	63,175	59,009
SLA Daycase	1,956	1,999	43 F	20,114	20,209	95 F	0.5%	52 F	26,953	27,079
SLA Non Elective	9,450	9,254	-195 A	83,346	84,469	1,123 F	1.3%	1,319 F	110,780	112,278
SLA Outpatients	8,133	8,013	-121 A	83,168	86,011	2,843 F	3.4%	2,964 F	111,729	115,520
SLA A&E	1,309	1,328	19 F	11,616	11,768	152 F	1.3%	133 F	15,420	15,623
SLA Bed Days	5,116	5,352	236 F	44,708	44,298	-410 A	-0.9%	-646 A	59,712	59,165
SLA Programme	1,226	1,368	143 F	10,795	12,411	1,616 F	15.0%	1,473 F	14,707	16,861
SLA Exclusions	2,975	3,977	1,002 F	25,889	32,483	6,594 F	25.5%	5,592 F	35,426	44,217
SLA Other	13,775	13,122	-654 A	121,209	123,492	2,283 F	1.9%	2,937 F	162,883	165,674
SLA Provisions QiPP/KPIs & Y/E Settlement	-579	-43	536 F	-5,211	-4,043	1,168 F	100.0%	633 F	-6,949	-5,391
Subtotal - SLA Income	48,037	48,380	342 F	442,511	454,850	12,339 F	2.8%	11,997 F	593,838	610,037
Private & Overseas Patient	546	536	-9 A	3,960	3,645	-315 A	-8.0%	-306 A	5,569	5,149
RTAs	317	354	37 F	2,871	3,187	316 F	11.0%	279 F	3,821	4,243
Other Healthcare Income	12	14	2 F	103	103	0 A	-0.5%	-2 A	139	139
Levy Income	3,955	4,313	358 F	35,988	36,520	533 F	1.5%	175 F	47,697	48,407
Other Income	5,595	5,851	255 F	50,396	55,027	4,631 F	9.2%	4,376 F	67,281	72,582
Total income	58,462	59,448	985 F	535,828	553,331	17,503 F	3.3%	16,518 F	718,345	740,556
Expenditure										
Pay Total	-36,455	-37,201	-746 A	-325,931	-329,460	-3,529 A	1.1%	-2,783 A	-433,725	-437,431
Drugs	-3,540	-4,195	-655 A	-31,930	-36,092	-4,162 A	13.0%	-3,507 A	-42,551	-48,100
Clinical Consumables	-7,355	-7,966	-611 A	-66,140	-68,290	-2,150 A	3.3%	-1,539 A	-88,158	-90,524
Other Total	-9,399	-10,507	-1,109 A	-85,263	-98,887	-13,624 A	16.0%	-12,515 A	-114,994	-131,622
Total expenditure	-56,748	-59,870	-3,121 A	-509,265	-532,729	-23,464 A	4.6%	-20,343 A	-679,428	-707,676
EBITDA (note 1)	1,714	-422	-2,136 A	26,563	20,602	-5,961 A	-1.1%	-3,825 A	38,918	32,879
Disposal of Assets	0	0	0 A	0	0	0 A	0.0%	0 A	0	0
Interest payable	-273	-289	-17 A	-2,453	-2,422	32 F	-1.3%	48 F	-3,875	-3,619
Interest receivable	8	6	-2 A	75	60	-15 A	-20.1%	-13 A	100	81
PDC Dividend	-635	-635	0 A	-5,719	-5,793	-74 A	1.3%	-74 A	-7,896	-7,697
Depreciation	-1,804	-1,732	72 F	-15,599	-15,274	325 F	-2.1%	253 F	-21,645	-21,645
Total interest, dividends & deprec'n	-2,703	-2,651	53 F	-23,696	-23,428	268 F	-1.1%	215 F	-33,316	-32,879
NET +Surplus /-Deficit	-990	-3,072	-2,083 A	2,867	-2,826	-5,694 A	-198.6%	-3,611 A	5,602	0
exc. IFRS/Donated Assets Adjustment	116	270	154 F	1,043	2,368	1,326 F	127.1%	1,172 F	1,390	2,734
TDA FIMS Report +Surplus /-Deficit	-874	-2,803	-1,929 A	3,910	-458	-4,368 A	-111.7%	-2,439 A	6,992	2,734

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 9, the Trust's YTD net I&E variance (comparing actual against budgeted income and costs) is showing an adverse variance of £4.37m compared to plan. The month end actual performance stands at £458k deficit against a planned surplus of £3.910m.

The Trust plan was to achieve a year end surplus of £6.99m but its current forecast is £4.26m adverse to this which would give a £2.273m outturn position in NHS performance terms or a breakeven position under IFRS. To deliver this further action must be taken by the Executive team to control and reduce quarter 4 expenditure. A detailed review of all budgets and costs centres is under way led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified will be 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.

The Trust made an actual deficit of £2.803m in month, which was £1.929m 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 £154k 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 £17.503m ahead of planned targets, and net expenditure is over-spent by £23.464m. Along with the favourable IFRS cost adjustment of £1.326m, this gave a net adverse position of £4.368m against the YTD plan.

In month, the Trust's clinical divisions showed an adverse variance of £2.609m which is offset by the use of contingency, other mitigations and benefits and income accounted centrally to give an adverse position of £2.636m. 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 £985k Favourable in month (£17,503m Fav YTD) (Section 3)

The position is aided by additional commissioners and TDA funding for Systems resilience and RTT work. 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. Within other income, private patient has improved but is underperforming overall. The Trust has been notified of a reduction of £1m YTD in its project diamond funding.

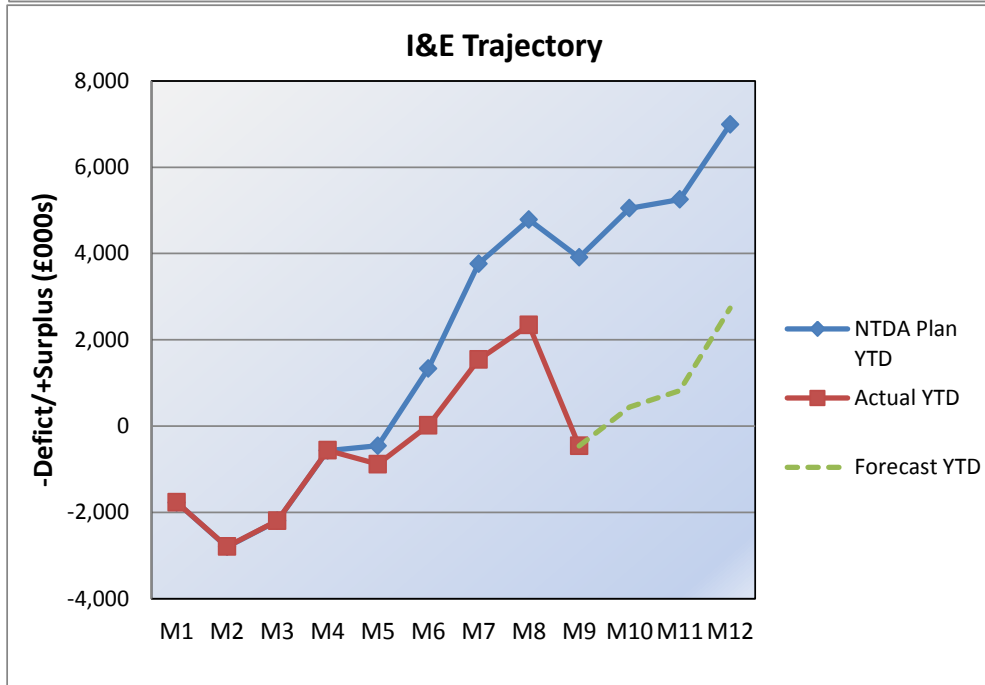
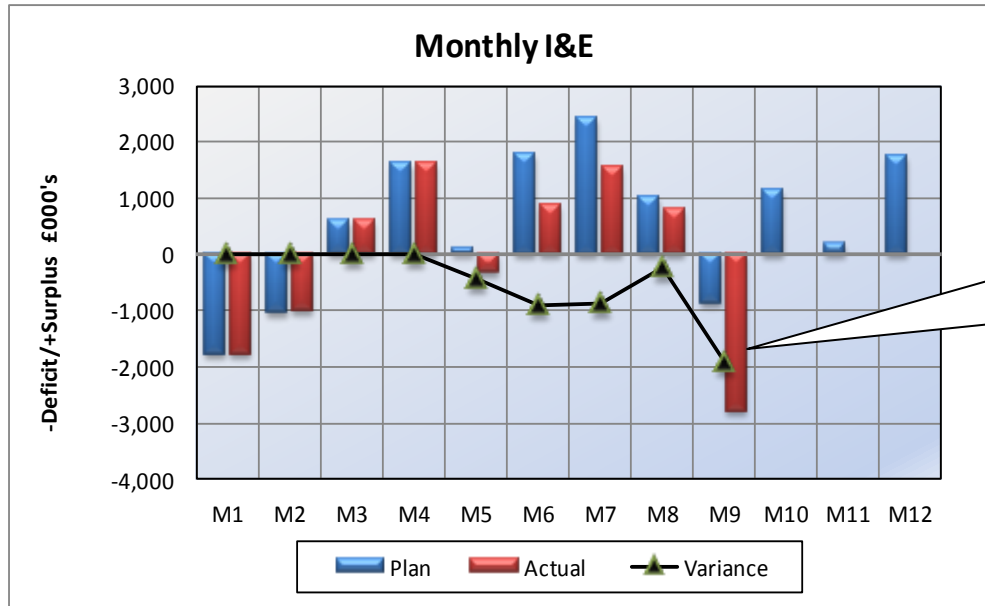
Pay £746k Adverse in month (£3.529m Adv YTD) (Section 4)

Pay budgets include allocation of Frailty Model within Nursing & Medical Pay budgets of £290k, excluding this the underlying position is overspent in month by £1.13m. 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.

Non Pay £2.37m Adverse in month (£19.93m 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 £0.6m adverse variance in December and £3.2m adverse YTD variance (See section 8).

Charts showing in month and cumulative position against plan



SECTION 2: DIVISIONAL POSITION

SUMMARY OF DIRECTORATE PERFORMANCE

As at December 2014

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

Responsible	Directorate	CURRENT MONTH M9			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	596	373	-224 A	3,856	1,393	-2,463 A	-63.9%	-2,239	5,933
	Womens Services	1,122	580	-542 A	11,828	11,256	-572 A	-4.8%	-30	16,079
	Diagnostics	-1,416	-1,410	6 F	-11,849	-13,086	-1,238 A	10.4%	-1,244	-15,641
	Critical Care	756	239	-517 A	3,816	2,774	-1,042 A	-27.3%	-525	6,086
	Outpatients	-855	-227	628 F	-7,764	-8,111	-347 A	4.5%	-976	-10,331
	Therapies	-732	-754	-22 A	-6,407	-6,593	-186 A	2.9%	-164	-8,491
	CWDT Division Management	-190	-59	131 F	-1,705	-994	710 F	-41.7%	580	-2,274
	Pharmacy	-441	-310	131 F	-4,044	-4,755	-711 A	17.6%	-842	-5,365
	Total - Division	-1,160	-1,569	-409 A	-12,269	-18,117	-5,848 A	47.7%	-5,439	-14,005
	Southwest London Pathology	6	6	0 F	-754	-754	0 F	0.0%	0	0
	<u>Medicine and Cardiac</u>									
	Acute Medicine	538	435	-104 A	5,756	5,760	4 F	0.1%	107	7,754
	Emergency Department	571	533	-38 A	4,398	4,107	-291 A	-6.6%	-253	6,005
	Cardiothoracic & Vascular Services	1,933	1,845	-88 A	18,784	16,452	-2,332 A	-12.4%	-2,244	25,772
	Specialist Medicine	750	888	138 F	8,386	9,211	825 F	9.8%	686	11,651
	Renal & Oncology	831	535	-297 A	7,435	7,128	-307 A	-4.1%	-11	10,752
	Total - Division	4,624	4,236	-388 A	44,759	42,657	-2,102 A	-4.7%	-1,714	61,933
	<u>Surgery, Neuro, Theatres and Anaes</u>									
	Surgery	3,674	2,952	-722 A	36,470	29,770	-6,700 A	-18.4%	-5,978	49,633
	Neuro	3,374	2,912	-461 A	19,936	17,142	-2,794 A	-14.0%	-2,332	27,778
	Theatres and Anaesthetics	-2,947	-2,991	-44 A	-26,131	-26,242	-110 A	0.4%	-66	-35,269
	Cancer	-39	-56	-17 A	-385	-512	-127 A	33.0%	-110	-501
	Total - Division	4,062	2,818	-1,245 A	29,890	20,159	-9,731 A	-32.6%	-8,487	41,641
Community COO	<u>Community Services</u>									
	Adult + Diagnostic Svcs	1,757	1,405	-353 A	15,678	13,110	-2,569 A	-16%	-2,216	21,103
	Provider Management	-65	-72	-8 A	-647	-1,027	-380 A	59%	-373	-770
	Children+FamilyServices	370	493	124 F	3,300	3,763	463 F	14%	339	4,408
	Community PLD	48	130	82 F	436	640	204 F	47%	122	579
	GU Medicine	473	722	249 F	4,777	6,184	1,407 F	29%	1,157	6,419
	Provider Older Services	-933	-1,425	-493 A	267	-1,538	-1,805 A	-676%	-1,312	374
	Prison Services	157	38	-120 A	891	377	-514 A	-58%	-395	1,138
	Senior Health (See* Note 1 below)	0	0	0 A	0	0	0 A		0	0
	Provider Overheads	-1,120	-1,169	-48 A	-10,233	-10,314	-81 A	1%	-32	-13,594
	Total - Division	688	121	-567 A	14,470	11,195	-3,276 A	-23%	-2,709	19,657
	Total - Clinical Directorates	8,220	5,611	-2,609 A	76,097	55,139	-20,957 A	-27.5%	-18,349	109,227
	<u>Overheads</u>									
Chief Executive	Chief Executive, Governance	-998	-963	35 F	-8,977	-9,023	-46 A	0.5%	-81	-11,971
Director of Finance	Finance, Info, Procurement, Computing	-1,997	-2,116	-119 A	-16,175	-18,390	-2,215 A	13.7%	-2,096	-21,348
Director of Operations	Operations & Service Improvement	-369	-283	86 F	-3,315	-3,018	297 F	-9.0%	211	-4,424
Director of Nursing	Nursing Directorate	-239	-232	7 F	-2,184	-2,089	95 F	-4.4%	89	-2,901
Director of HR	HR, Ed & Training	-385	-326	59 F	-3,531	-3,232	299 F	-8.5%	239	-4,686
Other	Other	-1	0	1 F	-13	-21	-8 A	59.7%	-9	-17
Director of Estates	Estates & Facilities	-3,435	-3,631	-195 A	-31,227	-32,743	-1,516 A	4.9%	-1,321	-41,152
Director of R&D	Research & Development Total	-12	-11	0 F	-119	-117	2 F	-1.7%	2	-155
Others	Trust Income	-157	-739	-582 A	-601	8,893	9,493 F	-1580.7%	10,075	-1,072
	Disposal of Assets - Central	0	0	0 A	0	0	0 A	0.0%	0	0
	Central Budgets	-834	84	918 F	-689	5,621	6,310 F	-916.2%	5,392	-5,645
	Contingency Funds	-250	0	250 F	-2,250	0	2,250 F	0.0%	2,000	-3,000
	Interest Payable Loans	-2	-7	-5 A	-20	-27	-7 A	0.0%	-2	-631
	Interest Receivable	8	6	-2 A	75	60	-15 A	-20.1%	-13	100
	Central Capital Charges (PDC/Deprc'n)	-538	-466	72 F	-4,204	-3,879	325 F	0.0%	253	-6,723
	Total - Non Clinical	-9,209	-8,683	526 F	-73,229	-57,965	15,264 F	-20.8%	14,738	-103,625
NET +Surplus / -Deficit		-990	-3,072	-2,083 A	2,867	-2,826	-5,694 A	-198.6%	-3,611	5,602
exc. IFRS Adjustment		116	270	154 F	1,042	2,368	1,326 F	127.1%	1,172	1,390
TDA FIMS Report +Surplus / -Deficit		-874	-2,803	-1,929 A	3,910	-458	-4,368 A	-111.7%	-2,439	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 9, the Trust is reporting a £4.368m adverse variance to the planned deficit of £3.91m. Within this the clinical divisions are showing an £20.957m adverse variance to plan. Taking the corporate areas, estates and central capital charges, and the IFRS adjustment into account generates an adverse £1.464m variance to plan. This leaves £18.05m 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 9/12ths (£4.5m) of the £6m of the contingency was allocated to offset in year pressures. Of this £2.0m was reallocated to Divisions to offset legacy cost pressures. There has been £2.1m of balance sheet/fighting funds released and a further £3.5m of other mitigations and benefits (VAT/Balance Sheet) and other central expenditure reductions reflected. There is a central adjustment of £1.0m 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	2.3	Share of Remaining contingency released following allocation to Divisions
Fighting Fund	2.1	Non recurring benefits identified
Inflation Releases	0.0	Inflation to be allocated to divisions
VAT & Other benefits	3.5	Continuing review of VAT and other accruals
Agreed Divisional Reprofiles	1.0	Timing difference to original plan
TOTAL	8.9	

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 SWLP equipment funding £0.4m, a one off benefit finalising 13/14 Q4 patient activity data £0.7m and additional £2m winter pressure 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 £2.6m. The aim is to get as much of this to be embedded into SLAM reporting processes in future months. Systems resilience and RTT funding of £2.0m is held pending allocation to Divisions.

Trust Income

	£m	
Cdiff Fine	0.0	Trust below fine level
CQUINS Provision	1.5	Provision offset in Divisions
Central review of challenges	1.1	Challenges held in Divisions
Donated Income	-1.1	Timing difference offset by IFRS adjustment
Non recurrent benefits	2.2	Sale of Land and Asset funding
System Resilience Income	2.0	Funding for 18 weeks RTT & Systems resilience
VV Income Timing	1.1	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	-0.6	Activity which was not yet on Cerner at reported date
Other	2.6	Activity adjustments not yet attributed to Divisions.
TOTAL	9.5	

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 £6.594m, 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	249	121	1,536	1,130	1,632	502 F
Surgery and Neurosciences	677	796	119	7,844	5,635	7,026	1,391 F
Medicine and Cardiovascular	1,866	2,413	547	22,394	16,387	18,868	2,481 F
Community Services	16	445	429	198	147	1,128	981 F
Overheads	288	329	42	3,454	2,590	2,739	149 F
Trust Income	0	-256	-256	0	0	1,090	1,090 F
Grand Total	2,975	3,977	1,002	35,426	25,889	32,483	6,594 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 £2.481m over/recovery on SLA exclusions but within their overspend of £2.471m on non pay clinical supplies, £2.481m will relate to spend on high cost drugs and devices.
- In month, £1.09m 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

		Data						
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	11,308	10,993	-315	135,536	99,646	99,598	-48
	Other Healthcare Income	89	183	94	1,040	772	773	0
	Other Income	2,114	2,046	-68	25,069	18,752	18,490	-262
Income Total		13,512	13,222	-289	161,645	119,171	118,861	-310
Expenditure	Pay	-10,608	-10,880	-273	-126,024	-94,576	-95,283	-707
	Clinical Supplies	-1,503	-1,587	-84	-17,963	-13,481	-14,344	-862
	Other	-1,940	-1,691	249	-24,205	-17,789	-21,761	-3,972
Expenditure Total		-14,050	-14,158	-108	-168,192	-125,846	-131,387	-5,541
Post Ebitda	Post Ebitda	-621	-633	-12	-7,457	-5,593	-5,591	3
Post Ebitda Total		-621	-633	-12	-7,457	-5,593	-5,591	3
Grand Total		-1,160	-1,569	-409	-14,005	-12,269	-18,117	-5,848

COMMENTARY**Current Position**

The Division is overspent by £5.8m (48%) YTD M09 and £0.4m overspent in month. Main issues are:

Children Services £2.5m (64%) adverse YTD reporting income underperformance on Bed days and Day cases. A review of activity highlighted activity incorrectly attributed and when this was corrected a rerun of slam reduced the under performance by £33k. Critical Care £1m (27%) adverse YTD faced a case mix problem where lower level organ were supported than projected. Women £572k (5%) adverse YTD reporting a £0.5m reduction in SLA inpatient activity income resulting from a provider to provider challenge of FMU activity invoiced from month 1-6. A cleansing exercise of the data for this period in Slam reduced income by £1m against a £0.4m budgeted provision to mitigate this impact. £200k was put back into the position in order to phase out the impact until further investigations are carried out to determine the actual level of income and the level of invoices outstanding. Diagnostics is £1.2m adverse YTD (10%). Pathology overspend includes £1.8m cost pressure relating to SWLP difference between the Planning and cost of tests budgets. £0.5m of the £1.1m CIP for SWLP will come from income receipts from KHT and CHS contributions to capital investment. Pharmacy £711k (18%) YTD The service has transferred all Agency staff to Bank which will reduce the expenditure in Pay and income is expected to improve due to PP activity and Production income to come. 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. The directorate benefitted from a £55k home delivery cross charge in month but Chemotherapy cross charges were deferred until 2015-16. Corporate Outpatients £347k (4%) adverse YTD. The majority of the OP overspend was due to ad hoc clinic which are incurring premium costs to prep and run to meet RTT and other activity demands for Specialties. Agreement was obtained to cross charge month 1-9 costs back to Specialties estimated at almost £75k per month. The overspend remaining relates to the delay in the EDM project.

Forecast

The M09 position is £182k off the forecast from M08 mainly due to the loss of FMU income however the month 08 forecast did not include the beneficial impact of recharges for outpatient costs. CWDT Division forecast based on M09 is a deficit of £7.4m. This does not include any cross charges for Chemotherapy cost pressures to other Specialties. This represents £5.5m current operation of services and SWLP cost pressure £1.8m.

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. Procurement is a significant CIP plan that needs to deliver in Q04. 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 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). Compliance Cost Pressures - £600k increase in the forecast overspend for the Division. Womens income OP overperformance may be challenged. FMU activity has been challenged by referring Providers. Underachievement of CIPs - current forecast is gap of £2.9m. Impact of SWLP development on STGH Pathology realising a planning gap of £2.2m to be resolved less non recurring benefits leaves £1.6m.

CHILDREN’S, WOMENS, DIAGNOSTICS & THERAPIES

CIP Summary

	2014/15
DIVISIONAL TARGET	10.2
TOTAL FORECAST TO DATE	<u>7.5</u>
TOTAL FORECAST GAP	<u>2.8</u>
% ASSURANCE	64%
	20%
	16%

14/15 FOT	PMO PROCESS RAG			TOTAL	GAP	TARGET
DIR	RED	AMBER	GREEN			
CHILDRENS	50	83	1,758	1,891	975	2,866
CRITICAL CARE	179	171	721	1,070	41	1,111
DIAGNOSTICS	184	196	731	1,111	490	1,601
OUTPATIENTS	50	24	176	250	302	552
PHARMACY	90	94	305	489	220	709
THERAPIES	50	108	582	740	275	1,015
WOMENS	563	844	494	1,902	484	2,386
C&W OVERHEADS	0	0	0	0	0	0
TOTAL	1,166	1,521	4,766	7,453	2,787	10,240

SWL PATHOLOGY	400	700	400	1,100
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14/15 PERF	IN MONTH (M9)			YEAR TO DATE (M9)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CHILDRENS	287	246	40	2,006	1,014	992
CRITICAL CARE	111	183	-72	778	730	47
DIAGNOSTICS	160	130	30	1,121	597	524
OUTPATIENTS	55	19	36	386	195	191
PHARMACY	71	41	30	496	336	161
THERAPIES	102	77	24	711	510	201
WOMENS	239	165	74	1,670	1,238	432
C&W OHEADS	0	0	0	0	0	0
TOTAL	1,024	861	163	7,168	4,620	2,548

SWL PATHOLOGY	110	55	55	770	935	-165
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Introduction

CWDT Target for 14-15 is £10.2m and plan of schemes is £7.5m and a forecast gap £2.7m. It has £1.1m Red schemes mainly in Womens and Diagnostics.

Performance Overview

The Division has a deficit of £5.8m for YTD M09. Main issues are SLA income underperformance in Paeds. Pay overspend in ward nursing and support services. Nonpay has the impact of the SWLP development on StG Pathology finances (£1.2m YTD) . The CIP Programme has a gap £2.7m YTD M09. This reflects planned schemes that have not delivered this year including Outpatients EDM , Critical Care bed expansion, Childrens post PICU ward stays and Womens Champneys service improvement. The Division is working on recovery plans to manage the overspends and CIP gaps in line with the CWDWT control total.

Forecast

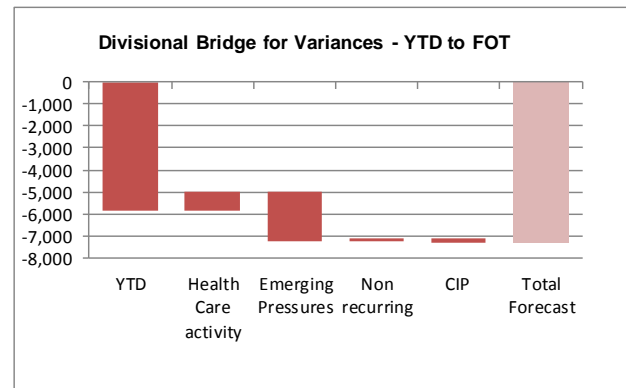
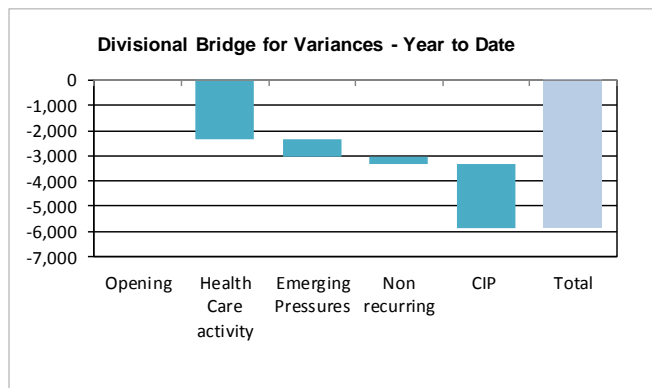
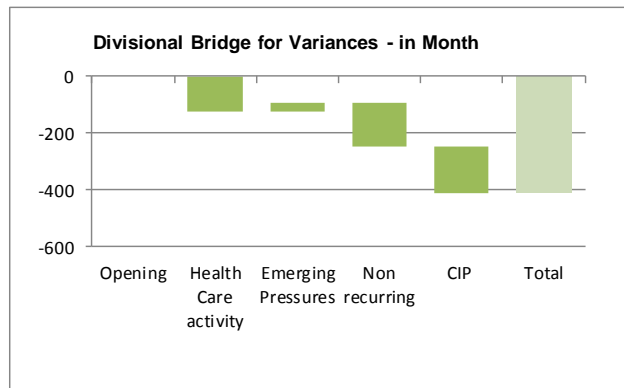
The forecast shows that the Division has plans to achieve £7.5m of schemes in 2014-15. Opportunities to close the gap of £2.7m are reviewed in fortnightly meetings with GMs . The PMO meet GM's to update the schemes ratings.

Risks and Opportunities

- Critical Care Schemes capacity has not been realised as planned.
- The Outpatients EDM CIP will not deliver.
- The Procurement programme is a significant part of the CIP schemes and is mainly profiled into Q4.
- Women’s services performance is reliant on the overperformance on OP activity income. There is a risks for the value of FMU activity which now comes from referring providers instead of Commissioners.
- Therapy Services expects to deliver more AQP activity but is at risk due to technical difficulties in the set up of the recording of activity.
- Diagnostics is seeing improvement in activity income from its caregroups

gfc

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 M09

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	-239	54	-88	-40	-313	687	0	8	-736	-41	698	0	0	-975	-278	11	0	-8	-239	-237
OTHER INCOME	35	-12	0	0	23	-164	-107	0	0	-271	-201	-28	0	0	-228	-37	79	0	0	43
Total INCOME	-204	42	-88	-40	-290	523	-107	8	-736	-312	497	-28	0	-975	-506	-26	79	-8	-239	-194
														0						
PAY	-136	30	0	-166	-272	-378	427	0	-757	-708	-39	-1,272	0	-791	-2,102	339	-1,699	0	-34	-1,394
DRUGS	-110	0	0	0	-110	-416	0	0	0	-416	-1,259	0	0	0	-1,259	-843	0	0	0	-843
CONSUMABLES	-2	107	0	0	105	-1,070	208	-53	0	-915	-621	-77	-53	0	-751	450	-285	0	0	164
OTHER NON PAY	330	-149	-66	43	158	-1,020	-1,195	-227	-1,055	-3,497	-113	-1,551	-49	-1,020	-2,734	907	-356	178	35	763
Total EXPENDITURE	83	-13	-66	-123	-119	-2,884	-561	-280	-1,812	-5,536	-2,032	-2,901	-102	-1,812	-6,846	852	-2,340	178	1	-1,310
Total I&E	-122	30	-154	-163	-409	-2,361	-668	-272	-2,548	-5,848	-1,535	-2,928	-102	-2,787	-7,352	826	-2,261	170	-239	-1,504

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	15,906	16,957	1,051	197,927	147,715	154,919	7,204	F
	Other Healthcare Income	524	516	-9	6,312	4,738	5,244	506	F
	Other Income	1,030	1,223	193	12,421	9,313	9,512	200	F
Income Total		17,460	18,696	1,236	216,660	161,766	169,675	7,910	F
Expenditure	Pay	-7,935	-8,151	-216	-94,270	-70,911	-73,034	-2,124	A
	Clinical Supplies	-4,749	-4,834	-85	-56,989	-42,741	-45,213	-2,471	A
	Other	224	-1,098	-1,322	1,053	37	-5,375	-5,412	A
Expenditure Total		-12,460	-14,083	-1,623	-150,205	-113,616	-123,622	-10,006	A
Post Ebitda	Post Ebitda	-377	-377	-1	-4,521	-3,391	-3,396	-5	A
Post Ebitda Total		-377	-377	-1	-4,521	-3,391	-3,396	-5	A
Grand Total		4,624	4,236	-388	61,933	44,759	42,657	-2,102	A

COMMENTARY**Current Position**

Medcard division is reporting an adverse position in month of £388k and £2.1m YTD. The in month variance includes £297k of charges for Out patients out of hours clinics and a review of SLAM reallocated £226k from Medcard to paed.. The income over performed by £1.2m in month and £7.909m YTD. The expenditure overspent by £1.623m in month and £10.011m YTD.

The key in month underlying position is an improved trend compared to month 01-08 prediction of £190k. The reported £388k adverse variance includes the £578k transfer impact to CWDT of Income for Paeds,

Renal and Oncology in month performance is challenging and requires further analysis to understand the driver behind the underperformance of BMT, though over performing in number of cases against target YTD. There is has been an issue of 60% Marginal rate tariff applied against 100% accrual. Unbundled actual do not reflect the anticipated level of performance. In month reported expenditure is lower than trend both in pay and non- pay also further analysis is on- going.

Other Directorate reported as predicted at month 08 YTD with exception to Specialist Medicine that performed better than planned due to over performance in Endoscopy day cases due to extra clinics being put in place.

The YTD adverse variance reported of £2.1m is largely attributable to Cardiothoracic & Vascular Services made up of CIP shortfall of £1.1m and loss of contribution due to repartition of work in the private sector delivered at premium cost due to lack of in house theatre capacity and ITU bed pressures.

Forecast

The Division of Medicine and Cardiothoracic is forecasting £5.1m deficit YTD against plan based on straight line actual income and expenditure. The Control Totals given to the division is now £3.750m. The Division is working with the Strategic Finance Manager to put action in place to mitigate where possible the proposed control total gap of £1.085k. However this forecast is largely influenced by the cardiovascular directorate which is forecasting a £4.246m deficit due to operating in the independent sector which will not be resolved in year, and therefore has limited ability to reduce its deficit.

Improvements from CIPs

The Division of Medcard has delivered CIP's of £7.2m against £8.0m YTD CIP target. The profiling of the target is £68% year to date of £11.5m full year target. There is an YTD shortfall in the CIP of the division of £1.1m. The shortfalls are mainly within the directorates of Cardiovascular (£714k), Senior Health (£232k), and ED (£146k) further opportunities of £300k 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.

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	71%
	18%
	11%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ACUTE MED	68	1,380	403	1,851	-4	1,847
CARDIOVASCULAR	286	103	1,655	2,045	1,120	3,165
ED	146	113	1,142	1,402	257	1,659
RENAL & ONCOLOGY	155	83	2,331	2,569	-38	2,531
SENIOR HEALTH	0	8	20	29	329	358
SPECIALIST MED	102	211	1,560	1,873	-161	1,712
MED OHEADS	347	0	222	569	-347	222
TOTAL	1,105	1,899	7,334	10,338	1,156	11,494

14/15 PERF	IN MONTH (M9)			YEAR TO DATE (M9)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ACUTE MED	185	145	40	1,293	1,347	-54
CARDIOVASCULAR	317	104	212	2,216	1,501	714
ED	166	119	46	1,161	1,015	146
RENAL & ONCOLOGY	253	204	49	1,772	1,647	124
SENIOR HEALTH	36	4	32	251	19	232
SPECIALIST MED	171	203	-32	1,198	1,380	-181
MED OHEADS	22	74	-52	155	342	-186
TOTAL	1,149	854	295	8,046	7,250	795

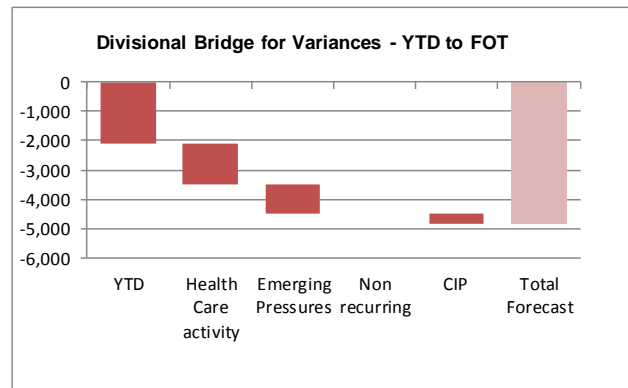
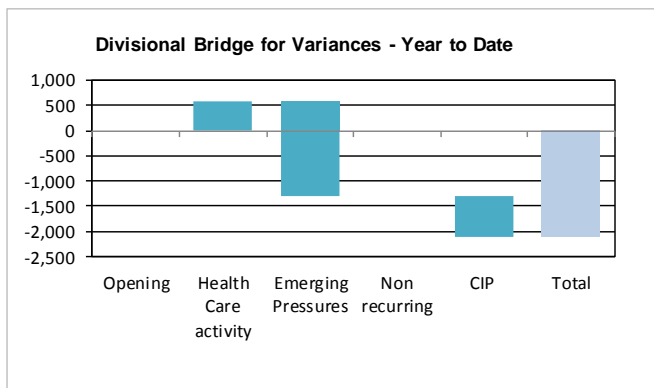
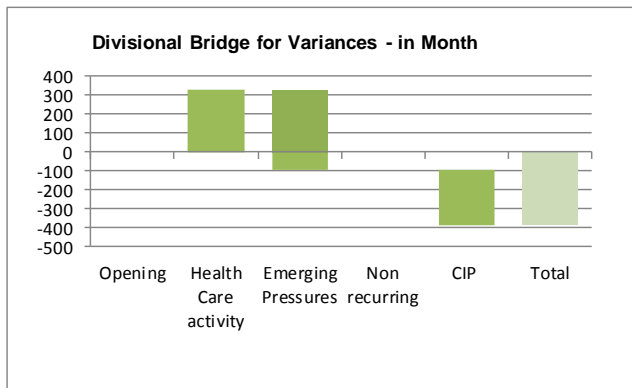
The Division of Medcard has delivered CIP's of £7.2m against £8.0m YTD CIP target. The profiling of the target is £68% year to date of £11.5m full year target.

There is an YTD shortfall in the CIP of the division of £1.1m. The shortfalls are mainly within the directorates of Cardiovascular (£714k), Senior Health (£232k), and ED (£146k)

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.

Further opportunities of £300k have been submitted to PMO office for implementation in the last quarter of the year.

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

NOTE THIS IS IN TRUST REPORT FORMAT
 +ve = Favourable and -ve = Adverse Variance

BRIDGE ANALYSIS OF VARIANCES

DIVISION NAME Med Card
 CURRENT MONTH M09

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	1,087	0	0	0	1,087	8,347	0	0	0	8,347	11,129	0	0	823	11,952	2,782	0	0	823	3,605
OTHER INCOME	149	0	0	0	149	-437	0	0	0	-437	-583	0	0	0	-583	-146	0	0	0	-146
Total INCOME	1,236	0	0	0	1,236	7,910	0	0	0	7,910	10,546	0	0	823	11,369	2,637	0	0	823	3,460
PAY	-216	0	0	0	-216	-2,124	0	0	0	-2,124	-2,831	-478	0	0	-3,309	-708	-478	0	0	-1,186
DRUGS	-529	0	0	0	-529	-3,496	0	0	0	-3,496	-4,661	-1,391	0	0	-6,052	-1,165	-1,391	0	0	-2,556
CONSUMABLES	-118	0	0	0	-118	-2,022	0	0	0	-2,022	-2,696	0	0	0	-2,696	-674	0	0	0	-674
OTHER NON PAY	-41	-425	0	-295	-761	309	-1,884	0	-795	-2,370	-1,182	-987	0	-1,979	-4,148	-1,490	897	0	-1,184	-1,777
Total EXPENDITURE	-904	-425	0	-295	-1,624	-7,332	-1,884	0	-795	-10,011	-11,370	-2,856	0	-1,979	-16,205	-4,038	-972	0	-1,184	-6,193
Total I&E	332	-425	0	-295	-388	578	-1,884	0	-795	-2,102	-823	-2,856	0	-1,156	-4,835	-1,401	-972	0	-361	-2,734

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	12,858	13,106	248	147,730	109,389	110,752	1,363	F
	Other Healthcare Income	253	156	-97	2,085	1,353	820	-533	A
	Other Income	1,420	1,296	-123	17,071	12,817	12,749	-69	A
Income Total		14,531	14,559	28	166,886	123,559	124,320	761	F
Expenditure	Pay	-8,300	-8,508	-208	-98,234	-73,280	-74,956	-1,676	A
	Clinical Supplies	-2,091	-2,422	-331	-25,135	-18,881	-21,876	-2,995	A
	Other	248	-481	-729	2,024	1,417	-4,396	-5,813	A
Expenditure Total		-10,144	-11,411	-1,267	-121,345	-90,744	-101,228	-10,483	A
Post Ebitda	Post Ebitda	-325	-330	-5	-3,900	-2,925	-2,934	-9	A
Post Ebitda Total		-325	-330	-5	-3,900	-2,925	-2,934	-9	A
Grand Total		4,062	2,818	-1,245	41,641	29,890	20,159	-9,731	A

COMMENTARY**Current position**

The Division is reporting a YTD M09 deficit of £9.7m, a deterioration of £1.2m from the YTD M08 deficit of £7.5m. The M09 £1.2m over spend comprises: income breakeven, £0.2m pay under spend, £0.7m non pay overspend & £0.3m unmet CIP / business planning gap. Income YTD M09 is a surplus of (£0.8m) 1% over performance. The month 9 breakeven position is due to recharging CCGs excluded drugs / devices, SLA over performance in electives for T&O, ENT, excess bed days Neurosciences, T&O, best practice tariff T&O and SRG funding from CCG's for additional Spr's in A&E. These are offset by under performance in electives for Neurosurgery, Urology, General Surgery [Bariatrics], emergency activity / threshold adjustment for Neurosurgery, T&O, EOC profit share previously overstated and private patient income. The overall income position is reporting a surplus on recharging CCGs expensive drugs / devices and excess bed days, offset by under performance on electives [mainly Bariatrics], loss of CQUINs and private patient income.

The Pay YTD M09 position is over spent £1.7m [2% unfavourable]. This is due to medical staffing costs £1.1m & high agency / bank spend for RMN specials £0.6m.

The Nonpay YTD M09 overspend £6.2m includes drugs over spends recharged to CCGs, additional costs of providing healthcare in the private sector and high consumable / equipment spend in T&O and Neurosurgery. The YTD M09 unmet CIP / business planning gap is £2.2m & nursing pay adjustment £0.4m.

YE Forecast

The Division is forecasting a YE deficit of £12.9m which is an improvement of (£1.9m) against a straight line forecast of £14.8m. The forecast has deteriorated by £1.4m from the previous forecast of £11.5m mainly due to an unexpected £0.4m OP charge for adhoc clinics, £0.5m emergency / non-elective change in threshold adjustment & £0.4m on medical staffing & nursing pay. The key improvements are: 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 £7.9m, with the majority of this from additional SLA income of £3.3m. The plan is save £2.9m in Q3 on increased SLA income, reduced nursing agency / bank spend as recruitment improves to substantive posts, reduce junior doctor agency spend, theatres pay efficiency and ceasing to send healthcare activity to the private sector.

Other factors and actions planned

The financial recovery plan is being updated to include the specific actions and risks to achieve the current £12.9m forecast.

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	7.9
TOTAL FORECAST GAP	<u>2.1</u>

% ASSURANCE	59%
	28%
	13%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
CANCER, HEAD & NECK	129	157	977	1,263	270	1,533
GEN SURG & UROLOGY	93	367	402	862	1,022	1,884
NEUROSCIENCES	469	1,649	788	2,906	656	3,562
THEATRES	0	9	676	684	22	706
T&O, PLAST	161	50	1,781	1,992	6	1,998
SURG OHEADS	153	0	0	153	126	278
TOTAL	1,004	2,232	4,624	7,859	2,101	9,960

14/15 PERF	IN MONTH (M9)			YEAR TO DATE (M9)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CANCER, HEAD & NECK	153	83	70	1,073	1,015	58 A
GEN SURG & UROLOGY	188	118	70	1,318	484	835 A
NEUROSCIENCES	356	392	-36	2,493	1,600	893 A
THEATRES	71	58	13	494	478	16 A
T&O, PLAST	200	192	8	1,398	1,341	58 A
SURG OHEADS	28	23	5	195	69	126 A
TOTAL	996	866	130	6,972	4,986	1,986 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 £7.9m 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. This will form part of the Divisional recovery plan.

The Division has saved £5.0m YTD M09 with schemes to save £2.9m in the last 3 months on SLA income £1.2m, pay £0.9m, nonpay £0.5m and non SLA income £0.3m. The expected procurement savings for the year has been reduced in M09, with further savings found in Medicines Management.

Key risk issues

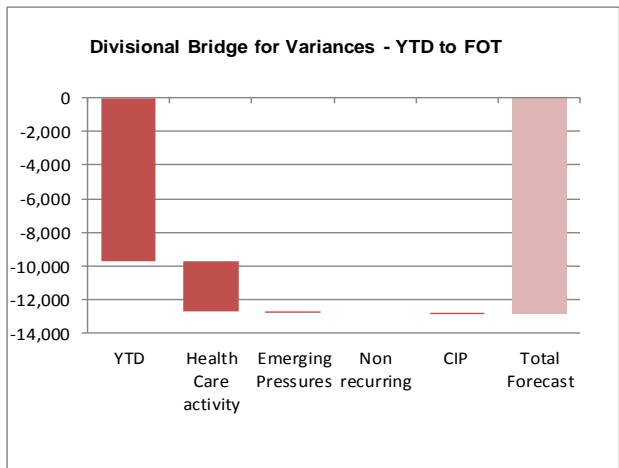
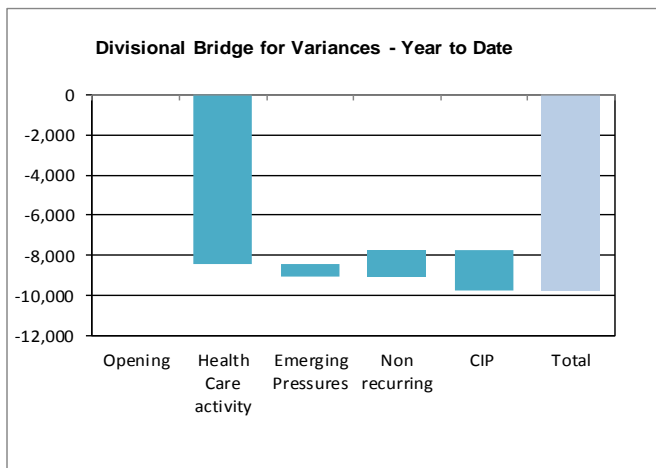
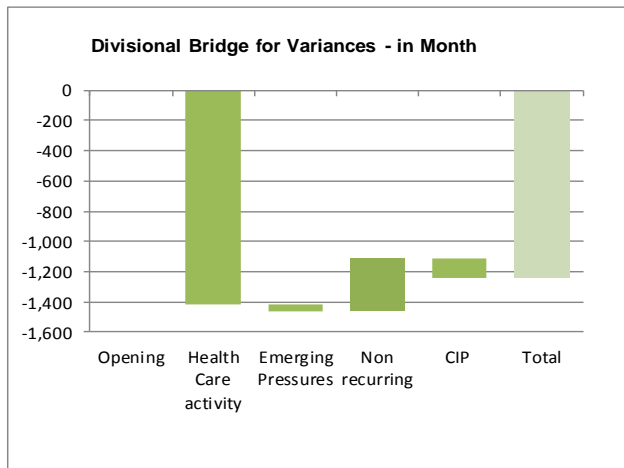
Not having enough staffed theatre sessions to deliver the elective SLA income CIPs and having to resort to increased use of private sector capacity. Delays to the completion of additional Neurosurgery & Neurology bed capacity to deliver extra private patient and SLA income.

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

NOTE THIS IS IN TRUST REPORT FORMAT

BRIDGE ANALYSIS OF VARIANCES

+ve = Favourable and -ve = Adverse Variance

DIVISION NAME DIVSCNT
CURRENT MONTH M09

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	-100	0	348	0	248	18	0	1,345	0	1,363	-309	0	1,345	0	1,036	-327	0	0	0	-327
OTHER INCOME	-220	0	0	0	-220	-693	0	91	0	-602	-1,023	0	91	0	-931	-329	0	0	0	-329
Total INCOME	-320	0	348	0	28	-676	0	1,437	0	761	-1,332	0	1,437	0	105	-656	0	0	0	-656
PAY	-159	-48	0	0	-208	-984	-652	-40	0	-1,676	-622	-749	-40	0	-1,411	362	-97	0	0	264
DRUGS	-180	0	0	0	-180	-1,438	0	0	0	-1,438	-1,897	0	0	0	-1,897	-459	0	0	0	-459
CONSUMABLES	-151	0	0	0	-151	-1,517	0	-40	0	-1,557	-1,905	0	-40	0	-1,945	-387	0	0	0	-387
OTHER NON PAY	-604	0	0	-130	-734	-3,823	0	-13	-1,986	-5,822	-5,618	0	-13	-2,101	-7,731	-1,795	0	0	-115	-1,910
Total EXPENDITURE	-1,094	-48	0	-130	-1,272	-7,762	-652	-93	-1,986	-10,492	-10,042	-749	-93	-2,101	-12,985	-2,280	-97	0	-115	-2,492
Total I&E	-1,414	-48	348	-130	-1,245	-8,438	-652	1,344	-1,986	-9,731	-11,374	-749	1,344	-2,101	-12,880	-2,936	-97	0	-115	-3,148

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	8,042	8,042	0	108,855	81,448	79,961	-1,486	A
	Other Healthcare Income	8	3	-5	93	70	19	-51	A
	Other Income	221	319	98	2,463	1,810	2,014	204	F
Income Total		8,271	8,365	94	111,411	83,327	81,994	-1,334	A
Expenditure	Pay	-4,096	-4,608	-512	-48,998	-36,788	-37,903	-1,116	A
	Clinical Supplies	-1,573	-2,206	-633	-18,873	-14,155	-13,908	246	F
	Other	-1,898	-1,413	485	-23,679	-17,760	-18,833	-1,073	A
Expenditure Total		-7,566	-8,227	-660	-91,549	-68,702	-70,645	-1,942	A
Post Ebitda	Post Ebitda	-17	-17	0	-206	-154	-154	0	A
Post Ebitda Total		-17	-17	0	-206	-154	-154	0	A
Grand Total		688	121	-567	19,657	14,470	11,195	-3,276	A

COMMENTARY**Current Position**

Community Services reflects a month 9 position of £3.4m deficit YTD, an in month adverse movement of £716k.

The SLAM for month 9 for Adults & Diagnostics QMH income is showing a deficit year to date of £1.4m, while Older Services had an income over performance of £60k. The SLAM for non-contracted activity (NCA) income for Adults & Diagnostics had an over performance of £107k while Older Services had an over performance of £254k which is a favourable improvement from the previous month. The AQP income for December is showing a deficit of £760k against the activity target to date.

This month's position has been impacted by the loss of income on activity in relation to the activity provided at QMH, giving an overall impact of £147k. In addition to this a manual SLAM adjustment had to be included in the position for Opcare hardware income in relation to Prosthetics & Orthotics of £700k due to on-going issues with Opcare database. Also, there is £115k for QMH outpatients relating to Tariff excluded drugs which are reimbursable.

Forecast

Based on current assumptions the forecast for Community Services Division is likely to be a deficit of £4.0m. Plus an additional expenditure for GU Medicine around home care drugs of £0.6m is anticipated. A recovery plan of £0.9m is still in place which will mitigate some of this deficit; it is therefore probable that the year-end forecast will be £4.2m deficit.

Improvements from CIPs

Improvements are expected in the CIP plans later on in the reporting year within outpatients rehab of £200k & Day Hospital (Brysson Whyte); and in Children & Therapies services with the move to 166 Roehampton Lane imminent, which will result to a further savings of £75k. All CIP in relation to 2014/15 will be met non-recurrently.

Other Factors and Actions Planned

The majority of opportunities to improve this position relate to the income. It is expected that Bank & Agency spend will improve by £200k. Anticipated savings with the Community Adult Health Service (CAHS) pathway will happen which is about £300k and GU Medicine will deliver additional income of £100k from the opening of its Saturday clinic/additional activity from M10. Each scheme is risk assessed, with regular meetings taking place to ensure the schemes are replaced if they are not delivering.

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 a current spend of £96k. In addition to the above, Nelson Healthcare 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	5.6
TOTAL FORECAST GAP	1.3
% ASSURANCE	25%
	64%
	11%

14/15 FOT	PMO PROCESS RAG			TOTAL	GAP	TARGET
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ADULT & DIAG	2	255	466	723	1,885	2,608
CHILD & FAM	0	87	202	289	941	1,230
COMM LEARN	0	7	67	74	75	149
GUM	0	38	252	290	280	570
OFFENDER HEALTH	0	313	122	434	58	492
OLDER PEOPLE	358	139	278	775	997	1,772
PROV MANAGEMENT	250	2,739	32	3,021	-2,932	89
PROV OHEADS	5	4	1	10	-10	0
Grand Total	615	3,582	1,420	5,617	1,293	6,910

14/15 PERF	IN MONTH (M9)			YEAR TO DATE (M9)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ADULT & DIAG	261	58	203	1,826	448	1,378 A
CHILD & FAM	123	15	108	861	175	686 A
COMM LEARN	15	6	9	104	51	53 A
GUM	57	23	34	399	190	209 A
OFFENDER HEALTH	49	-57	106	344	317	27 A
OLDER PEOPLE	177	72	105	1,240	563	678 A
PROV MANAGEMENT	9	238	-230	62	2,140	-2,078 F
PROV OHEADS	0	-0	0	0	1	-1 F
Grand Total	691	356	335	4,837	3,885	952 A

Performance Overview

Community Services Division has delivered a saving of £3.9m year to date and this is adverse by £952k against plan. However, schemes are being planned to deliver a £6.9m position by March 2015 that will include some non recurrent schemes.

Performance Forecast

Progressing forward, the Red & Amber schemes will need to be looked at further, along with some high risk schemes being profiled later on in the year. Mitigation schemes are being developed to off-set any slippage in the current plan.

Key risk issues

GUM integration scheme: The Division is working on implementing CIP plans totalling £150k.

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.

Adult Private Patients: The details of this initiative are being finalised but the activity for this is available along with the proposed package of care that will in turn feed into the Queen Mary Hospital income stream.

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.

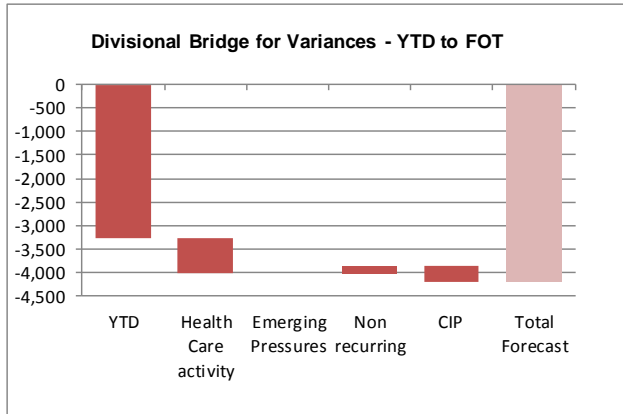
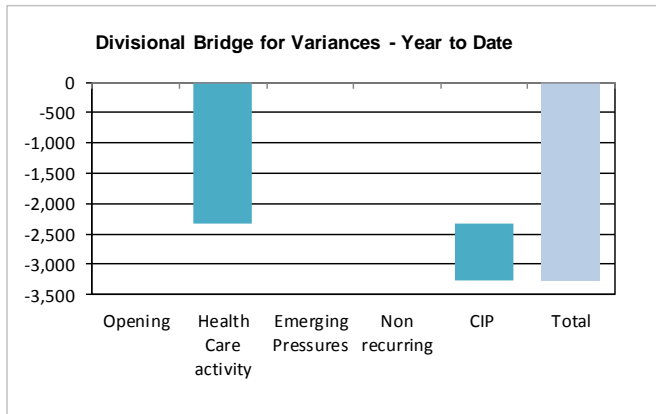
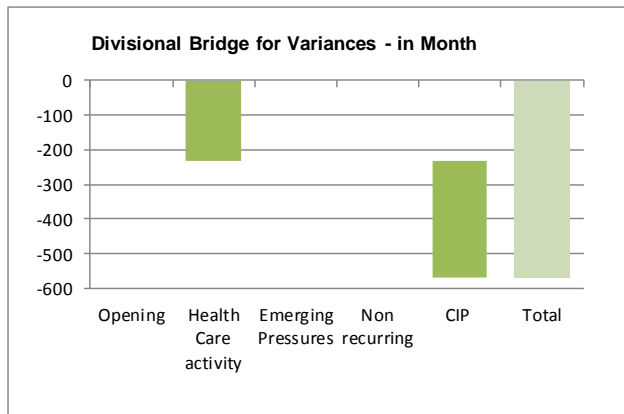
Older People

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 continuing on turning these into viable schemes. Replacements schemes will also be put in place to cover any gap in relation to this.

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 M09

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	-472	0	0	0	-472	-629	0	0	0	-629	-157	0	0	0	-157
OTHER INCOME	48	0	0	0	48	-861	0	0	0	-861	-1148	0	150	0	-998	-287	0	150	0	-137
Total INCOME	93	0	0	0	93	-1333	0	0	0	-1333	-1777	0	150	0	-1627	-444	0	150	0	-294
PAY	-512	0	0	0	-512	-1116	0	0	0	-1116	-1488	0	0	0	-1488	-372	0	0	0	-372
DRUGS	182	0	0	0	182	1229	0	0	0	1229	1639	0	0	0	1639	410	0	0	0	410
CONSUMABLES	-368	0	0	0	-368	-2107	0	0	0	-2107	-2809	0	9	0	-2800	-702	0	9	0	-693
OTHER NON PAY	373	0	0	-335	38	1003	0	0	-952	51	1361	0	0	-1293	68	358	0	0	-341	17
Total EXPENDITURE	-325	0	0	-335	-660	-991	0	0	-952	-1943	-1298	0	9	-1293	-2582	-307	0	9	-341	-639
Total I&E	-232	0	0	-335	-567	-2324	0	0	-952	-3276	-3075	0	159	-1293	-4209	-751	0	159	-341	-933

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	381	78	3,636	2,727	2,911	184	F
	Other Healthcare Income	0	0	0	0	0	32	32	F
	Other Income	1,068	987	-81	12,850	9,637	9,734	96	F
Income Total		1,371	1,368	-3	16,486	12,364	12,676	312	F
Expenditure	Pay	-3,275	-3,166	109	-39,213	-29,380	-28,461	920	F
	Clinical Supplies	-10	-44	-34	-115	-86	-273	-186	A
	Other	-4,680	-4,883	-203	-53,680	-40,837	-45,026	-4,189	A
Expenditure Total		-7,964	-8,093	-128	-93,008	-70,304	-73,760	-3,456	A
Post Ebitda	Post Ebitda	-823	-820	3	-9,876	-7,407	-7,372	35	F
Post Ebitda Total		-823	-820	3	-9,876	-7,407	-7,372	35	F
Grand Total		-7,416	-7,544	-128	-86,399	-65,347	-68,456	-3,109	A

COMMENTARY**Current Position**

Corporate Services performance showed a ytd deficit of £1.6m, but an in month surplus of £67k. The main factors which causing the ytd deficit are in Computing where CIP targets totalling £219k are not met. Also the SWLP Portal is causing a ytd pressure of £190k. The Danwood contract is causing a ytd deficit of £380k. Costs in ICLIP are high and caused a ytd deficit of £338k. Telecommunications also showed a ytd deficit of £309k. This was due to high telephone costs. HR and Information are overspending due to unmet cip targets.

The Estates and Facilities service showed a ytd deficit of £1.5m and an in month deficit of £194k. The main areas of concern are Engineering Services (£938k ytd) due to high agency costs and costs for cooling areas such as Datacentre. Postage showed a ytd deficit of £115 and waste showed a ytd deficit of £44k. Car park income for December showed a surplus of £29k. SLAM income for Transport increased by £42k in month. CIP target gap contributed to a ytd deficit of £453k (£107k in month).

Forecast

The forecast for Estates & Facilities is a deficit of £2.7m and Corporate Services is a deficit of £2.6m. 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 £5.3m (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

Work has started to agree recharges to SGUL, Faculty and Moorfields for space and utilities. Also work is in progress to agree rental charges to organisations in the four properties acquired last finance year. Work is underway to try and reduce the cost in the Danwood contract. Also work is ongoing regarding to resolve issues over expenditure to capital. This could potentially help revenue by £150k. However, it has been found that there is £360k of Capital which needs to be transferred to revenue for ICLIP trainers.

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	4.7
TOTAL FORECAST GAP	<u>0.8</u>

% ASSURANCE	71%
	20%
	9%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ESTATES	200	33	1,550	1,783	1,110	2,893
CORPORATES:						
<i>FINANCE & IT</i>	0	510	363	873	663	1,535
<i>GOVERNANCE & CEO</i>	0	314	1,191	1,505	-1,281	224
<i>HR & EDUCATION</i>	30	8	245	283	216	499
<i>DON & OPS</i>	200	83	0	283	61	344
Grand Total	430	949	3,348	4,727	769	5,496

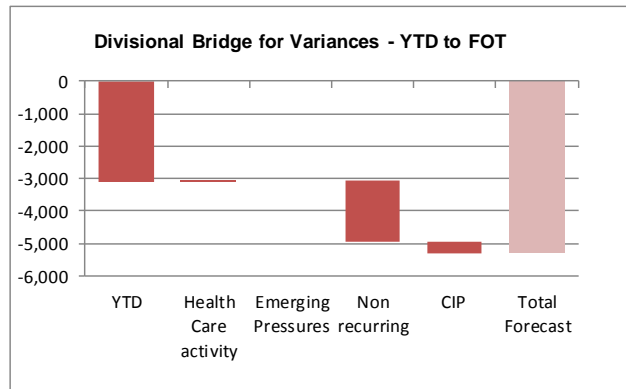
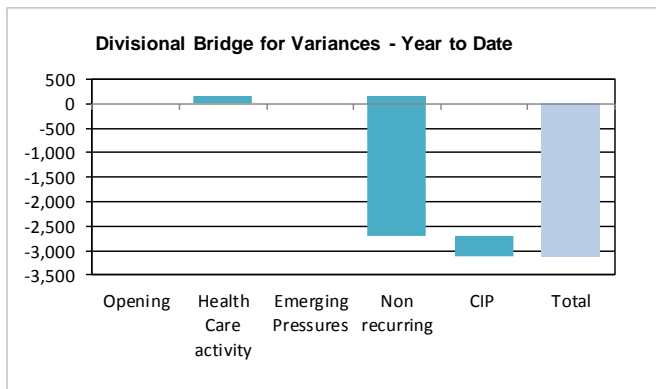
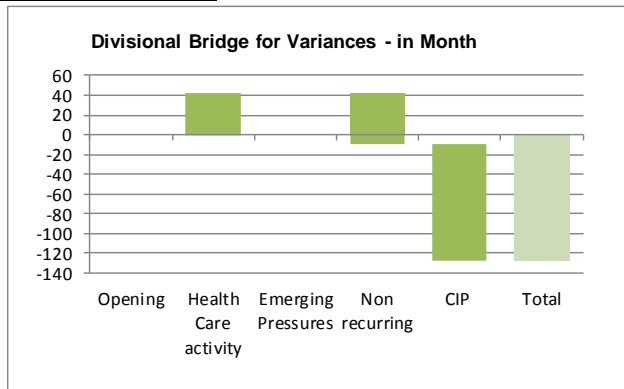
14/15 PERF	IN MONTH (M9)			YEAR TO DATE (M9)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ESTATES	289	132	157	2,025	1,389	636 A
CORPORATES:						
<i>FINANCE & IT</i>	154	214	-61	1,075	1,472	-397 F
<i>GOVERNANCE & CEO</i>	22	24	-2	157	182	-26 F
<i>HR & EDUCATION</i>	50	8	42	350	86	263 A
<i>DON & OPS</i>	34	51	-16	241	303	-62 F
Grand Total	550	430	120	3,847	3,432	415 A

Estates & Facilities showed a ytd deficit of £636k against a plan of £2.03m. 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 £188k. The next scheme is Estates Maintenance efficiencies (£200k) and to date this has achieved £150k. Property related changes / rates had a ytd target of £52k and to date achieved £101k. Procurement draw down has to date achieved £83k.

The car parking income scheme made a total ytd saving of £167k. 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 £221k and an in month surplus of £37k against a ytd target of £1.82m. Run rate savings from vacancies have made a contribution of £178k ytd. Corporate Productivity using Growth Funding contributed £696k of savings. VAT reduction from business activities contributed to £195k of savings. The total target for this scheme is £260k and a Preceptership fund annual savings target of £150k contributed to £112k ytd. In M9 a new scheme was identified to reduce consultancy costs £200k and this has achieved a ytd benefit of £140k.

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 M09

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	42	0	0	0	42	148	0	0	0	148	197	0	0	0	197	49	0	0	0	49
OTHER INCOME	0	0	-84	0	-84	0	0	113	0	113	0	0	151	0	151	0	0	38	0	38
Total INCOME	42	0	-84	0	-42	148	0	113	0	260	197	0	151	0	347	49	0	38	0	87
PAY	0	0	109	0	109	0	0	920	0	920	0	0	1,226	0	1,226	0	0	307	0	307
DRUGS	0	0	-11	0	-11	0	0	-13	0	-13	0	0	-17	0	-17	0	0	-4	0	-4
CONSUMABLES	0	0	-23	0	-23	0	0	-174	0	-174	0	0	-231	0	-231	0	0	-58	0	-58
OTHER NON PAY	0	0	-42	-119	-161	0	0	-3,688	-415	-4,103	0	0	-5,855	-769	-6,624	0	0	-2,167	-354	-2,521
Total EXPENDITURE	0	0	33	-119	-86	0	0	-2,955	-415	-3,370	0	0	-4,877	-769	-5,646	0	0	-1,923	-354	-2,276
Total I&E	42	0	-51	-119	-128	148	0	-2,842	-415	-3,109	197	0	-4,727	-769	-5,299	49	0	-1,885	-354	-2,189

SECTION 3: INCOME & ACTIVITY

Income Summary

SLA and Other Non - Directorate Income M09 - 14/15

All Figures in £000's Month 09	Contract			
	Annual	Year to Date		Variance
	Budget	Budget Plan	Actual	Against Budget
NHSE Specialist	196,688	145,898	149,267	3,369
NHSE Public Health	8,828	6,526	7,126	600
NHSE Secondary Dental Care Services	8,799	6,570	7,166	596
NHSE Cancer Drugs Fund	0	0	2,149	2,149
Public Health England	122	92	220	129
Subtotal NHSE	214,437	159,086	165,928	6,842
NHS Wandsworth CCG	94,233	70,411	75,855	5,443
NHS Merton CCG	56,019	41,871	43,472	1,601
NHS Lambeth CCG	18,451	13,804	14,273	469
NHS Croydon CCG	17,137	12,792	15,302	2,510
NHS Sutton CCG	12,221	9,119	9,554	434
NHS Kingston CCG	9,611	7,163	7,688	525
NHS Richmond CCG	4,848	3,623	4,007	385
Surrey CCG	17,717	13,208	14,905	1,697
Other CCGs	13,475	10,061	11,634	1,573
Subtotal CCGs	243,713	182,052	196,689	14,637
NCA	5,438	4,065	4,730	666
Other Trusts	243	178	830	651
Other Local Authority	5,651	4,217	3,980	-237
Subtotal CCGs	11,331	8,460	9,539	1,079
Internal Targets: Growth, Business Cases et	24,255	18,079	6,571	-11,507
Ex SLA Income	4,784	3,515	5,725	2,210
Community	95,317	71,319	70,396	-922
Total NHS Healthcare Income	593,838	442,511	454,850	12,339
Additional Income				
Private & Overseas Patient	5,569	3,960	3,645	-315
RTAs	3,821	2,871	3,187	316
Other Healthcare Income	139	103	103	0
Levy Income	47,697	35,988	36,520	533
Other Income	67,281	50,396	55,027	4,631
Subtotal	124,507	93,317	98,481	5,164
Total income	718,345	535,828	553,331	17,503

Internal	Internal			
	Annual	Year to Date		Variance
	Budget	Budget Plan	Actual	Against Budget
	207,563	153,332	153,767	435
	8,982	6,642	7,225	583
	9,368	6,997	7,265	268
	2,312	1,676	2,149	473
	737	544	221	-322
	228,962	169,191	170,628	1,436
	98,463	73,849	76,775	2,927
	58,046	43,548	44,076	528
	19,083	14,329	14,220	-109
	18,465	13,835	15,392	1,557
	12,490	9,354	9,607	253
	9,938	7,435	7,754	319
	4,970	3,728	4,037	309
	18,177	13,601	14,938	1,337
	13,795	10,335	11,770	1,435
	253,428	190,014	198,569	8,555
	5,454	4,077	4,752	676
	242	178	799	622
	5,651	4,217	3,980	-237
	11,347	8,472	9,531	1,060
	0	0	0	0
	4,784	3,515	5,725	2,210
	95,317	71,319	70,396	-922
	593,838	442,511	454,850	12,339
	5,569	3,960	3,645	-315
	3,821	2,871	3,187	316
	139	103	103	0
	47,697	35,988	36,520	533
	67,281	50,396	55,027	4,631
	124,507	93,317	98,481	5,164
	718,345	535,828	553,331	17,503

Total SLA Income

	CURRENT MONTH M9			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	4,677	4,010	-667 A	46,877	43,752	-3,125 A	-6.7%	-2,458 A	63,175	59,009
SLA Daycase	1,956	1,999	43 F	20,114	20,209	95 F	0.5%	52 F	26,953	27,079
SLA Non Elective	9,450	9,254	-195 A	83,346	84,469	1,123 F	1.3%	1,319 F	110,780	112,278
SLA Outpatients	8,133	8,013	-121 A	83,168	86,011	2,843 F	3.4%	2,964 F	111,729	115,520
SLA A&E	1,309	1,328	19 F	11,616	11,768	152 F	1.3%	133 F	15,420	15,623
SLA Bed Days	5,116	5,352	236 F	44,708	44,298	-410 A	-0.9%	-646 A	59,712	59,165
SLA Programme	1,226	1,368	143 F	10,795	12,411	1,616 F	15.0%	1,473 F	14,707	16,861
SLA Exclusions	2,975	3,977	1,002 F	25,889	32,483	6,594 F	25.5%	5,592 F	35,426	44,217
SLA Other	13,775	13,122	-654 A	121,209	123,492	2,283 F	1.9%	2,937 F	162,883	165,674
SLA Provisions QiPP/KPIs & Y/E Settlement	-579	-43	536 F	-5,211	-4,043	1,168 F	100.0%	633 F	-6,949	-5,391
Subtotal - SLA Income	48,037	48,380	342 F	442,511	454,850	12,339 F	2.8%	11,997 F	593,838	610,037

SLA Activity

	CURRENT MONTH M09			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	11,632	707	96,916	103,852	6,936	0	6,228	128,635	137,882
SLA Elective	1,238	1,191	-47	12,422	11,830	-592	-4.8%	-497	16,746	15,956
SLA Daycase	3,156	3,606	450	32,457	33,676	1,219	3.8%	660	43,492	45,117
SLA Other Non Elective	158	153	-5	1,397	1,415	18	1.3%	20	1,854	1,878
SLA Emergency	3,777	3,794	17	33,449	33,990	541	1.6%	418	44,416	45,137
SLA Deliveries	434	447	13	3,853	3,640	-213	-5.5%	-266	5,114	4,830
SLA Outpatients	39,711	40,633	922	409,133	408,977	-156	0.0%	-632	548,651	548,444
SLA Bed Days	4,640	5,299	659	38,818	38,047	-771	-2.0%	-768	52,522	51,494
SLA Others	18,852	17,280	-1,572	178,868	192,688	13,820	7.7%	11,834	240,351	258,778
Total SLA Activity	82,892	84,035	1,143	807,314	828,115	20,802	9.2%	16,997	1,081,781	1,109,517

COMMENTARY**SLA Performance**

SLA income is £12.34m ahead of plan (agreed SLA's + local targets) year to date and £342k ahead of plan in the month.

The current YTD position includes recognition of £4.8m of additional national funding to achieve 18 weeks RTT targets and £2.6m of additional Systems resilience funding to support additional costs. There is also £0.7m 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 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.

Data challenges have been received from commissioners and are being validated, however these total significantly more than the estimates currently being made and will need to be robustly repudiated where they are deemed inappropriate. The Trust has conceded a challenge relating to overstated Obstetrics FMU spells income to the value of £0.5m. The Trust's quarterly performance on CQUIN schemes has yet to be fully collated and impact quantified therefore a estimated performance provision has been made. In month the Trust has included a reduction in its project diamond funding causing an impact of £1m YTD

Electives and Day cases

To date the Trust is £3.03m behind its Elective and DC target (4.5%) and is up on DC and down on EL vs activity targets. The main factor in month has been significant levels of cancelled activity due to the severe winter pressures resulting in high emergency bed admissions.

Where activity performed has been expedited to achieve RTT targets, these have now been removed and separately attributed to the discrete commissioner funding.

Allowing for this impact there has been a underperformance of £624k 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 available necessitating work to be sent out to external facilities.

Non elective

Non Elective activity was £1.123m (1.3%) ahead of YTD plan in financial terms but £195k 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 £237k but YTD Emergency activity is £836k over performing mainly in Acute Medicine (including Senior Health), T&O and CIU. While Paed Medicine, Neurology and Cardiology have underperformed. Non elective activity included a correction of coding of Acute Medical patients to Paediatrics of £220k following a review of the consultation attribution rules that should apply.

Out Patients

The Trust is £2.84m favourable to YTD plan (3.4%) and £121k adverse month. It is underperforming on attendances YTD due to the casemix. QMH Community activity was significantly 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 overperformed in month by £19k and is now £152k above the new target levels based on 13/14.

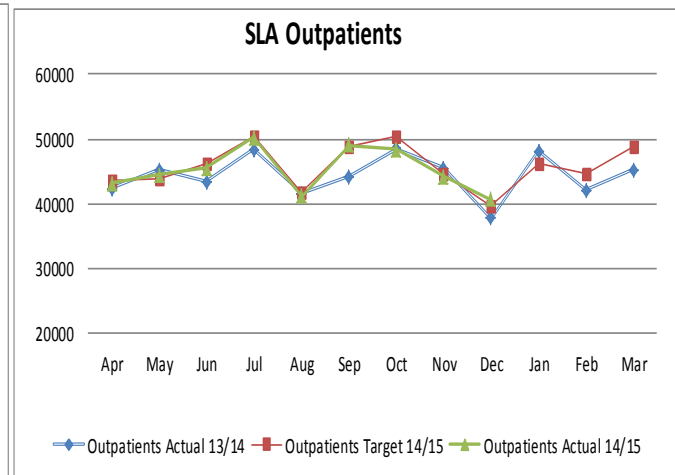
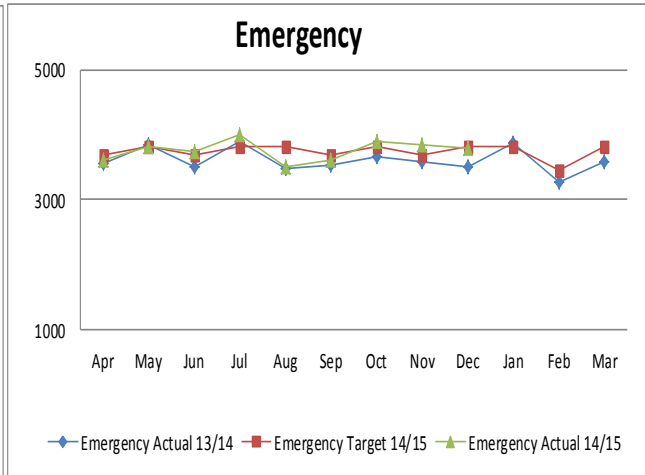
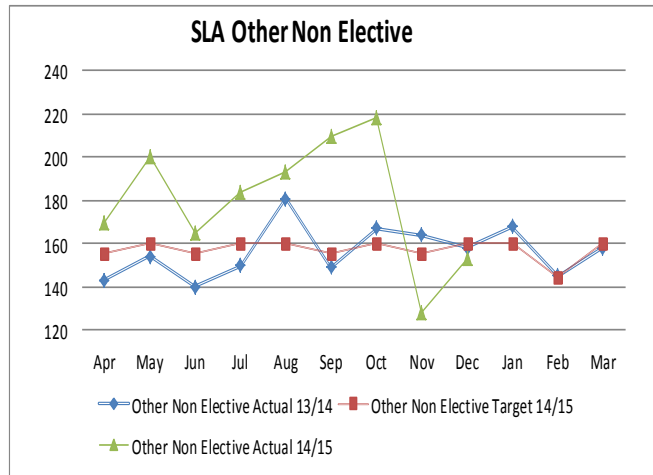
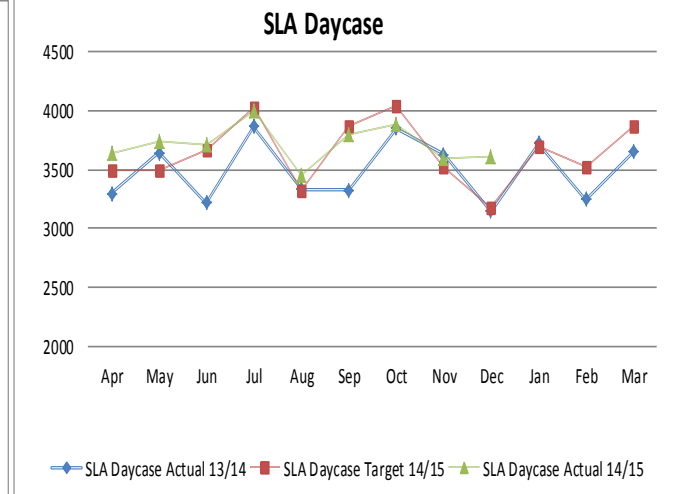
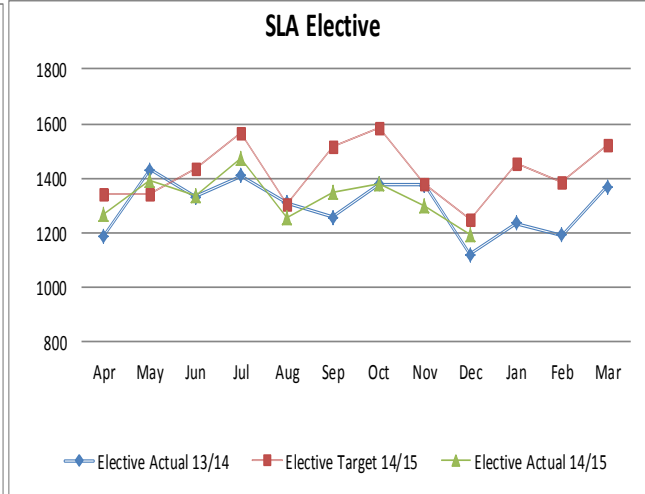
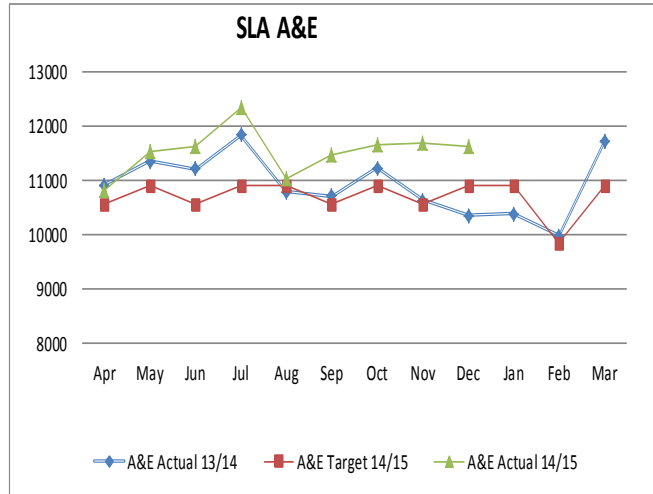
Bed Days/Other

Bed-days adverse YTD £410k. 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 but now 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 is over target in month due to more discharges of longer stay patients.

Other Income

Private patient and overseas visitor income has under-performed by £9k in month and is adverse by £315k YTD. This now includes work provided to Gibraltar. RTA income exceeded target in month by £37k and is showing an over-performance of £316k YTD but is volatile on a monthly basis. The surplus on Other Income of £4.63m YTD includes recognition of additional central NHS income of £2.25m and also Sale of Land rights, external funding of equipment and transitional costs from SWL Pathology partners, one off VAT recovery benefits and 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:

- Activity in December was lower than plan.
- ED activity was on trend with previous months - the acuity of the patients was felt to be much higher but numbers of attendances were in line with previous months.
- Total emergency activity was higher than trend but this was due to Clinical Infection Unit, Vascular and an increase in Paediatric Medicine (which is still underperforming cumulatively year to date) where General Medicine and Senior Health did not show any increase in trend.
- Elective activity underperformed considerably in month and was affected by cancellations due to bed pressures in the month.
- There was an increase in daycase activity in month due to additional Endoscopy activity.

SECTION 4: PAY COSTS

Costs

As at December 2014

		CURRENT MONTH M9			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	-5,693	-5,553	140 F	-51,005	-49,610	1,395 F	-3%	1,255 F	-68,088	-66,077
	Pay Jnr Drs	-4,026	-4,709	-683 A	-36,184	-38,762	-2,579 A	7%	-1,896 A	-48,053	-51,374
	Pay Non Clinical	-6,071	-5,724	347 F	-54,414	-53,339	1,075 F	-2%	728 F	-72,477	-70,882
	Pay Nursing	-13,706	-13,481	226 F	-121,730	-120,950	780 F	-1%	554 F	-162,683	-161,274
	Pay Other	621	0	-621 A	4,851	-12	-4,863 A	-100%	-4,242 A	7,264	778
	Pay Sci, Techs, Therap	-7,580	-7,735	-154 A	-67,450	-66,788	663 F	-1%	817 F	-89,688	-88,602
	Pay Total	-36,455	-37,201	-746 A	-325,931	-329,460	-3,529 A	1%	-2,783 A	-433,725	-437,431

Analysis of Pay Costs by Type

DIVISION	In Month			Year To Date		
	In Post	Bank	Agency	In Post	Bank	Agency
CWDT	85.9%	6.8%	7.3%	85.7%	4.7%	9.6%
Med/card	84.2%	9.2%	6.6%	85.3%	6.5%	8.2%
SNT	90.3%	5.7%	4.0%	91.1%	3.7%	5.2%
CSW	82.6%	6.5%	11.0%	84.7%	4.3%	11.0%
Corp/Estates	88.9%	6.6%	4.5%	88.9%	3.9%	7.1%
Trust	87.2%	6.0%	6.8%	87.5%	4.6%	7.9%

COMMENTARY

Pay is showing an overspend of £746k in month and overspent by £3.529m YTD.

Nursing is £226k Fav in month and £780k 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 £683k Adv in month and £2.579m Adv YTD. This is caused by the use of agency staff with the associated premiums mainly in Emergency dept 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.

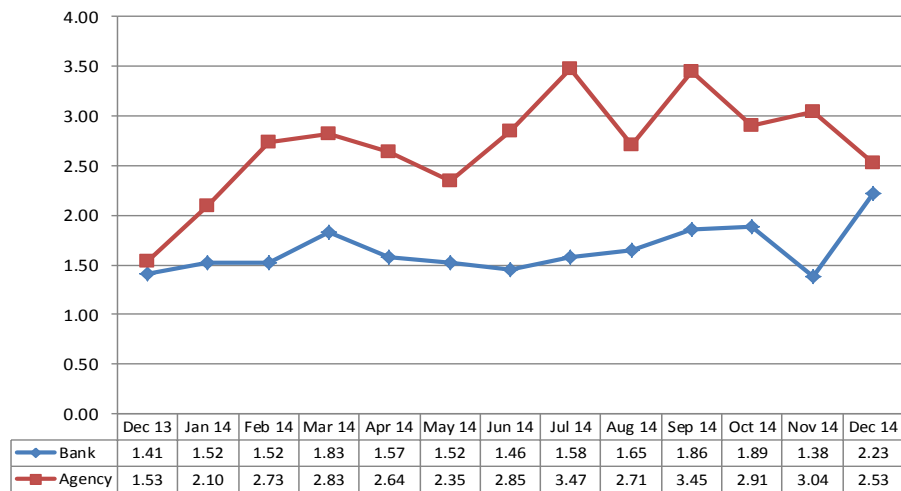
Consultants £1.359m Fav YTD, **STT** £663k Fav YTD and **Non Clinical** £1.075m Fav YTD – Mainly due to vacancies but part of the non clinical will be partially offset by costs of interims which will show as non pay. Admin costs have risen due to increased agency cover in outpatients while EDM is implemented.

Pay other £621k Adv in month and £4.863 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.

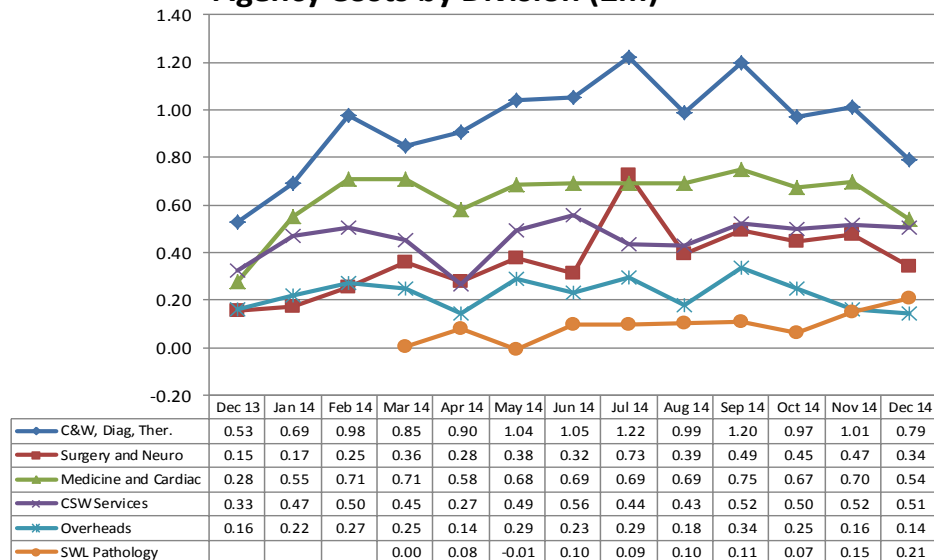
The total agency and bank spend was £2.5m and £2.2m respectively. Agency spend fell by £0.5m in month. Nursing and Admin agency continue to be at high levels but there were reduced numbers of shifts to be fill over the holiday period due to new controls. Bank spend rose by £0.8m compared to last month. There was an increase in the amount of outstanding shifts not yet processed due to the holiday period and a catch up on shifts processed from the previous month. Take up of Admin bank is improving and should see agency fall. 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 £0.49m compared to last month. Costs continue to be affected by increased staffing levels to maintain quality standards, capacity, absence cover & specialist nurses. Bank costs rose by £0.85m compared to last month, due to higher shifts accrued for the holiday period.

Agency

Agency costs reduced 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.

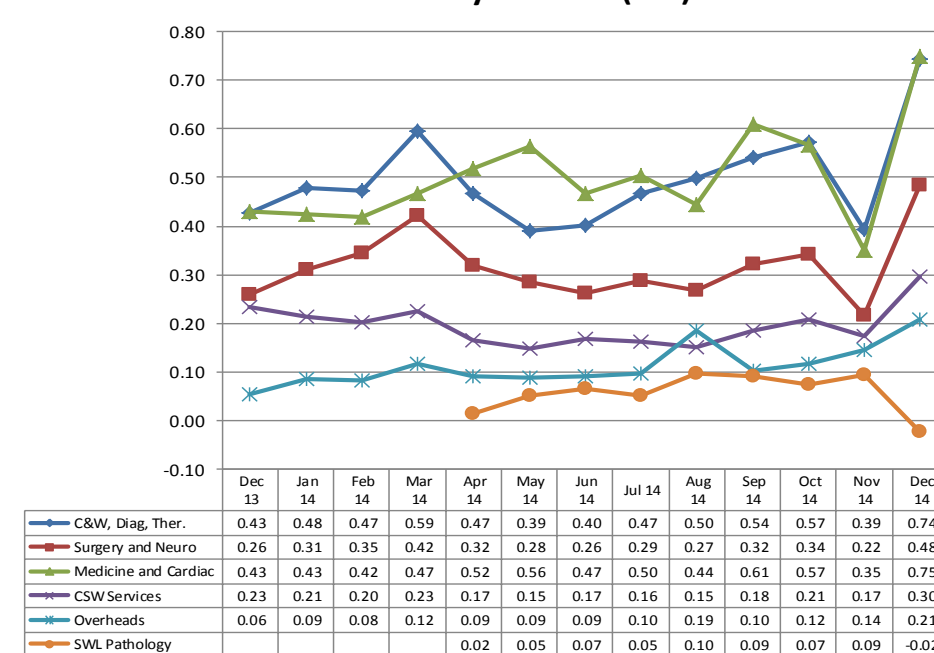
Bank

Bank costs have risen in month, although this can be attributed to catch up of November shifts and higher accrual of unpaid shifts over holidays. Bulk of bank costs for nursing vacancy cover & additional facilities used. 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 35% in Outpatients during implementation of EDM. Nursing Agency Cover high in Paed Med 11%, Pd Surg 19% & Obs agency 9%. Critical Care Agency 10% while Bank Nursing fallen with fewer staff training. Imaging temp staff use for STTs is high at 21% bank.
- Med&Card** ED has high Medical staff agency 8% and bank 22%. Nursing Agency at 9%. Medical Jnr Drs agency use for Vas Surg 22%. Ward nursing bank staff high (22%) and agency (8%) for Acute Medical wards due to sickness and vacancy cover and additional capacity. Senior Health Nursing Agency 16%. Nursing bank usage at 15% and agency 5% for Surgical Wards. Med Consultant Agency high for Urology 14%, Jnr Drs in Gen Surg 23%. Agency use for Non Clinical staff at 7% across SNT Division.
- SNT** Community Admin Agency use at 7% in Adult services. Nursing Bank 16% & Agency 9% in Older services, Prison 10% Agency & 26% Bank. Agency Admin cover at 8% for Finance/IT. Estates agency staff at 25% in Engineering. Porter bank use at 26% and agency at 9%.

Bank costs by Division (£m)



SECTION 5: NON-PAY

As at December 2014

		CURRENT MONTH M9			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	-7,355	-7,966	-611 A	-66,140	-68,290	-2,150 A	3%	-1,539 A	-88,158	-90,524
	Drugs	-3,540	-4,195	-655 A	-31,930	-36,092	-4,162 A	13%	-3,507 A	-42,551	-48,100
	Clinical Supplies Total	-10,895	-12,161	-1,266 A	-98,070	-104,382	-6,312 A	6%	-5,046 A	-130,708	-138,624
Other	Clinical Negligence	-841	-790	51 F	-7,568	-7,243	325 F	-4%	275 F	-10,091	-9,657
	Establishment	-819	-811	8 F	-7,368	-7,743	-375 A	5%	-383 A	-9,824	-10,324
	General Supplies	-1,298	-1,395	-96 A	-11,776	-12,482	-706 A	6%	-609 A	-15,672	-16,612
	Premises	-3,002	-2,970	32 F	-25,734	-26,494	-760 A	3%	-791 A	-34,319	-35,332
	PFI Unitary payment	-568	-572	-4 A	-5,110	-5,154	-45 A	1%	-41 A	-6,813	-6,872
	Other	-2,871	-3,970	-1,100 A	-27,706	-39,771	-12,064 A	44%	-10,965 A	-38,275	-52,311
	Other Total	-9,399	-10,507	-1,109 A	-85,263	-98,887	-13,624 A	16%	-12,515 A	-114,994	-131,109
Non Pay Total		-20,294	-22,668	-2,375 A	-183,333	-203,269	-19,935 A	11%	-17,561 A	-245,702	-269,733

COMMENTARY (Cross reference to Page 11 Exclusions Table)

Non pay costs have over-spent by £2.375m in month (over-spent £19.93m YTD. Of the YTD overspend £6.59m is claimable as income as contract exclusions.

Clinical consumables over-spent £2.15m in total YTD

This was overspent by £611k 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 £4.16m in total YTD

Drugs expenditure was £655k 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.

Energy/Utilities under-spent £220k in total YTD (Offset by Income under recovery of £183k)

Energy overspent £42k 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 net energy position is in a small deficit of £8k YTD mainly due to the lower external recharges agreed.

Other non-pay over-spent £13.40m in total YTD

Other non-pay over-spent in the month by £1.06m. The main overspends relate to project costs £6.05m YTD which is partly offset by the underspend in non clinical pay. Other non pay pressures include the continued use of external facilities to add to capacity for beds and Theatres which is £3.07m adverse YTD and IT upgrading costs of £780k. 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 December £0.6m of inflationary reserves are still being held primarily for Energy inflation and Clinical Excellence Awards.
- During December, 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 December totals £5.6m (£5.2m for Specific Cost pressures, £0.4m for R&D development and other pressures.
- 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	139	0	-139
Contingency & Reserves						
Contract Changes/Devlpmts	0	0	0	165	0	-165
Winter Pressures	0	0	0	0	0	0
R&D Strategy	0	0	0	238	238	0
Other Pressures	0	0	0	5,183	2,995	-2,188
Contingency	2,250	0	-2,250	3,000	0	-3,000
TOTAL	2,250	0	-2,250	9,241	3,583	-5,658

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	119,171	118,861	-310	-131,439	-136,978	-5,538	-12,269	-18,117	-5,848	161,645	161,216	-428	-175,650	-182,642	-6,993	-14,005	-21,426	-7,421
SWL Pathology	32,828	34,102	1,274	-33,583	-34,857	-1,274	-754	-754	0	43,771	43,771	0	-43,771	-45,021	-1,250	0	-1,250	-1,250
Med/Card	161,766	169,675	7,910	-117,007	-127,018	-10,011	44,759	42,657	-2,102	216,660	226,764	10,105	-154,726	-169,972	-15,246	61,933	56,792	-5,141
SNT	123,559	124,320	761	-93,669	-104,161	-10,492	29,890	20,159	-9,731	166,886	166,907	20	-125,245	-138,145	-12,900	41,641	28,762	-12,880
CSD	83,327	81,994	-1,334	-68,857	-70,799	-1,942	14,470	11,195	-3,276	111,411	111,109	-302	-91,755	-95,411	-3,656	19,657	15,699	-3,958
Sub-Total : Clinical Divisions	520,651	528,952	8,301	-444,555	-473,813	-29,259	76,097	55,139	-20,957	700,373	709,768	9,395	-591,147	-631,192	-40,045	109,227	78,576	-30,650
Corporate o/hds	5,196	5,300	104	-39,316	-41,013	-1,697	-34,120	-35,713	-1,593	6,895	7,271	376	-52,142	-54,164	-2,021	-45,247	-46,893	-1,646
Estates & Facilities	7,168	7,375	208	-38,395	-40,119	-1,724	-31,227	-32,743	-1,516	9,591	9,825	234	-50,742	-53,635	-2,892	-41,152	-43,810	-2,658
R&D	1,552	2,069	517	-1,671	-2,186	-515	-119	-117	2	2,069	2,870	801	-2,224	-2,982	-758	-155	-112	42
Trust Income	-510	8,893	9,403	-90	0	90	-601	8,893	9,493	-982	7,961	8,943	-90	0	90	-1,072	7,961	9,033
Central budgets	1,771	741	-1,030	-2,460	4,880	7,340	-689	5,621	6,310	751	399	-352	-6,396	245	6,640	-5,645	644	6,288
Central Capital charges	0	0	0	-4,224	-3,906	318	-4,224	-3,906	318	0	0	0	-7,354	-7,354	0	-7,354	-7,354	0
Balance of contingency	0	0	0	-2,250	0	2,250	-2,250	0	2,250	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	1,000	1,000	0	9,988	9,988	0	10,988	10,988
NET : Surplus / (Deficit)	535,828	553,331	17,503	-532,961	-556,157	-23,197	2,867	-2,826	-5,694	718,697	739,093	20,396	-713,095	-739,093	-25,998	5,602	0	-5,602
excl IFRS adjustments	0	0	0	1,043	2,368	1,326	1,043	2,368	1,326	0	0	0	1,390	2,734	1,344	1,390	2,734	1,344
TDA report - Surplus / (Deficit)	535,828	553,331	17,503	-531,918	-553,789	-21,871	3,910	-458	-4,368	718,697	739,093	20,396	-711,705	-736,359	-24,654	6,992	2,734	-4,258

FORECAST - COMMENTARY

The Trust has submitted an updated forecast to TDA showing a outturn adverse variance to plan of £4.26m giving a forecast surplus of £2.734m compared to planned surplus target of £6.99m (breakeven in IFRS terms). This is a worsening of £1.75m compared to the previous month's submission. The reason for the worsening is the Trust is receiving £1.5m less Project diamond funding than agreed in the transitional document

The Table above shows the YTD position at M9 and the updated Divisional Forecasts.

The Key movements in the forecasts are summarised below

CWDT – Worsening by £181k. Loss of £0.3m income relating to in charging of FMU activity, deterioration in Critical care income due to casemix offset by cross charges of OP and Paeds activity.

SNT – Worsening by £1.34m - Ongoing difficulties in performing Elective Activity due to cancellations and bed and theatre capacity issues and reductions in Bariatrics referrals. Impact of cross charges for Outpatients activity and impact of NETA adjustment on additional Emergency work performed.

CSD – Unchanged. However are pressures on Outpatient Activity and sub contracted services to recover.

Med Card – Worsening by £477k – Lower activity for BMT income expected, impact of cross charges for Outpatients.

Trust Central Income – Loss of Project Diamond income of £1.5m

There are ongoing risks in the Trusts ability to achieve the higher activity targets and in Corporates due to additional IT developments costs. At present the Trust is only partially able to offset the divisional position with a combination of one benefits, contingency ,central underspends and proposed additional commissioner funding around RTT and winter pressures covering costs already being incurred. Achieving the forecast relies upon the additional actions the Executive team have required and that all budget holders are working through w/c 26th January 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.

SECTION 8: COST IMPROVEMENT PROGRAMME

	2014/15
TOTAL TRUST TARGET	45.2
TOTAL FORECAST TO DATE	41.8
TOTAL FORECAST GAP	<u>3.4</u>
% ASSURANCE	52%
	29%
	19%

14/15 FOT	PMO PROCESS RAG			TOTAL	GAP	TARGET
DIVISION	RED	AMBER	GREEN			
CORP	230	916	1,798	2,944	-341	2,603
CSD	615	3,582	1,420	5,617	1,293	6,910
CWDT	1,166	1,521	4,766	7,453	2,787	10,240
E&F	200	33	1,550	1,783	1,110	2,893
MEDCARD	1,105	1,899	7,334	10,338	1,156	11,494
SCNT	1,004	2,232	4,624	7,859	2,101	9,960
SWLP	400	700	0	1,100	0	1,100
TW	3,250	1,225	200	4,675	-4,675	0
TOTAL	7,969	12,107	21,693	41,769	3,431	45,200
	19%	29%	52%			

14/15 PERF	IN MONTH (M9)			YEAR TO DATE (M9)		
DIVISION	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CORP	260	298	-38	1,822	2,043	-221
CS	691	356	335	4,837	3,885	952
CWDT	1,024	861	163	7,168	4,620	2,548
E&F	289	132	157	2,025	1,389	636
MEDCARD	1,149	854	295	8,046	7,250	795
SCNT	996	866	130	6,972	4,986	1,986
SWLP	110	55	55	770	935	-165
TW	0	453	-453	0	3,316	-3,316
TOTAL	4,520	3,876	644	31,640	28,424	3,216

YEAR 1 2014/15 WORKSTREAMS SUPPORTING CIP										
WORKSTREAM	MEDCARD	SCNT	CWDT	SWLP	CSD	E&F	CORP	TW	Grand Total	
CONTRIBUTION	2,112	1,833	1,319		295	0			5,560	
CREATING CAPACITY	318	983	1,775		1,544	0		0	4,620	
COMMERCIAL	242	519	510		13	429		0	1,713	
OTHER DIVISIONAL	5,095	2,969	2,084		2,436	1,045	1,963	4,675	20,266	
PROCUREMENT	643	437	407		434	109	21	0	2,051	
MEDICINES	903	125	260	1,100	224		150	0	2,762	
WORKFORCE	1,026	993	1,098		671	200	175	0	4,163	
CORPORATE		0	0			0	635	0	635	
Grand Total	10,338	7,859	7,453	1,100	5,617	1,783	2,944	4,675	41,769	

Planning

The trust CIP forecast position is £41.8m in 2014/15, which is £3.4m 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 £21.7m of the schemes as green (52%), £12.1m as amber (29%) and reds at £8.0m (19%). 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 M9 was £0.6m adverse (£3.2m YTD). This includes Trust Wide schemes at £3.3m (VAT benefit and PO creditors), covering adverse divisional performance. Further adverse variance is expected in M10-M12 to reflect the current forecast gap of £3.4m, 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: M09 IFRS)

	Opening Balance 1 April 2014 £000	Current Month 31 December 2014 £000	Previous month 30 November 2014 £000	Plan 31 March 2015 £000	Forecast outturn 31 March 2015 £000
Property, Plant & Equipment	286,860	301,480	299,527	331,927	312,983
Intangible Assets	13,465	11,446	11,671	3,602	10,773
Other Financial Assets					
Trade and other receivables	0	0	0	0	0
Total non-current assets	300,325	312,926	311,198	335,529	323,756
Inventories	7,149	8,435	8,203	7,614	6,750
Trade and Other Receivables	64,309	87,206	77,252	50,953	72,546
Prepayments	3,546	5,569	5,859	3,680	5,569
Other Financial Assets					
Other Current Assets	11	11	11	4,494	11
Cash & Cash Equivalents	22,256	6,738	18,902	20,500	33,654
Total current assets	97,271	107,959	110,227	87,241	118,530
Non Current Assets Held for Sale					
Total assets	397,596	420,885	421,425	422,770	442,287
Trade and Other Payables	-81,004	-78,486	-84,801	-53,756	-72,338
Accruals and Deferred Income	-6,566	-20,200	-12,687	-29,187	-18,836
Borrowings	-3,082	-4,281	-3,542	-5,867	-5,770
Provisions for Liabilities and Charges	-759	-458	-458	-625	-458
Total current liabilities	-91,411	-103,425	-101,488	-89,435	-97,402
Net current assets/(liabilities)	5,860	4,534	8,739	-2,194	21,128
Total assets less current liabilities	306,185	317,460	319,937	333,335	344,885
Borrowings	-49,150	-62,524	-61,929	-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	-63,679	-63,084	-71,657	-86,730
Total assets employed	255,770	253,781	256,853	261,678	258,155
Public Dividend Capital	132,475	133,312	133,312	133,224	134,859
Retained Earnings	31,531	30,146	33,058	38,195	32,972
Revaluation Reserve	90,614	89,173	89,333	89,109	89,173
Other Reserves	1,150	1,150	1,150	1,150	1,150
Total Taxpayers' equity	255,770	253,781	256,853	261,678	258,155

COMMENTARY

Debtors

Trade and other receivables increased by approx £10m. NHSE debt increased to £15.1m.

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.

Receipts in January have been significantly higher than December.

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 increased by approx. £0.2m in December. 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 remained broadly unchanged. 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: December 2014 M08	2014-15 Plan	2014-15	2014-15	2014-15
	YTD	Actual YTD	Full Year	Forecast
	£000	£000	£000	£000
CASH FLOWS FROM OPERATING ACTIVITIES				
Operating Surplus/(Deficit)	11,601	5,328	17,253	11,235
Depreciation and Amortisation	15,274	15,274	20,733	21,646
Donated Assets received credited to revenue but non-cash	-	-	-	-
Government Granted Assets received credited to revenue but non-cash	(133)	(130)	(174)	(174)
Interest Paid	(2,826)	(2,422)	(3,772)	(3,619)
Dividend (Paid)/Refunded	(3,989)	(3,812)	(7,978)	(7,697)
Operating surplus/deficit less interest and dividends paid	19,928	14,238	26,062	21,391
(Increase)/Decrease in Inventories	567	(1,286)	749	399
(Increase)/Decrease in Trade and Other Receivables	1,908	(24,921)	2,543	(11,530)
(Increase)/Decrease in Other Current Assets	531	-	704	1,270
Increase/(Decrease) in Trade and Other Payables	(2,232)	8,235	(2,982)	436
Increase/(Decrease) in Other Current Liabilities	-	-	-	-
Net change in working capital balances	774	(17,972)	1,014	(9,425)
Provisions Utilised	-	-	-	(93)
Increase/(Decrease) in Movement in non Cash Provisions	16	(411)	16	(301)
Net Cash Inflow/(Outflow) from Operating Activities	20,718	(4,144)	27,092	11,572
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest received	76	60	100	81
(Payments) for Property, Plant and Equipment	(29,362)	(22,823)	(41,266)	(35,235)
Net Cash Inflow/(Outflow) from Investing Activities	(29,286)	(22,763)	(41,166)	(35,154)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(8,568)	(26,907)	(14,074)	(23,582)
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	1,371	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)	(2,625)	(2,814)	(3,135)
Working capital facility	-	-	-	-
Net Cash Inflow/(Outflow) from Financing	6,921	11,390	12,274	34,980
Net Increase/(Decrease) in Cash and Cash Equivalents	(1,647)	(15,518)	(1,800)	11,398
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	6,738	20,500	33,654
Exclude - LEEF loan not spent	-	(11,696)	-	(11,150)
Cash bal excl LEEF loan not spent		(4,958)		22,504

COMMENTARY

The Trust's actual cash balance as at 31/12/14 was £6.8m compared to £18.9m last month. **The underlying cash balance (excluding the unexpended LEEF loan of £11.7m) is therefore negative -£4.9m.**

The trading loss made in December of £3.1m (IFRS) contributed to this reduction however the main cause relates to timing differences on receipts: SLA invoices payable by NHSE and some CCGs that were due on 15th December were not paid.

1. The Trust escalated the NHSE debt position to senior NHSE managers and then to the CEO of NHSE Specialised Commissioning 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
3. Since month-end the Trust has secured payment of a number of long-outstanding NHSE and CCG invoices and the forecast M10 cash balance is approx. £16m.

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 uncoded income remain high.

The forecast year end cash balance shown of £33.7m for year end is based on the new forecast I&E outturn of IFRS break-even and assumes the Trust receives a working capital loan of £15m by year end.

The cash flow statement for the month showing performance against plan is shown in the chart below.

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 - M09	Actual										Forecast			Total 14/15 £000
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	M01-M09	Jan-15	Feb-15	Mar-15	
	£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	22,256	6,738	16,000	17,150	22,256
EBITDA	428	1,367	2,771	4,122	1,972	3,222	3,954	3,189	-421	20,603	3,947	3,667	4,663	32,880
Non-cash income	-14	-15	-14	-15	-14	-15	-14	-15	-14	-130	-15	-15	-15	-175
Interest paid	-264	-264	-263	-279	-263	-263	-258	-258	-309	-2,422	-344	-413	-440	-3,619
PDC dividend paid	0	0	0	0	0	-3,812	0	0	0	-3,812			-3,885	-7,697
Operating surplus/-deficit less interest and dividends	150	1,088	2,494	3,828	1,694	-868	3,681	2,915	-744	14,239	3,588	3,239	323	21,389
Change in working capital														
Change in stock	-2,036	194	-110	-90	253	449	74	213	-233	-1,286	350	600	735	399
Change in debtors	1,958	-3,959	-5,745	-1,854	1,085	-4,291	-290	-2,159	-9,665	-24,921	6,000	2,037	6,624	-10,260
Change in creditors excl those below	-217	-4,608	7,630	2,929	-1,797	-1,660	-330	6,063	224	8,235	-342	-1,970	-5,487	436
Net change in working capital	-295	-8,373	1,774	985	-459	-5,502	-546	4,117	-9,673	-17,972	6,008	667	1,872	-9,425
Provisions used	-285	0	-36	-37	-16	0	-36	0	0	-411			17	-394
Interest received	5	9	5	11	2	5	8	10	5	60	7	7	7	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	-22,824	-4,953	-5,023	-2,434	-35,234
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	-22,764	-4,946	-5,016	-2,427	-35,153
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	1,371	4,782	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	-272	-2,625	-170	-170	-170	-3,135
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	1,099	11,390	4,612	2,260	16,719	34,981
Net cash movement in period	-3,044	-10,496	1,708	2,338	-1,622	2,443	-338	5,659	-12,166	-15,518	9,262	1,150	16,504	11,398
Closing cash balance	19,212	8,716	10,425	12,763	11,140	13,583	13,245	18,903	6,738	6,738	16,000	17,150	33,654	33,654
LEEF loan							-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	304	454	604	754
Exclude unexpended LEEF loan							-11,720	-11,720	-11,720	-11,696	-11,546	-11,396	-11,246	-11,246
Underlying cash balance						1,863	1,525	7,183	-4,958	-4,958	4,454	5,754	22,408	22,408

Assumptions for forecast cash balance £33.7m 31/03/15:

1 2014/15 IFRS outturn is break-even (M08 forecast outturn: £1.75m surplus)

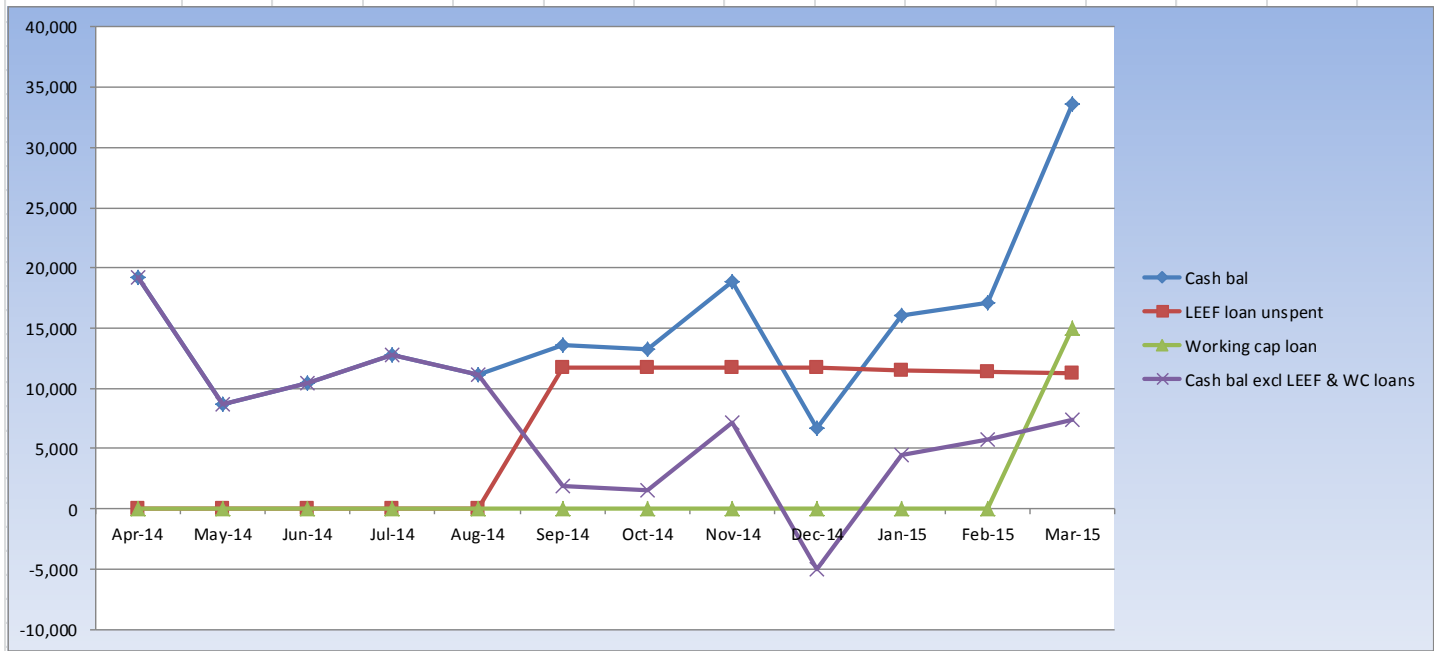
2 Gross capital expenditure is £44.9m for 2014/15 and within this total the forecast capital cash deficit of £1.5m is eliminated by a PDC allocation for IMT capital of £1.547m received in March.

3 Working capital improves by approx £8.6m in Jan-Mar as follows:

	£m
(i) Debt reduction	14.7
(ii) Stock reduction	1.7
(iii) Creditor reduction	-7.8
Forecast improvement in net working capital Jan-Mar 15	8.6

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- December 2014 are actual reported cash balances

Jan - 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 M09
Balance and agreed targets**

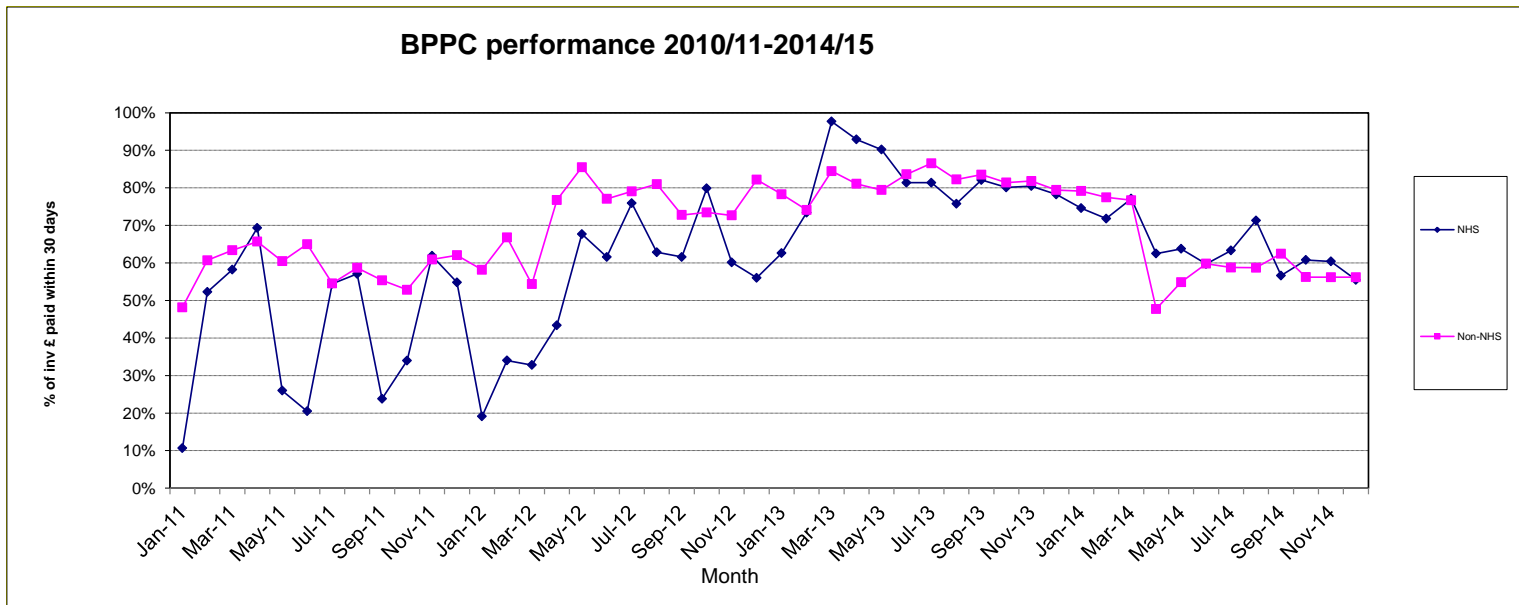
INVENTORY (STOCKS)	Actual bal 31/03/14 £000	Actual bal 31/12/14 £000	Target 31/03/2015 £000	Y/e target reduction £000
Pharmacy	1,781	2,356	1,700	-656
Central Store	3,013	3,540	2,550	-990
Cardiac catheter labs	452	450	400	-50
Cardiac pacing clinic	301	380	400	20
Estates	116	116	116	0
Haematology clotting factors	138	166	100	-66
SWL Pathology	0	171	171	0
Neuro-Radiology	379	379	200	-179
Radiology	270	270	200	-70
Wards - Stock	281	183	281	98
Wards - Drugs	132	132	132	0
Other various < £100k holdings	287	293	500	207
Total	7,150	8,435	6,750	-1,685

- 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 approx £1.7m 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 is 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 M09 Number	2014-15 M09 £000	2013-14 Number	2013-14 £000	Forecast Number	Forecast £000
Non NHS Payables						
Total Non-NHS Trade Invoices Paid in the Year	131,747	210,023	136,028	229,392	225,852	360,040
Total Non-NHS Trade Invoices Paid Within Target	79,031	118,030	110,250	176,006	135,482	202,337
Percentage of NHS Trade Invoices Paid Within Target	59.99%	56.20%	81.05%	76.73%	59.99%	56.20%
NHS Payables						
Total NHS Trade Invoices Paid in the Year	3,172	38,702	4,717	57,846	5,438	66,346
Total NHS Trade Invoices Paid Within Target	971	21,472	2,946	44,580	1,665	36,809
Percentage of NHS Trade Invoices Paid Within Target	30.61%	55.48%	62.45%	77.07%	30.61%	55.48%

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

Capital programme 2014/15 M09 - high level summary budget and actual / forecast exp profile

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M09 YTD	Forecast M10-M12			Total	Comits
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	M10	M11	M12	£000	31/12/14
Capital funding	4,248	3,569	2,749	2,950	3,978	5,097	5,664	5,594	6,264	40,112	5,740	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	-6,399	-882	-674	-892	-8,847	
Actual / Forecast exp M10 - M12	-301	-582	-653	-495	-890	-217	-71	-287	-141	-3,637	-582	-692	-543	-5,454	-13,504
Variance	-185	-319	-258	116	35	962	967	743	701	2,762	300	-18	349	3,393	
Medical equipment (appx 2)															
Budget - MAJOR MED	-616	-1,000	-154	-777	-1,406	-900	-556	-331	-1,306	-7,048	-1,674	-4,013	-1,166	-13,901	
Actual exp - MAJOR MED	-421	-814	-169	-876	-158	-614	-3,172	-457	-198	-6,879	-210	-357	-2,476	-9,922	-307
Variance - MAJOR MED	195	186	-15	-99	1,248	286	-2,616	-126	1,108	169	1,464	3,656	-1,310	3,979	
IMT (appx 3)															
Budget - OTHER IMT	-1,050	-1,541	-1,166	-652	-447	-507	-543	-583	-708	-7,197	-819	-570	-343	-8,929	
Actual / Forecast exp M10 - M12	-1,794	-804	-524	-1,078	-3,388	683	-1,036	400	-753	-8,294	-714	-844	-664	-10,515	-313
Variance - OTHER IMT	-744	737	642	-426	-2,941	1,190	-493	983	-45	-1,097	106	-274	-321	-1,586	
Major Projects (appx 4)															
Budget - Major Projects	-2,076	-549	-877	-802	-1,070	-2,389	-3,422	-3,543	-3,347	-18,073	-2,304	-1,468	-1,916	-23,762	
Actual / Forecast exp M10 - M12	-13	-542	-1,110	-357	-715	-1,171	-574	-1,455	-2,277	-8,214	-3,238	-3,160	-2,944	-17,556	-7,702
Variance - Other Major Projects	2,063	7	-233	445	355	1,218	2,848	2,088	1,070	9,859	-934	-1,692	-1,028	6,206	
Other (appx 5)															
Budget	-390	-216	-157	-108	-131	-123	-106	-108	-60	-1,399	-61	-74	-42	-1,575	
Actual / Forecast exp M10 - M12	-28	-43	-116	-25	-386	-30	-60	43	-76	-721	-260	-211	-265	-1,456	-244
Variance	362	173	41	83	-255	93	46	151	-16	678	-199	-137	-223	119	
Budget - total	-4,248	-3,569	-2,749	-2,950	-3,979	-5,098	-5,665	-5,595	-6,263	-40,116	-5,740	-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	-27,742	-5,003	-4,926	-6,891	-44,902	-22,070
Expenditure variance - total	1,691	785	180	119	-1,558	3,749	752	3,839	2,818	12,374	737	1,536	-2,532	12,112	

Expenditure underspend as % of YTD budget =

YEAR TO DATE POSITION

IMT is overspent at M09 by £1.1m (unchanged from M08).

Medical eqpt is underspent by £0.2m- the budget for the anaesthetic machines leased earlier than planned is now included in the YTD budget.

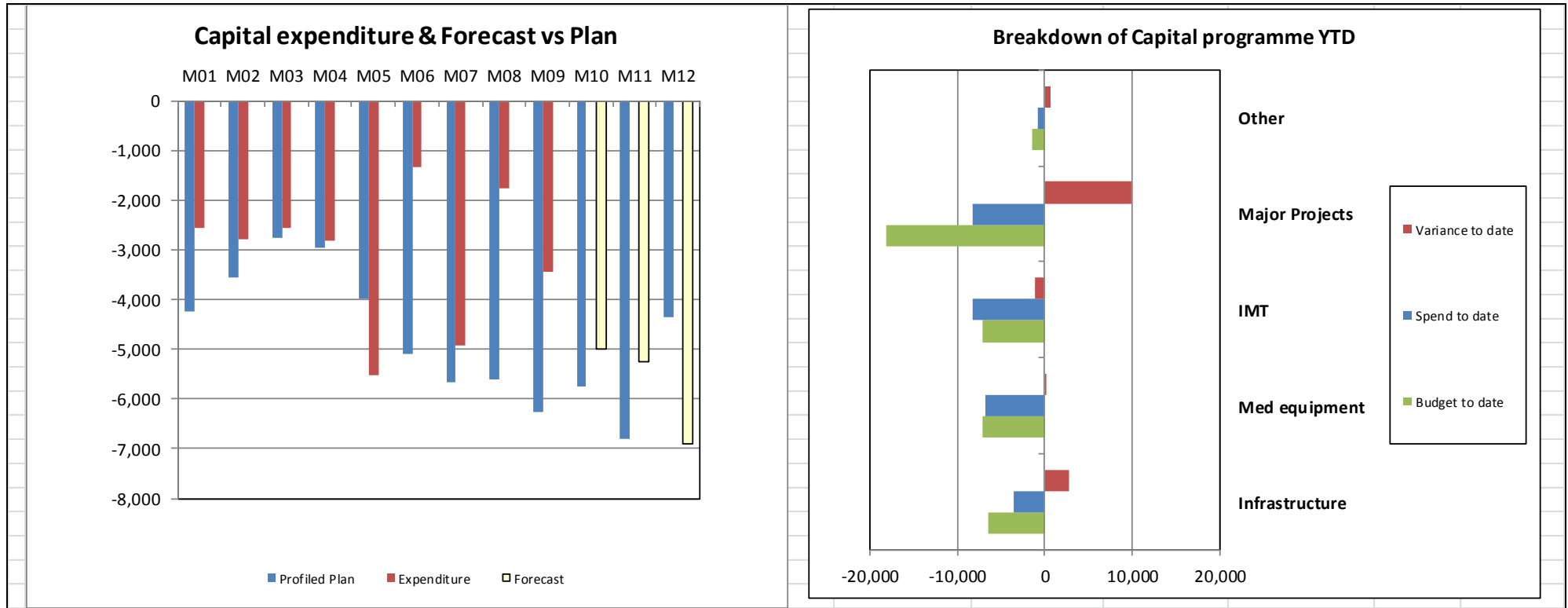
Major projects is under spent by £9.9m due mainly to slippage on neuro-rehab, bed capacity schemes ad the hybrid theatre.

FORECAST OUTTURN

The forecast outturn is an underspend of approx £12.1m for the year - mainly due to slippage on the energy performance contract (IR), medical eqpt (leased items) and major projects.

Based on the updated M09 forecast position the Trust would generate an under spend in overall capital expenditure of approx £12.m 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.

However the forecast capital cash deficit has reduced from £2.3m (M08) to £1.4m (M09)



Capital Commentary:

- Actual capital expenditure in month 9 was £3.4m. YTD expenditure is £27.7m against the budget of £40.1m – an under spend of £12.4m YTD (M08: £9.6m)

- **Infrastructure renewal**

Infrastructure renewal is under spent year to date by £2.8m – 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 £3.4m.

- **Medical equipment**

Medical equipment is under spent year to date by approx £0.2m. The over spend reported last month related to the timing difference for the installation of the anaesthetic machines (£1.7m). This has now been offset by the budget for one of the two LW CT scanners phased in month 9 (the scanners will be delivered next year).. The forecast outturn for medical equipment is an outturn underspend of £4m 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 (M08 £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 spend is contained within the control total of £10.656m.

Major Projects

Expenditure on Major Projects is £8.2m year to date against the budget of £18.1m - an under spend of £9.9m.

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 £6.2m.

Overall forecast

The updated M09 forecast indicates the Trust will generate an ***under spend in terms of overall capital expenditure of £12.1m but a capital cash deficit in financing terms of approx £1.4m*** because while 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 M09 forecast									
BUDGET JUNE 2014					Forecast outturn per M09				
	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	5,454	754		4,700	-154
Medical equipment	13,901		10,847	3,054	9,922		6,501	3,421	-367
IMT	9,034			9,034	10,515			10,515	-1,481
Major Projects	23,465	14,747		8,718	17,556	9,119		8,437	281
Other	1,767			1,767	1,456			1,456	311
Total	57,014	19,048	10,847	27,119	44,902	9,873	6,501	28,528	-1,409
Capex budgeted to be funded by internal capital				27,119					
Capex projection - internal capital				-28,528					
Forecast capital cash deficit				-1,409					
<p>The M09 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.</p>									

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	

Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	F'cast
M01	M02	M03	M04	M05	M06	M07	M08	M09	M09	Out-turn
-3.6	-7.7	-5.6	-5.5	-8.6	-0.6	-0.3	0.3	-2.0	7.3	
1.0	1.1	1.4	2.2	1.8	1.9	2.1	2.1	1.9	2.2	
Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating
3	2	3	3	2	3	3	4	3	4	
1	1	2	3	3	3	3	3	3	3	
2.0	1.5	2.5	3.0	2.5	3.0	3.0	3.5	3.0	3.5	
2	2	3	3	3	3	3	4	3	4	

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]


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

- 6.8	- 14.6	- 10.8	- 10.6	- 13.9	- 1.0	- 0.5	0.5	- 3.9	14.4
684.5	684.5	684.5	684.5	583.0	602.6	617.2	630.5	710.3	707.7
360.0	360.0	360.0	360.0	360.0	360.0	360.0	360.0	360.0	360.0
0.7	2.3	4.6	8.7	10.7	13.9	17.9	21.0	20.6	32.4
0.7	2.2	3.4	4.0	5.8	7.2	8.4	9.8	11.0	14.8
2.4	5.6	1.7	1.4	5.0	7.5	7.9	8.7	4.5	21.1
9.2	9.0	9.1	9.2	8.9	8.5	8.4	8.2	8.4	6.8
-	-	-	-	-	-	-	-	-	-
- 1.8	- 2.8	- 3.0	- 1.6	- 2.2	- 1.6	- 0.3	0.2	- 2.8	0.0
1.6	3.3	4.9	6.7	8.4	10.1	11.8	13.5	15.3	21.6
0.3	0.5	0.8	1.1	1.3	1.6	1.9	2.1	2.4	3.6
0.6	1.3	1.9	2.6	3.2	3.8	4.5	5.2	5.8	7.7
-	-	-	-	-	-	-	-	-	-
-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
-	-	-	-	0.0	0.0	0.0	0.1	0.1	0.5
- 0.2	0.4	0.7	0.4	1.3	1.8	2.0	2.5	2.8	3.5
0.3	0.5	0.8	1.1	1.3	1.6	1.9	2.1	2.4	3.6
0.6	1.3	1.9	2.6	3.2	3.8	4.5	5.2	5.8	7.7

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.
 The forecast outturn CoSRR score for the year is now forecast to be 4. The outturn liquidity score has improved due to the recognition of the receipt from the £15m working capital loan by year end.

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

APPENDIX 1- AGED DEBT REPORT

Summary of Outstanding Invoices at 31 December 2014															St George's Healthcare NHS TRUST 		
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 31/12/14 £000s	at 30/11/14 £000s	% change since last report	at 31/12/13 £000s	% change since year end		at 31/12/14 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s
(1) NHS England - Legacy PCT balances	0%	5	5	0%	264			0	0	0	0	0	0	(2)	(2)	7	7
(2) Clinical Commissioning Groups	0%	3,334	3,214	4%	1,910	75%		799	599	1,569	3,096	2,021	532	(1,538)	(1,379)	483	366
(3) NHS Wandsworth CCG	0%	2,744	2,383	15%	8,756			733	699	750	270	727	830	75	119	459	465
(4) NHS Sutton CCG	0%	(445)	(416)	7%	0			8	17	0	46	26	0	(479)	(479)	0	0
(5) NHS Merton CCG	0%	541	968	(44%)	2,860			176	129	130	586	160	178	75	75	0	0
(6) NHS Croydon CCG	0%	762	2,043	(63%)	759			334	206	206	1,073	11	553	210	210	1	1
(7) NHS Kingston CCG	0%	23	84	(73%)	97			19	0	0	80	0	0	0	0	4	4
(8) NHS Lambeth CCG	5%	(47)	(158)	(70%)	0			(47)	(219)	0	61	0	0	0	0	0	0
(9) NHS England	15%	15,074	10,060	50%	14,128	7%		3,478	3,906	9,882	5,062	1,700	538	11	551	3	3
(10) Non English NHS NCA Debt	0%	675	662	2%	497	36%		45	126	147	69	45	39	24	15	414	413
(11) English CCG NCA Debt	5%	3,095	2,908	6%	1,346			368	412	901	905	539	367	994	978	293	246
Clinical Commissioning Groups subtotal	61%	25,761	21,753	18%	30,617	(16%)	0	5,913	5,875	13,585	11,248	5,229	3,037	(630)	88	1,664	1,505
(12) Other NHS Organisations	1%	967	986	(2%)	830	17%		106	153	79	163	114	2	200	200	468	468
(12.1) Health Education England	0%	7	109	(94%)	250	(97%)		6	102	0	6	1	1	0	0	0	0
(13) NHS Trusts	7%	8,411	6,820	23%	3,807	121%		1,885	1,413	3,040	1,895	1,070	1,312	1,569	1,387	847	813
Total NHS Invoices outstanding	69%	35,146	29,688	18%	35,504	(1%)	0	7,910	7,543	16,704	13,312	6,414	4,352	1,139	1,675	2,979	2,786
Uninvoiced NHS debt																	
Provision for impairment of NHS invoiced debt		(0)	(0)				Actual 30/11/13	23%	25%	48%	45%	18%	15%	3%	6%	8%	9%
NHS Debt - accruals		12,799	9,365				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		56,945	48,033														
Non-NHS Invoices outstanding																	
Non-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 31/12/14 £000s	at 30/11/14 £000s	% change since last report	at 31/12/13 £000s	% change since year end		at 31/12/13 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s	at 31/12/14 £000s	at 30/11/14 £000s
(14) General Debtors (Clinical/Technical Services to Non NHS orgs; etc)	5%	2,890	2,894	(0%)	3,031	(5%)	(446)	803	926	989	892	111	110	289	263	698	703
(15) Private Patients	3%	1,204	1,096	10%	1,545	(22%)	(184)	213	201	203	104	28	30	146	161	614	600
(15.1) Bupa Insurance Services Ltd t/a Bupa	3%	200	200	0%	0	#DIV/0!	0	61	57	66	81	70	61	3	1	0	0
(15.2) AXA PPP Healthcare Ltd	3%	148	62	139%	0	#DIV/0!	0	87	15	30	18	20	24	11	5	0	0
(16) Overseas Visitors NHS Chargeable	5%	2,526	2,483	2%	2,718	(7%)	(1,660)	80	73	220	213	100	118	325	316	1,801	1,763
(17) Salary Overpayments	1%	527	542	(3%)	514	3%	(191)	19	54	59	59	52	20	44	52	353	357
(18) Medical School	1%	1,300	999	30%	260	400%	(51)	300	302	773	495	178	170	21	4	28	28
(19) Charitable Funds	0%	173	149	16%	152	14%	(45)	31	26	31	17	71	66	15	17	25	23
(20) Compensation Recovery Unit	16%	11,482	11,239	2%	8,981	28%	(2,553)	355	430	1,095	965	845	942	1,677	1,860	7,510	7,042
(21) UK Border Agency	0%	169	165	2%	162	4%	0	6	12	27	26	31	22	0	6	105	99
(22) Local Authority	0%	2,717	2,203	23%	0	#DIV/0!	0	424	542	1,599	1,063	450	294	189	249	55	55
Total Non-NHS Invoices outstanding	31%	23,336	22,032	6%	17,363	12%	(5,130)	2,380	2,638	5,093	3,933	1,956	1,857	2,720	2,934	11,189	10,670
Uninvoiced non-NHS Debt:																	
Provision for impairment of Non-NHS invoiced debt		(5,130)	(5,130)				Actual - 30/11/13 (exc RTA)	13%	12%	20%	18%	5%	8%	7%	13%	30%	48%
Non-NHS Debt -accruals		7,713	8,540				Target - 31/03/14 (exc RTA)	44%		22%		2%		7%		25%	
CSW integration adjustment		896	896														
VAT and Prepayments		3,447	2,882														
Total Non NHS Debt		30,261	29,219														
Grand Total Debt		87,206	77,252														

REPORT TO THE TRUST BOARD *January 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
Executive summary <i>Key points in the report and recommendation to the board</i> 1. Key messages <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>	
Key risks identified: <i>Key workforce risks include:</i> <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) 	
Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i>	To develop a highly skilled and engaged workforce championing our values that is able to deliver the trust's vision.
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	Are services well led?

Commentary on performance in key workforce indicators

Introduction

December 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 slowing down of the voluntary and overall turnover rates.

It is also a period where the financial baselines are being reviewed and workforce establishments clarified. For this reason, while the overall establishment figures will be broadly accurate, the detail down to ward level is subject to further review.

Vacancy rate

Although the vacancy rate has increased very marginally, this figure is inflated by the addition of 39 WTE vacancies needed to staff new services at the Nelson Centre, for which recruitment has begun in advance of the opening late in 2015.

It is a priority for the trust to recruit to posts with substantive staff as much as possible in order to reduce the use of agency and bank staff. This has meant increased activity within the recruitment team. It is pleasing to be able to report that there has been an increase in activity of 20% over the past year but, as a result of significant process redesign, average recruitment times in the period since September have reduced from 14.7 weeks to 12.6 weeks.

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 December, there has been a steadying in both the voluntary and overall turnover rates but it is too early to determine whether the actions being taken in response are having a lasting impact.

Benchmarking information is included at page 10 of the report. This data compares the trust to London teaching hospitals and is based on the most recent data available (September). The trust is an outlier on the turnover and stability measures.

Staff career development

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 is a first attempt to illustrate the available information. The data shows that of members of staff that have been in post for more than a year 5% of them have been promoted into their current post. Data is now being collected on a monthly basis and, although there has been an encouraging rate of 16.5% in November and 32% in December for internal promotions as a percentage of overall appointments, it is too early to understand the trend.

Sickness absence

It is not a surprise that sickness absence increased in December. Many members of staff have been affected by flu and 47% of absence is due to cough, colds and flu. While 48% 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.

From the available benchmarking information, the trust is below both the London and national averages for sickness absence.

Agency and bank staff usage

Although agency usage has reduced and bank usage increased, it is not possible yet to draw the conclusion that the trust is achieving the substitution for which it is aiming. Agency staffing has been difficult to obtain in December with increased demand from many trusts and the overall fill rate of shifts referred to the bank office dropped to 77.5%. This is the first month in which separate data is available on the booking reasons for medical locums. The main reasons are for vacancy cover and for increased activity but reasons include leave cover and this merits further investigation given the provision for prospective cover available in medical staffing rotas.

Mandatory training and appraisal rates

December is often a quieter month and one used as an opportunity for managers to work with members of staff to catch up on mandatory training and appraisal. As the indicators are reported on an annual rolling basis, a relatively high proportion of mandatory training and appraisal updates become due in this month. The relative maintenance of these figures given the pressures that have actually been experienced in December 2014 is to be welcomed. Work continues on ensuring that processes are as simple as possible.



Workforce Performance Report



December 2014

Workforce Performance Report January 2014 – December 2014

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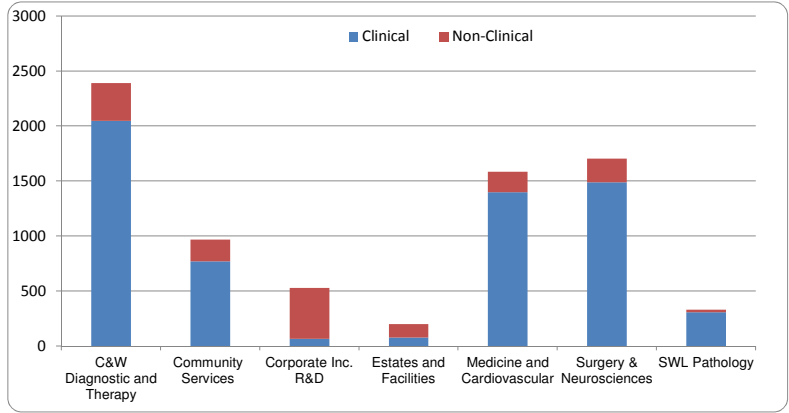
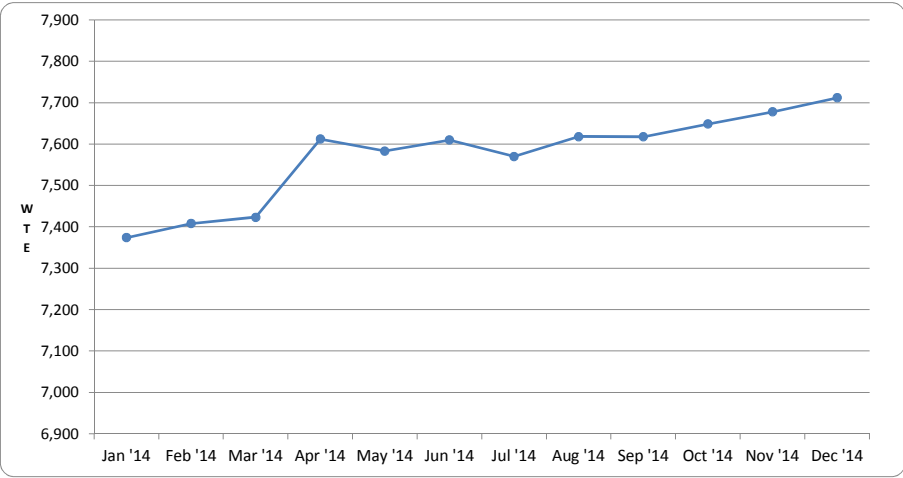
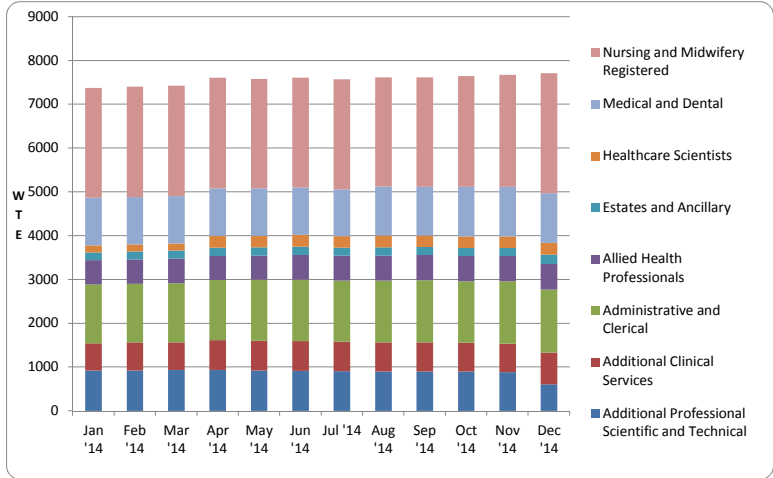
PERFORMANCE SUMMARY

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 0.1%	9.9%	13.0%	13.1%	↗
6	Turnover	Turnover has decreased by 0.1%	13.6%	17.3%	17.2%	↘
6	Voluntary Turnover	Voluntary turnover has decreased by 0.2%	11.1%	14.0%	13.8%	↘
7	Stability	Stability has increased this month by 0.2%	86.7%	84.0%	84.2%	↗
8	Sickness	Sickness has increased by 0.3%	4.4%	3.8%	4.1%	↗
10-12	Temporary Staffing Usage (FTE)	Temporary staff usage has increased by 1%	11.7%	14.8%	15.8%	↗
13	Mandatory Training	MAST compliance has decreased by 1%	65.4%	75.0%	74.0%	↘
14	Staff Appraisal	The percentage of staff who have had an appraisal in the past 12 months has increased by 2.3%	74.0%	79.8%	82.1%	↗

CURRENT STAFFING PROFILE

The data below shows the current staffing profile of the Trust



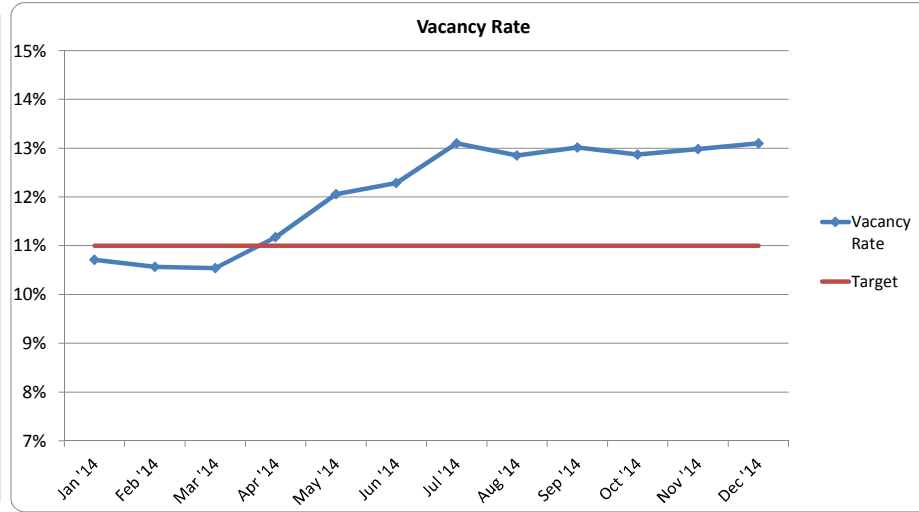
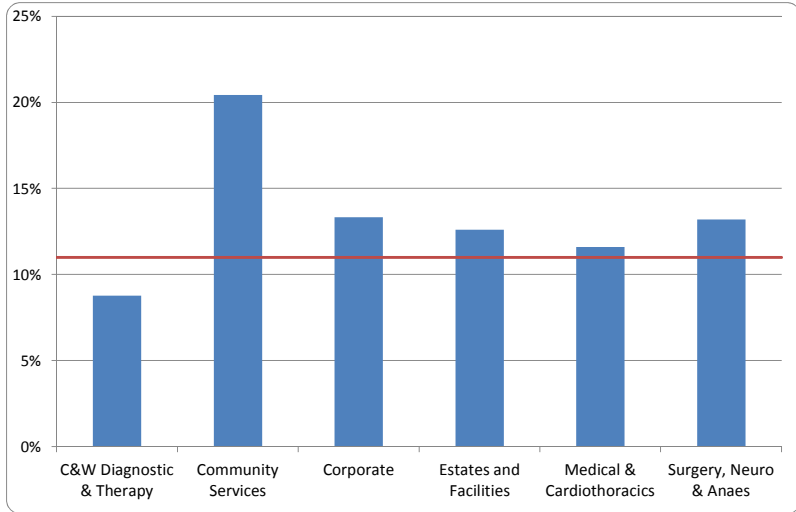
COMMENTARY

The Trust currently employs 8267 people working a whole time equivalent of 7712. This has increased by 35 WTE since November. The actual growth rate in the directly employed workforce over the last year is 4.24% mostly as a result of staff transferring to the Trust forming the SW London Pathology service.

A data cleansing exercise in theatres has re-categorised a large number of staff into the nursing staff group which have historically been included under scientific and technical staff which is the reason for the reported reduction in that particular staff group this month.

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	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	10.3%	8.9%	8.6%	8.8%	↔
Community Services	15.9%	17.9%	18.4%	20.4%	↗
Corporate	11.7%	14.8%	14.3%	13.3%	↘
Estates and Facilities	12.4%	12.5%	13.5%	12.6%	↔
Medical & Cardiothoracics	10.7%	11.1%	12.0%	11.6%	↘
Surgery, Neuro & Anaes	13.1%	13.4%	13.5%	13.2%	↘
SWL Pathology	31.1%	25.5%	24.6%	24.4%	↘
Whole Trust	13.0%	12.9%	13.0%	13.1%	↔

COMMENTARY

The substantive vacancy rate has increased slightly in December to 13.1%.

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.

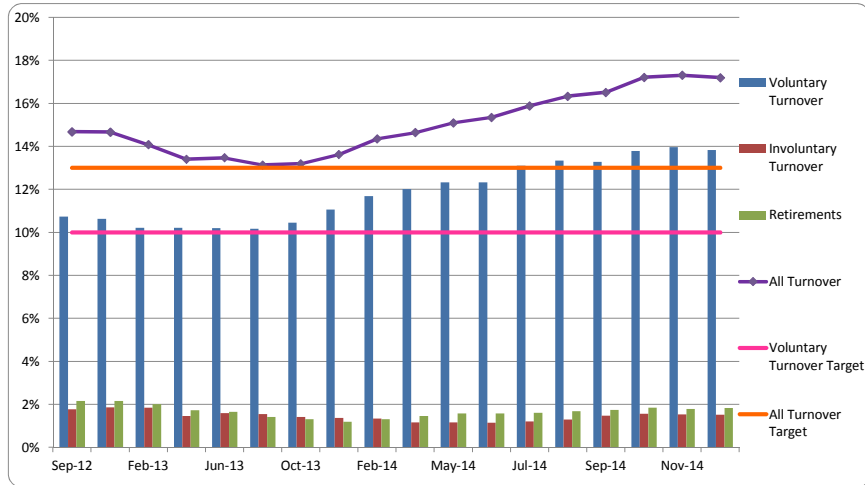
Additional posts relating to new services which will be run at the Nelson Hospital in April have also been added to the establishment. Recruitment has commenced but staff are not yet in post. This is reflected in the increased vacancy rate in the Community Services Division.

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

Vacancies Staff Group	Sep '14	Oct '14	Nov '14	Dec '14	Trend
Add Prof Scientific and Technic	15.7%	15.4%	15.5%	16.5%	↗
Additional Clinical Services	14.9%	14.8%	16.3%	14.4%	↘
Administrative and Clerical	17.9%	19.4%	19.2%	18.7%	↘
Allied Health Professionals	7.3%	7.9%	7.1%	5.9%	↘
Estates and Ancillary	15.3%	16.0%	17.4%	18.1%	↗
Healthcare Scientists	21.1%	16.3%	16.0%	15.0%	↘
Medical and Dental	0.2%	0.3%	-0.2%	0.5%	↔
Nursing and Midwifery Registered	13.7%	12.9%	13.2%	14.2%	↗
Total	13.0%	12.9%	13.0%	13.1%	↔

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 3.6% in total to 17.2% which is significantly above the current target of 13%. In the previous 12 months there were around 1202 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 December 2013 (a 7% increase), along with the Healthcare Scientist and Additional Clinical Services staff groups at 5.5% and 6.1% respectively.

After recent performance reviews, 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				
	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	17.7%	17.7%	17.9%	17.6%	↔
Community Services	18.0%	19.9%	20.3%	20.4%	↗
Corporate	15.6%	15.8%	15.5%	16.1%	↗
Estates and Facilities	8.7%	8.7%	9.6%	8.5%	↘
Medical & Cardiothoracics	16.8%	18.3%	18.7%	18.4%	↘
Surgery, Neurosciences & Anaes	14.6%	15.1%	14.6%	14.7%	↗
SWL Pathology	17.7%	18.1%	18.1%	18.5%	↗
Whole Trust	16.5%	17.2%	17.3%	17.2%	↘

Staff Group	All Turnover				
	Sep '14	Oct '14	Nov '14	Dec '14	Trend
Add Prof Scientific and Technic	16.3%	17.3%	17.2%	20.3%	↗
Additional Clinical Services	18.5%	19.3%	19.6%	18.8%	↘
Administrative and Clerical	14.2%	15.2%	15.0%	15.0%	↔
Allied Health Professionals	18.2%	18.6%	19.1%	19.1%	↔
Estates and Ancillary	10.1%	10.2%	11.1%	9.2%	↘
Healthcare Scientists	15.0%	15.4%	15.4%	15.2%	↘
Medical and Dental	13.1%	13.9%	12.5%	13.2%	↗
Nursing and Midwifery Registered	18.3%	18.7%	19.1%	18.2%	↘
Whole Trust	16.5%	17.2%	17.3%	17.2%	↘

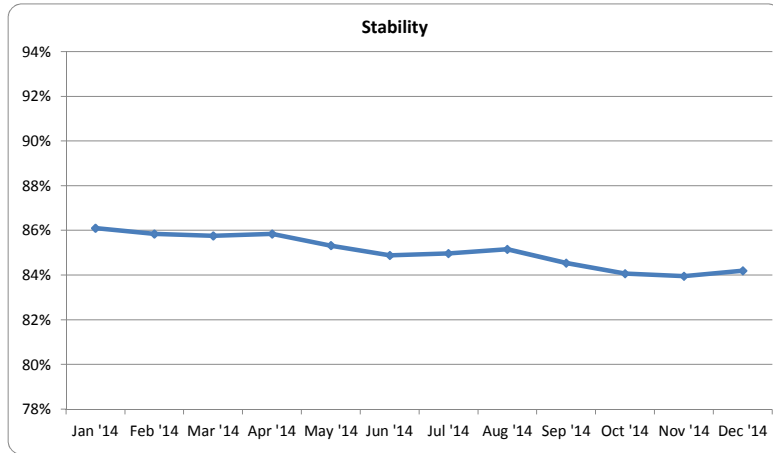
Division	Voluntary Turnover					Other Turnover Dec 2014	
	Sep '14	Oct '14	Nov '14	Dec '14	Trend	In-Voluntary	Retirement
C&W Diagnostic & Therapy	14.2%	13.2%	13.5%	13.2%	↘	2.5%	1.9%
Community Services	13.6%	15.5%	15.7%	15.8%	↗	1.9%	2.6%
Corporate	13.9%	13.8%	13.4%	13.6%	↗	1.0%	1.4%
Estates and Facilities	5.8%	5.8%	6.2%	5.2%	↘	1.0%	2.3%
Medical & Cardiothoracics	14.6%	15.8%	16.4%	16.2%	↘	0.8%	1.4%
Surgery, Neurosciences & Anaes	12.1%	12.3%	12.2%	12.3%	↗	0.9%	1.5%
SWL Pathology	10.3%	15.1%	15.1%	15.3%	↗	0.6%	2.7%
Whole Trust	13.3%	13.8%	14.0%	13.8%	↘	1.5%	1.8%

Staff Group	Voluntary Turnover					Other Turnover Dec 2014	
	Sep '14	Oct '14	Nov '14	Dec '14	Trend	In-Voluntary	Retirement
Add Prof Scientific and Technic	11.3%	11.9%	11.8%	14.1%	↗	5.1%	1.1%
Additional Clinical Services	16.4%	16.5%	16.9%	15.8%	↘	1.5%	1.5%
Administrative and Clerical	11.3%	12.0%	11.9%	11.7%	↘	0.9%	2.4%
Allied Health Professionals	16.7%	17.3%	17.8%	17.8%	↔	0.4%	0.9%
Estates and Ancillary	7.4%	7.5%	7.9%	6.2%	↘	1.0%	1.9%
Healthcare Scientists	11.3%	11.7%	11.7%	11.6%	↘	1.5%	2.2%
Medical and Dental	7.0%	7.7%	7.2%	7.6%	↗	4.1%	1.4%
Nursing and Midwifery Registered	15.4%	15.8%	16.3%	15.4%	↘	0.6%	2.1%
Whole Trust	13.3%	13.8%	14.0%	13.8%	↘	1.5%	1.8%

Caregroup	Staff in Post WTE	Leavers WTE	Voluntary Turnover Rate
Dermatology & Lymphoedema	27.8	8.0	33.7%
Cardiac Surgery	87.5	22.0	29.9%
Prison Service	59.5	18.3	28.8%
Dentistry	47.2	8.8	26.6%
Information Directorate	39.8	9.7	26.1%

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 increased by 0.2% this month.

A reduction in the stability rate is of concern because of the implication that staff with longer service are leaving. This may be a reflection of the marginal increase in the retirement rate this month.

Over the last 12 months the stability rate has declined by 2.5% and is now at 84.2%.

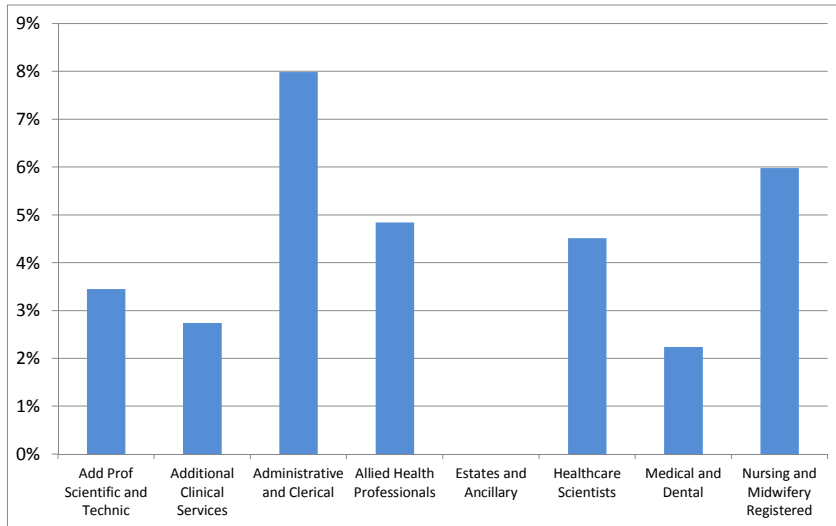
Estates & Facilities staff have a high stability rate over 90% showing that although there are high vacancies and temporary staffing in this area, the substantive staff who are currently in post tend to be long serving.

Stability by Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	83.5%	83.9%	83.5%	83.8%	↔
Community Services	82.7%	81.3%	80.7%	81.5%	↔
Corporate	91.0%	90.3%	91.1%	91.4%	↔
Estates and Facilities	90.9%	91.5%	91.9%	92.9%	↔
Medical & Cardiothoracics	84.6%	83.0%	83.0%	83.4%	↔
Surgery, Neurosciences & Anaes	85.7%	85.3%	85.1%	84.6%	↓
SWL Pathology	80.6%	80.8%	81.8%	82.5%	↔
Whole Trust	84.6%	84.1%	84.0%	84.2%	↔

Stability Staff Group	Sep '14	Oct '14	Nov '14	Dec '14	Trend
Add Prof Scientific and Technic	82.8%	83.0%	80.8%	76.8%	↓
Additional Clinical Services	84.1%	82.7%	81.9%	83.4%	↔
Administrative and Clerical	88.0%	87.1%	87.8%	87.6%	↓
Allied Health Professionals	80.4%	80.9%	80.4%	80.9%	↔
Estates and Ancillary	89.1%	89.1%	90.1%	89.5%	↓
Healthcare Scientists	91.8%	91.8%	92.1%	95.3%	↔
Medical and Dental	89.8%	89.2%	91.2%	90.9%	↓
Nursing and Midwifery Registered	82.3%	81.8%	81.7%	82.5%	↔
Total	84.6%	84.1%	84.0%	84.2%	↔

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 December, 51 staff were promoted, there were 110 new starters to the Trust and 235 employees were acting up to a higher grade.

Over the last year 5.1% 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 (91 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				
	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy			7	10	↗
Community Services			5	11	↗
Corporate			5	10	↗
Estates and Facilities			0	0	↔
Medical & Cardiothoracics			3	13	↗
Surgery, Neurosciences & Anaes			2	3	↗
SWL Pathology			1	4	↗
Whole Trust Promotions			23	51	↗
New Starters (Excludes Junior Doctors)			116	110	

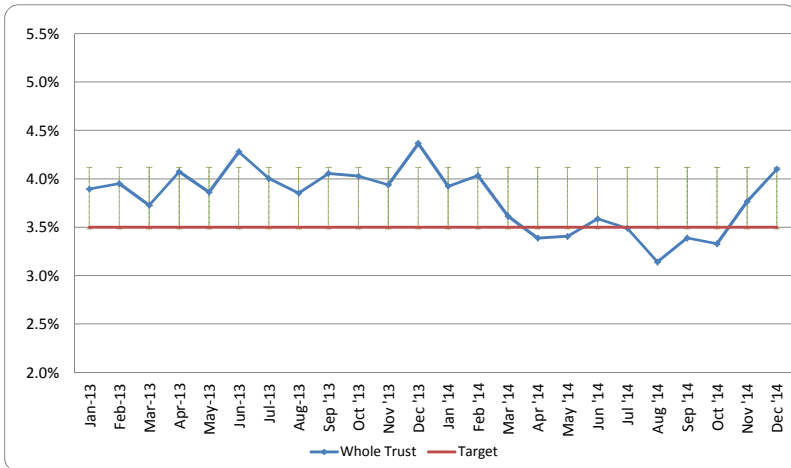
Division	Staff in Post + 1yrs Service	No. of Staff Promoted	% of Staff Promoted	Currently Acting Up
C&W Diagnostic & Therapy	1781	112	6.3%	111
Community Services	897	35	3.9%	19
Corporate	370	38	10.3%	29
Estates and Facilities	173	2	1.2%	6
Medical & Cardiothoracics	1108	56	5.1%	35
Surgery, Neurosciences & Anaes	1296	47	3.6%	20
SWL Pathology	151	5	3.3%	15
Whole Trust	5776	295	5.1%	235
New Starters (Excludes Junior Doctors)		1570		

Staff Group	No. of Promotions				
	Sep '14	Oct '14	Nov '14	Dec '14	Trend
Add Prof Scientific and Technic			1	5	↗
Additional Clinical Services			0	0	↘
Administrative and Clerical			7	21	↗
Allied Health Professionals			2	4	↗
Estates and Ancillary			0	0	↔
Healthcare Scientists			2	1	↘
Medical and Dental			0	0	↔
Nursing and Midwifery Registered			11	20	↗
Whole Trust			23	51	↗

Staff Group	Staff in Post + 1yrs Service	No. of Staff Promoted	% of Staff Promoted	Currently Acting Up
Add Prof Scientific and Technic	493	17	3.4%	25
Additional Clinical Services	583	16	2.7%	9
Administrative and Clerical	1089	87	8.0%	99
Allied Health Professionals	475	23	4.8%	31
Estates and Ancillary	192	0	0.0%	2
Healthcare Scientists	155	7	4.5%	6
Medical and Dental	581	13	2.2%	4
Nursing and Midwifery Registered	2208	132	6.0%	59
Whole Trust	5776	295	5.1%	235

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 December, a increase of 0.3% on last month. Seasonal colds and flu are accountable for almost half of the sickness episodes during December. In the same month last year the rate was 4.4% so absence is comparatively lower this year.

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 December 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	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	3.3%	3.1%	3.4%	3.8%	↗
Community Services	4.2%	4.4%	5.1%	5.5%	↗
Corporate	2.9%	2.8%	2.9%	4.0%	↗
Estates and Facilities	6.5%	4.5%	5.7%	7.3%	↗
Medical & Cardiothoracics	2.9%	2.9%	3.2%	3.6%	↗
Surgery, Neurosciences & Anaes	3.4%	3.6%	4.4%	3.9%	↘
SWL Pathology	2.5%	2.2%	1.4%	3.3%	↗
Whole Trust	3.4%	3.3%	3.8%	4.1%	↗

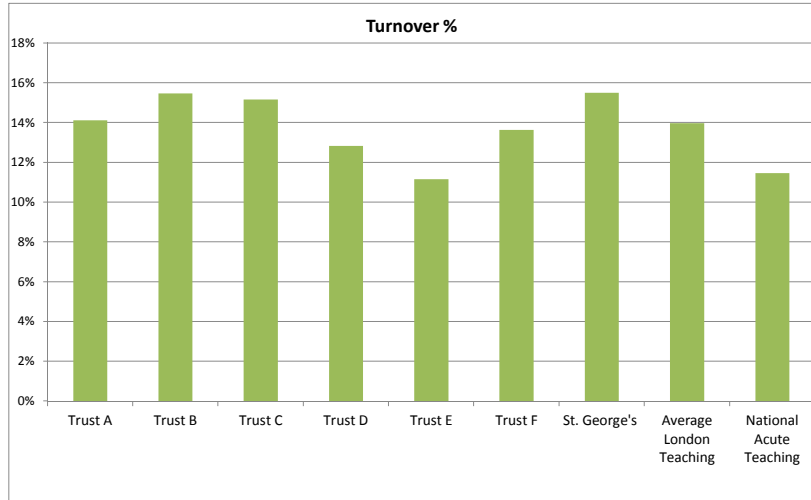
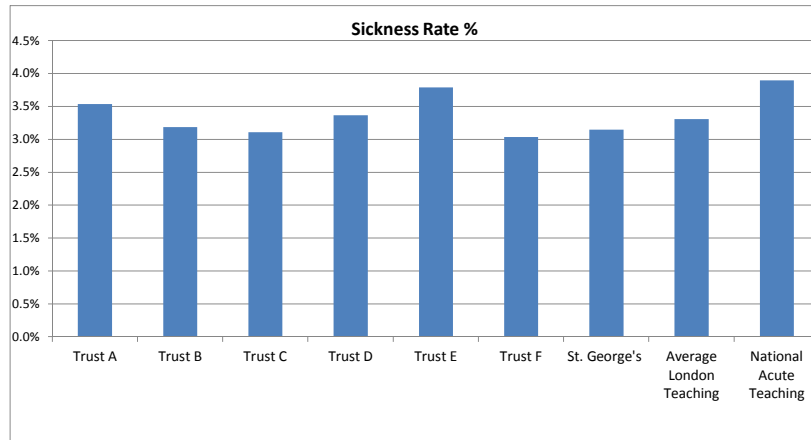
Sickness Staff Group	Sep '14	Oct '14	Nov '14	Dec '14	Trend
Add Prof Scientific and Technic	3.4%	4.0%	4.7%	3.7%	↘
Additional Clinical Services	5.3%	4.9%	5.4%	5.9%	↗
Administrative and Clerical	4.2%	4.0%	4.7%	5.1%	↗
Allied Health Professionals	2.3%	2.3%	2.3%	3.0%	↗
Estates and Ancillary	6.5%	5.0%	5.6%	7.4%	↗
Healthcare Scientists	1.5%	1.2%	0.5%	1.2%	↗
Medical and Dental	0.6%	0.8%	0.5%	0.5%	↔
Nursing and Midwifery Registered	3.8%	3.8%	4.5%	5.0%	↗
Total	3.4%	3.3%	3.8%	4.1%	↗

Caregroup	Staff in Post WTE	Sickness WTE Days Lost	Sickness %	Salary Based Sickness Cost (£)
Prison Service	59.54	182.92	10.2%	£14,962
Procurement	45.00	137.00	10.0%	£7,462
Intermediate Care	66.58	190.01	9.4%	£12,575
Children & Family Service	34.04	93.92	8.9%	£6,837
Community Nursing - Children	128.00	292.27	7.5%	£21,545

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S13 Cold, Cough, Flu - Influenza	46.81%
S25 Gastrointestinal problems	12.42%
S15 Chest & respiratory problems	6.44%
S12 Other musculoskeletal problems	6.38%
S10 Anxiety/stress/depression/other psychiatric illnesses	4.74%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S13 Cold, Cough, Flu - Influenza	27.28%
S10 Anxiety/stress/depression/other psychiatric illnesses	12.17%
S12 Other musculoskeletal problems	11.97%
S25 Gastrointestinal problems	9.54%
S28 Injury, fracture	7.18%

SECTION 6: WORKFORCE BENCHMARKING**



COMMENTARY

This benchmarking information comes from iView the Information Centre data warehouse tool.

Sickness data shown is from September '14 which is the latest available. Compared to other Acute teaching trusts in London, St. Georges had a lower than average rate at 3.15%. 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 September.

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 October). 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 4% 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%	85.66%	3.54%
Trust B	15.47%	84.41%	3.19%
Trust C	15.16%	84.58%	3.11%
Trust D	12.84%	86.87%	3.37%
Trust E	11.16%	84.60%	3.79%
Trust F	13.63%	85.86%	3.04%
St. George's	15.50%	84.19%	3.15%
Average London Teaching	13.98%	85.17%	3.31%
National Acute Teaching	11.47%	88.24%	3.90%

SECTION 7: Nursing Workforce Profile/KPIs

Nursing Establishment WTE

Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	1071.4	1071.4	1072.0	1072.0	↔
Community Services	558.9	562.9	571.9	593.9	↗
Corporate & R&D	49.9	50.9	40.7	50.9	↗
Medical & Cardiothoracics	1092.9	1092.9	1105.9	1117.4	↗
Surgery, Neurosciences & Anaes	705.1	709.1	728.1	998.8	↗
Total	3478.1	3487.1	3518.5	3833.0	↗

Nursing Staff in Post WTE

Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	959.8	980.5	981.3	978.6	↘
Community Services	468.9	460.9	464.0	468.8	↔
Corporate & R&D	42.3	42.3	47.3	42.7	↘
Medical & Cardiothoracics	956.7	956.1	949.7	958.9	↔
Surgery, Neurosciences & Anaes	596.5	602.6	614.8	843.2	↗
Total	3024.2	3042.3	3057.1	3292.1	↗

Nursing Vacancy Rate

Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	10.4%	8.5%	8.5%	8.7%	↗
Community Services	16.1%	18.1%	18.9%	21.1%	↗
Corporate & R&D	15.2%	16.9%	-16.2%	16.2%	↗
Medical & Cardiothoracics	12.5%	12.5%	14.1%	14.2%	↗
Surgery, Neurosciences & Anaes	15.4%	15.0%	15.6%	15.6%	↗
Total	13.1%	12.8%	13.1%	14.1%	↗

Nursing Sickness Rates

Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	4.4%	4.0%	4.4%	5.3%	↗
Community Services	5.3%	5.0%	5.8%	6.3%	↗
Corporate	2.7%	1.9%	2.3%	2.5%	↗
Medical & Cardiothoracics	3.4%	3.6%	4.1%	4.5%	↗
Surgery, Neurosciences & Anaes	4.3%	4.4%	5.4%	5.2%	↘
Total	4.2%	4.1%	4.6%	5.2%	↗

Nursing Voluntary Turnover

Division	Jul '14	Aug '14	Sep '14	Dec '14	Trend
C&W Diagnostic & Therapy	13.78%	13.30%	17.41%	17.05%	↘
Community Services	15.25%	17.58%	22.16%	22.38%	↗
Corporate & R&D	17.33%	16.96%	14.68%	11.95%	↘
Medical & Cardiothoracics	17.05%	18.08%	21.01%	20.70%	↘
Surgery, Neurosciences & Anaes	14.80%	14.62%	17.17%	15.89%	↘
Total	15.3%	15.8%	19.2%	18.5%	↘

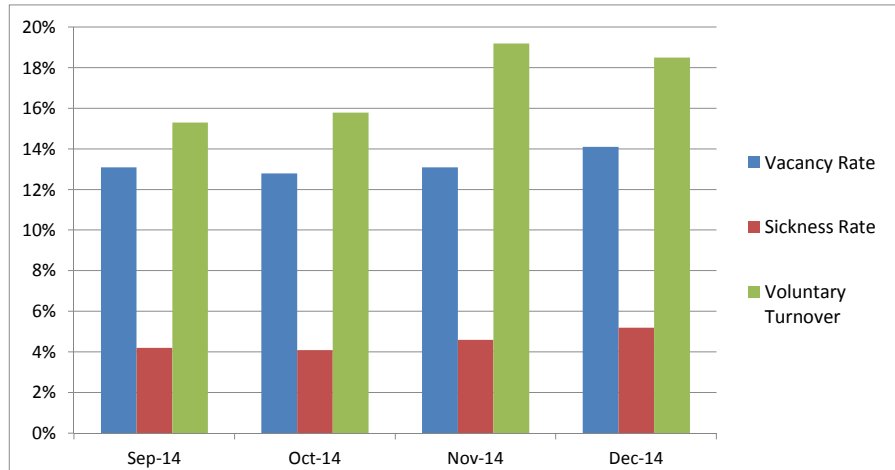
COMMENTARY

This data shows a more in-depth view of our nursing workforce.

Figures shown here are for the total nursing workforce (both qualified and unqualified) in all departments in the Trust.

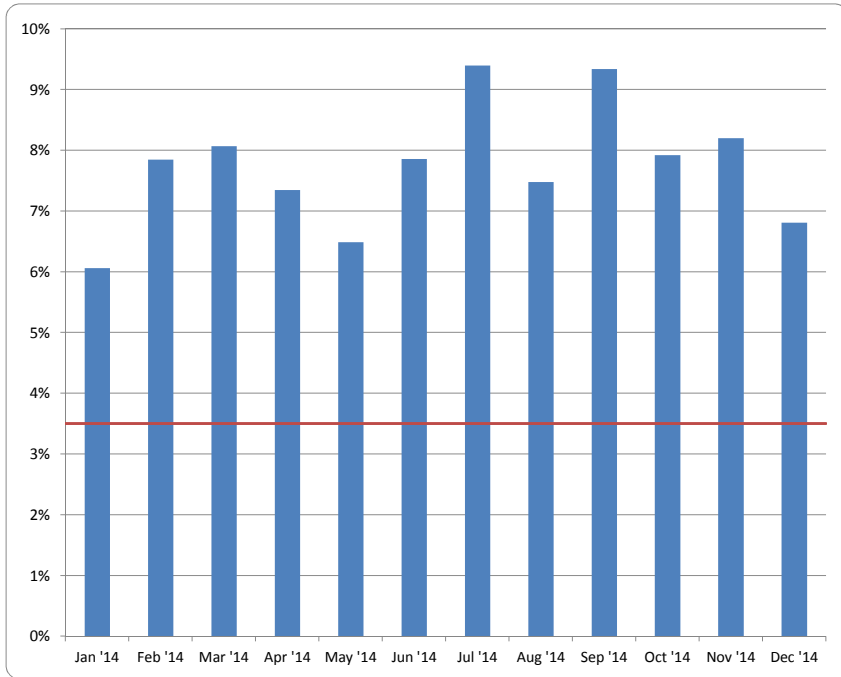
As previously mentioned the reclassification of a group of staff in the Surgery Division from Scientific and Technical to the Nursing staff group accounts for the large increase seen in that area. Historically a lot of these staff were working as ODPs but over time more and more are now theatre nurses who are registered with the NMC. We have now reflected them to more accurately appear amongst our nursing workforce. In real terms there were 4 additional WTE qualified nurses at the trust in 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 decreased in 1.4% since November across all Divisions.

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 December 2014.

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 December (Hi-Com system booking only). The majority of shifts have been requested to cover vacancies.

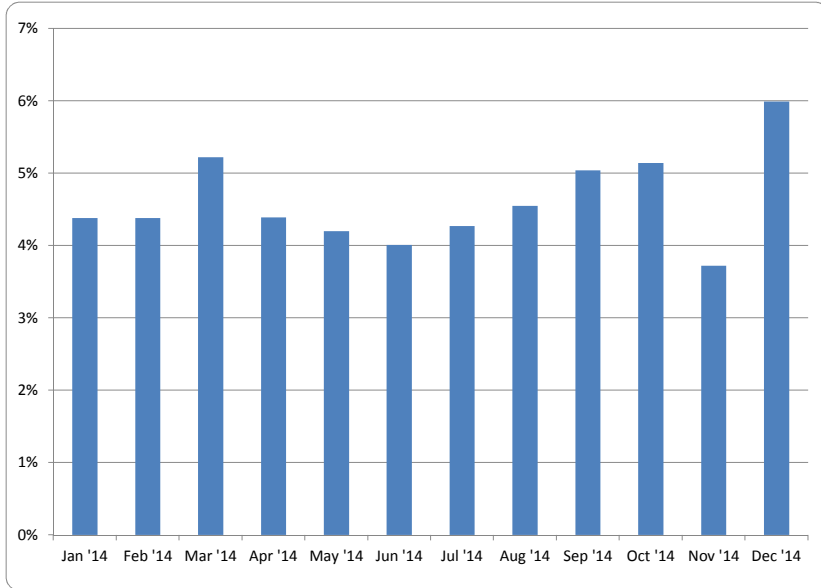
Agency Costs by Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	11.09%	9.31%	9.28%	7.28%	↓
Community Services	12.60%	11.58%	12.24%	10.97%	↓
Corporate	7.19%	4.80%	3.80%	2.93%	↓
Estates and Facilities	19.36%	17.02%	9.82%	9.40%	↓
Medical & Cardiothoracics	9.07%	8.19%	8.57%	6.62%	↓
Surgery, Neurosciences & Anaes	5.96%	5.36%	5.72%	3.99%	↓
Whole Trust	9.34%	7.92%	8.20%	6.81%	↓

Care Group	Agency Spend % Dec-14	Staff In Post WTE
Therapies - Children	33.76%	82.14
Outpatients	24.93%	254.80
Therapies - Older People	24.43%	70.75
Prison Service	23.35%	59.54
Community Wards	16.24%	89.45

Booking Reason	Medical Agency & Bank £ Dec-14	%
Carers Leave	£2,449	0.80%
Increased Care Needs ICN	£27,546	9.03%
Maternity Leave ML	£1,422	0.47%
Sickness S	£17,800	5.83%
Study Leave SL	£226	0.07%
Vacancy V	£255,716	83.80%
Total	£305,160	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 increased by 2.3% between November and December. It appears there may have been a shift from using agency towards using in-house bank staff in December.

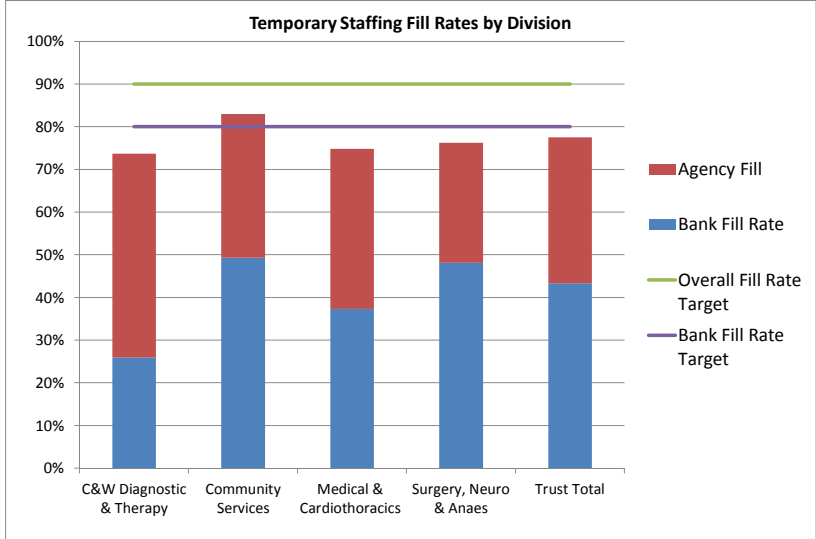
E-Rostering data is now available to managers where they are able to see where staff owe the Trust additional hours, these can then be rostered first before bank shifts are booked. Going forward this should enable a reduction in bank and agency spend and a give a greater understanding of the drivers for using bank.

The table below lists the five care groups with the highest bank percentage spend for this month.

Care Group	Bank Spend % Dec-14	Staff In Post WTE
Security & Car Park Management	35.13%	21.00
Portering	25.89%	79.65
Inpatient Care Older People	20.88%	57.20
Prison Service	19.94%	59.54
Pharmacy	17.25%	172.67

Bank Spend % by Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	5.01%	5.50%	3.60%	6.24%	↗
Community Services	4.44%	4.85%	4.09%	6.45%	↗
Corporate	0.17%	1.78%	3.61%	3.56%	↘
Estates and Facilities	11.95%	9.44%	7.97%	15.77%	↗
Medical & Cardiothoracics	7.39%	6.92%	5.30%	9.21%	↗
Surgery, Neurosciences & Anaes	3.90%	4.07%	2.62%	5.68%	↗
Whole Trust	5.04%	5.14%	3.72%	5.99%	↗

SECTION 10: TEMPORARY STAFFING



COMMENTARY

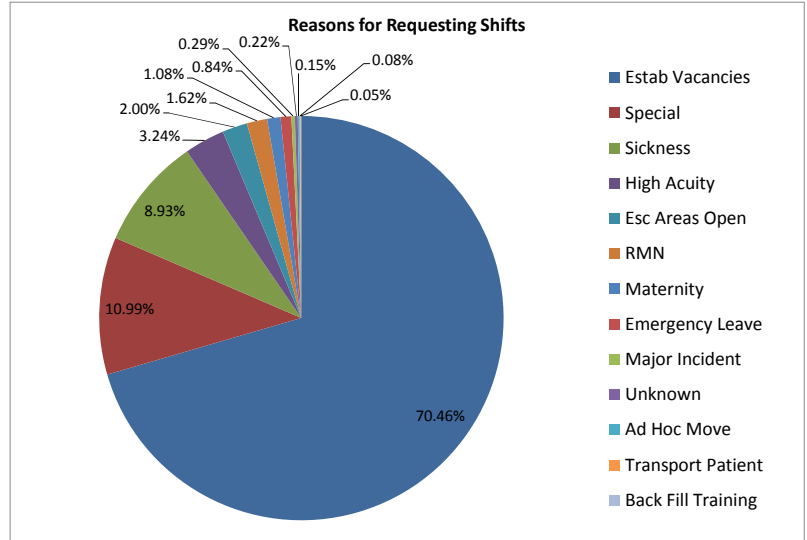
This is data comes from the Trust's e-rostering system.

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 December the Bank Fill Rate was reported at 43.3% which is 3.5% lower than the previous month. The Overall Fill Rate was 77.5% which is a slight decrease on the previous month. The Community Services 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 December. 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	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	29.91%	32.40%	28.76%	25.98%	↓
Community Services	50.22%	47.11%	45.55%	49.36%	↔
Medical & Cardiothoracics	47.24%	46.81%	44.96%	37.32%	↓
Surgery, Neurosciences & Anaes	50.53%	53.13%	52.20%	48.18%	↓
Whole Trust	46.26%	49.06%	46.78%	43.32%	↓

Overall Fill Rate % by Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	75.63%	75.91%	77.35%	73.69%	↓
Community Services	83.44%	79.48%	78.87%	82.99%	↔
Medical & Cardiothoracics	81.62%	79.86%	76.38%	74.84%	↓
Surgery, Neurosciences & Anaes	76.39%	78.39%	78.88%	76.26%	↓
Whole Trust	79.78%	79.79%	78.75%	77.51%	↓

SECTION 11: MANDATORY TRAINING

MAST Topic	Nov '14	Dec '14	Trend
Conflict Resolution	58	59	↗
Equality, Diversity and Human Rights	87	87	↔
Fire Safety	80	77	↘
Health, Safety and Welfare	88	87	↘
Infection Prevention and Control Clinical	64	63	↘
Infection Prevention and Control Non Clinical	84	83	↘
Information Governance	73	72	↘
Moving and Handling	88	87	↘
Moving and Handling Patient	56	58	↗
Resuscitation BLS	42	20	↘
Resuscitation ILS	51	51	↔
Resuscitation Non Clinical	47	49	↗
Safeguarding Adults	88	87	↘
Safeguarding Children Level 1	88	87	↘
Safeguarding Children Level 2	78	78	↔
Safeguarding Children Level 3	55	56	↗

COMMENTARY

The overall Trust compliance for MAST is now at 74% which is a decrease of 1% since November.

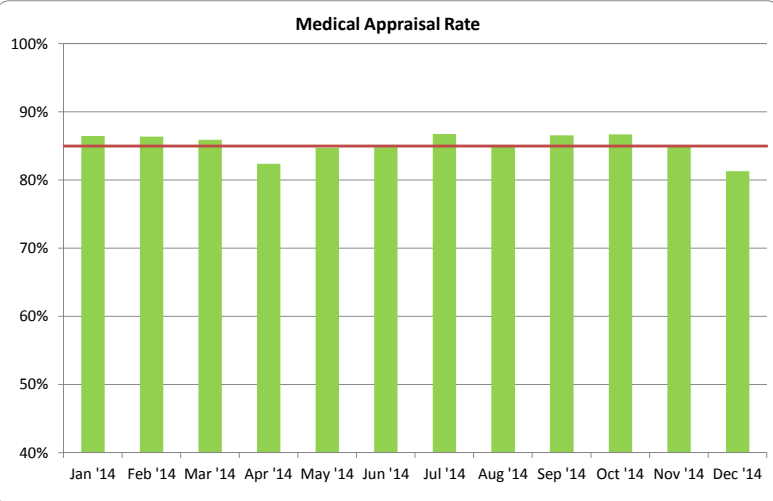
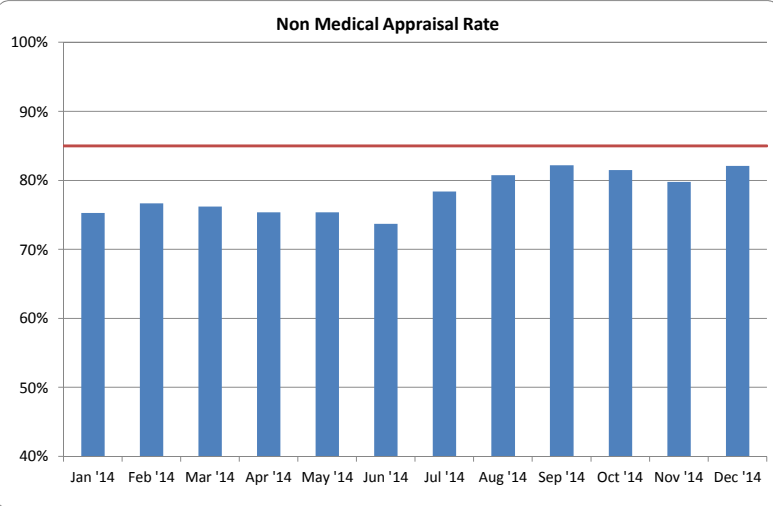
The new reporting system is now live which is intended to be an easy to use tool which provides the relevant information available to staff at all levels of the organisation.

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.

MAST Compliance % by Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy		72%	73%	72%	↘
Community Services		76%	76%	76%	↘
Corporate		77%	77%	76%	↘
Estates and Facilities		69%	69%	70%	↗
Medical & Cardiothoracics		68%	68%	67%	↘
Surgery, Neurosciences & Anaes		68%	69%	69%	↘
Whole Trust	77%	75%	75%	74%	↘

SECTION 12: APPRAISAL



NON-MEDICAL COMMENTARY - The non-medical appraisal rate has increased this month to 82.1%. 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 decreased this month to 81.3%. Additional reminders will be issued to help improve compliance. Going forward, Clinical Leads will be engaged to drive this process forward as it becomes linked to incremental progression.

Care Group	Non-Med Appraisal Rate	Staff In Post WTE
Urology	53.2%	72.97
SWLP Haematology	55.6%	65.41
Ops & Service Improvement	55.8%	52.35
SWLP Cell Path	56.9%	63.38
Security & Car Park Management	57.9%	21.00

Non Medical Appraisals by Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	82.3%	84.0%	80.6%	84.8%	↔
Community Services	79.5%	78.0%	81.3%	83.3%	↔
Medical & Cardiothoracics	82.9%	81.4%	84.6%	82.7%	↓
Surgery, Neurosciences & Anaes	77.6%	56.4%	81.4%	83.8%	↔
Corporate	79.6%	79.4%	76.1%	75.9%	↓
Estates & Facilities	81.7%	85.0%	80.0%	79.6%	↓
Whole Trust	82.2%	81.5%	79.8%	82.1%	↔

Medical Appraisals by Division	Sep '14	Oct '14	Nov '14	Dec '14	Trend
C&W Diagnostic & Therapy	83.5%	86.3%	83.8%	82.4%	↓
Community Services	78.3%	86.4%	86.4%	76.2%	↓
Medical & Cardiothoracics	87.6%	89.7%	82.6%	77.3%	↓
Surgery, Neurosciences & Anaes	89.5%	87.2%	87.2%	83.5%	↓
Corporate	100.0%	100.0%	100.0%	100.0%	↔
Whole Trust	86.6%	86.7%	85.0%	81.3%	↓

Workforce Committee Chair's Report: 22 January 2015

Workforce Efficiency Programme

This was a follow up from last November's discussion on successive downward revisions to the savings opportunity for 14/15 from £4.6m in Q1 to £1.2m in Q4.

The Committee sought and obtained assurance from Wendy on the following points for the 2015/16 programme for which the opportunity is approx. £5.8 m:

- The efficiency programme (overseen by the Workforce Efficiency Group) will be run under programme management processes and disciplines consistent with all other programmes under the re-launched Improvement Programme and CIB Board.
- In line with recommendations from the Audit report on E-Rostering, every effort will be made in 15/16 to ensure DDOs have a closer ownership of all workforce efficiency programmes and a better understanding of their potential for savings, as well as faith in the assumptions on which they are based;
- projects that were deemed 'too difficult to tackle' in 14/15 because of sensitivities, (such as Medical Secretaries Review and Medical Efficiencies) will need to be drawn down in 15/16 and handled appropriately, give the need to secure the savings.

The Committee, in line with existing governance structures, will continue to take a report from the Workforce Efficiency Group each time it meets to ensure that what is drawn down by the end of 15/16 is close to the original opportunity.

Refocus of HR Strategy

Wendy presented a paper which is awaiting ratification from EMT. The paper specifies the areas of strategic focus for 15/16. These come under five headings:

- To develop leadership behaviours and capabilities that facilitate the engagement and motivation of all staff, thereby enabling them to provide the best possible care.
- To implement an OD programme that supports the divisional governance review.
- To embed the trust's values, ensuring that all members of staff are assessed on their performance and behaviours.
- To ensure that the right number of skilled members of staff is available to provide the best possible quality of care.
- To deploy the workforce in the most efficient way and improve the efficiency of internal workforce departmental processes.

The paper was welcomed by the Committee and each of its component parts was discussed, with particular emphasis on leadership development. The arrival of Sarah James provides the Workforce Function with the expertise to develop such a programme in conjunction with divisional leadership. A very urgent need (well evidenced in all recent staff surveys) to improve the competence and confidence of our managers and leaders will therefore start to be addressed in a methodical and consistent way across the 'top 300' leadership group. It is understood that despite all other cost constraints, a budget will be made available for the development of this programme.

On the assumption that EMT ratifies the paper, the Committee articulated its expectation that this be turned into an action plan for 15/16 that lends itself to rigorous monitoring against progress. Wendy agreed that this should be achievable for the March meeting which is also the beginning of the new financial year.

Nursing Recruitment & Retention Programme Update

Jennie Hall updated the Committee on progress with this programme which is now properly established and beginning to progress across all its work streams.

A Summary Sheet showing the nursing workforce trajectory for the next 12 months across various indicators (e.g. establishment vs staff in post) demonstrated the size of the task ahead.

The Workforce Committee will continue to take a report from the Programme Board each time it meets.

Workforce Planning Process and Plan Differences

Wendy tabled a paper that sets out the workforce planning process for this coming year. Guidelines as to how divisions might build up their requirements, bottom-up, have been issued to all divisions so that ownership of WTE numbers is achieved at the local and divisional level. This also marks the beginning of an iterative approach between the process described above and the top down process driven by affordability.

At this stage in the process the bottom up and top down figures are apart and a baseline is yet to be agreed. However, divisional representatives were content with the guidelines they were given. A worked example for the Emergency Department was also tabled that offered further clarity of what was expected.

The Workforce Committee will review the figures again in its March meeting.

Picker Survey

The Committee reviewed the results of this survey, drew inferences from the data and triangulated the findings with other information available to the trust. A comprehensive analysis of the full staff survey findings will be conducted and brought to the Board when it is available. The Picker survey does however show that the trust's employees continue to take pride in St George's as an institution and are comfortable to recommend it as a place for treatment. As in previous years, there is more ambivalence as to its attractions as a place to work. The patterns of previous years appear to be repeated. As response rates are also higher this year, thanks to the work that has gone into encouraging staff to participate, the findings are also more reliable.

Stella Pantelides

23 January 2015

REPORT TO THE TRUST BOARD *January 2015*

Paper Title:	Service Improvement Update – Capacity
Sponsoring Director:	Martin Wilson, Director of Delivery and Improvement
Author:	Martin Wilson Dr Benedict Evans
Purpose: <i>The purpose of bringing the report to the board</i>	To provide an update on the Trust's current and projected capacity position.
Action required by the board: <i>What is required of the board – e.g. to note, to approve...?</i>	For information
Document previously considered by: <i>Name of the committee which has previously considered this paper / proposals</i>	N/A
<p>Executive summary <i>Key points in the report and recommendation to the board</i></p> <ol style="list-style-type: none"> 1. Capacity pressures are a significant challenge for the Trust and form the largest single group of risks in the Board Assurance Framework. This paper provides an update on current actions being taken to reduce capacity pressures and mitigate these risks. 2. During this winter we are increasing our physical capacity in line with the plans previously agreed at the Board. Plans are developing well to increase critical care capacity across the Trust. As previously reported to the Board via Finance and Performance Committee, less progress has been made in 2014 in releasing the originally anticipated volume of beds through reductions in length of stay. As a very significant provider of surgical services in south west London we are continuing to make steady progress in increasing operating theatre capacity. 3. Close working with executive and divisional colleagues has brought greater coordination to short-to-medium term (next 12-18 months) capacity planning across the Trust. 4. Looking ahead to 2015/16 we know capacity is going to remain a significant challenge as we respond to rising demand, further reduce waiting times, deliver challenging but necessary cost improvement targets and begin the redevelopment of the 5th floor of Lanesborough Wing. Current business planning modelling for 2015/16 indicates a pre-mitigation shortfall of circa 90 beds and 42 additional operating theatre sessions per week. 5. Work is underway to address this challenge including validation of 2015/16 activity assumptions particularly in the context of the recent income tariff consultation, negotiations with commissioners around continuation of non-recurrent off site bed capacity, testing of a number of identified options for creating additional capacity, including in the community, in off-site facilities and in other local hospitals. 6. The Trust Board is asked to receive this update on the Trust's current and projected capacity position. 	
<p>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></p> <ul style="list-style-type: none"> • Nil. 	

Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i>	2 – Providing the highest quality local hospital care in the most effective way 3 – A comprehensive regional hospital with outstanding outcomes
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	
Equality Impact Assessment (EIA): Has an EIA been carried out? No If no, please explain your reasons for not undertaking an EIA. This is an update on a programme of work not a policy for decision.	

Name and date of meeting: TRUST BOARD 29th JANUARY 2015
Document Title: Capacity update
Document Author: Martin Wilson, Director of Delivery and Improvement Dr Benedict Evans, Programme Manager - Capacity
Lead Director: Martin Wilson, Director of Delivery and Improvement
Action required: The Trust Board is asked receive an update on the Trust's current and projected capacity position for information.

Introduction

1. Capacity pressures are a significant challenge for the Trust and form the largest single group of risks in the Board Assurance Framework. This paper provides an update on current actions being taken to reduce capacity pressures and mitigate these risks.

Update on current activities

2. During this winter we are increasing our **physical capacity** in line with the plans previously agreed at the Board.
 - a. Departure lounge opened to support improved patient flow.
 - b. 8 additional beds opened across Amyand and Allingham wards in December 2014.
 - c. 15 additional beds have opened in the new 'St Georges @' unit within Nightingale House. A further 5 beds, bringing the unit up to the planned 20 beds, are expected to open later this month once additional estates works have been undertaken.

- d. 19 additional beds will open on 2nd February in the new Gordon-Smith ward which will provide specialist haematology and oncology care to patients within a single unit.
3. Work also continues on the other medium term schemes to open additional bed capacity as previously considered by the Board, including an additional 7 bed cardiac unit, 7 bed expansion of neurosurgical ward, 16 bed neuro-unit and a surgical assessment unit.
4. In recognition of the significant winter pressures which are being experienced across the NHS, we are also taking a number of additional actions supported by local Clinical Commissioning Groups through the local System Resilience Group including:
 - a. A small pilot spot purchasing orthopaedic rehab care within a specialist independent unit.
 - b. Requesting and supporting the introduction of 'discharge to assess' to reduce delays in discharging patients into community facilities and to ensure these services are used as efficiently as possible.
 - c. Exploring opportunities to develop an off-site therapist led unit for patients who are medically fit for discharge from hospital but still require intensive therapy support.
5. Plans are developing well to increase **critical care capacity** across the Trust. In addition to the Outline Business Case which was recently considered by the Board for an additional 13 critical care beds to open in 2016, we anticipate being able to rapidly bring forward a business case for an additional 3 cardio-thoracic critical care beds to be opened in mid-2015. These beds will be created by re-providing 3 existing coronary care beds currently within the shared critical care and coronary care unit, into an area adjacent to the main coronary care unit that is not currently used for clinical purposes. This will enable the existing shared critical care and coronary care unit to become a dedicated cardio-thoracic critical care unit with 6 beds, bringing the total number of cardio-thoracic critical care beds up to 21.
6. As previously reported to the Board via Finance and Performance Committee less progress has been made in 2014 in releasing the originally anticipated volume of beds through **reductions in length of stay**. To date the equivalent of 6 beds of capacity have been released against an aspiration of releasing the equivalent of 57 beds by the end of April 2015. There are a number of drivers for the under delivery including weakness in planning and using improvement staffing resources to project manage other developments including the commissioning of new physical capacity. Work is underway through the Creating Capacity work-stream of the Cost Improvement Board to ensure improved project planning and delivery of capacity releasing schemes going forward, including in realising the benefits of those extant schemes that have slipped from 2014/15 into 2015/16.

7. As a very significant provider of surgical services in south west London we are continuing to make steady progress in increasing **operating theatre capacity**.
 - a. The Surgery, Neurosciences, Cancer and Theatres Divisional leadership team are working with individual care groups to implement the expanded day surgery template which will release 14 additional operating sessions per week by the end of this quarter.
 - b. Preparations continue for the opening this summer, of an additional (31st) theatre providing dedicated 'hybrid' functionality for vascular patients.
 - c. Good progress is being made in developing plans for a potential new theatre block within Lanesborough wing. This will enable the re-provision of 2 existing theatres which are expected to close as part of the development of the 5th floor children's development and support a further expansion of operating theatre facilities at St George's.
8. Significant work is underway to get a better understanding of **outpatient capacity** across the Trust as part of the corporate outpatient improvement programme and 2015/16 business planning. This is providing a much needed understanding of a number of the drivers of outpatient pressures and an evidence based approach to reducing the number of costly adhoc clinics.
9. As the Board is aware the recruitment and retention of **staffing** remains a key risk to the Trust in expanding capacity to meet growing demands. Given the detailed update on staffing capacity provided by the Chief Nurse and Joint Director of Workforce at the last Board meeting we have not included a further update within this paper.

Improved capacity coordination

10. The appointment of a Director of Delivery and Improvement and of a Programme Manager for Capacity, working closely with executive and divisional colleagues, has brought greater coordination to short-to-medium term (next 12-18 months) capacity planning. The improving coordination in approach is evident in:
 - a. Development of a Operational Capacity Planner which shows forecast capacity changes and developments for the next 18 months, together with progress updates and risks that are reviewed on a fortnightly basis through Operational Management Team.
 - b. Strengthened alignment between strategy, finance, estates, workforce, nursing, estates and operational directorates.
11. Further improvements in coordination are expected in 2015, particularly in moving to a more analysis driven approach to capacity management.

Planning for 2015/16

12. Looking ahead to 2015/16 we know that capacity is going to remain a significant challenge across the Trust as we respond to rising demand, further reduce waiting times, deliver challenging but necessary cost improvement targets and begin the redevelopment of the 5th floor of Lanesborough Wing for children's services. Current business planning modelling for 2015/16 indicates a pre-mitigation shortfall of circa 90 beds and 42 additional operating theatre sessions per week.

13. Work is underway to address this challenge including:

- a. Validating 2015/16 activity assumptions particularly in the context of the recent income tariff consultation.
- b. Negotiating with commissioners around continuation of non-recurrent off site bed capacity.
- c. Testing of a number of identified options for creating additional capacity, including in the community, in off-site facilities and in other local hospitals.

Action required:

14. The Trust Board is asked to:

- a. Receive this update on the Trust's current and projected capacity position.

Martin Wilson
Director of Delivery and Improvement
21st January 2015

REPORT TO THE TRUST BOARD *January 2015*

Paper Title:	Service Improvement Update – Outpatients
Sponsoring Director:	Martin Wilson, Director of Delivery and Improvement
Author:	Hannah Hamilton Dr Andrew Rhodes, Sofia Colas
Purpose: <i>The purpose of bringing the report to the board</i>	To provide an update on the Corporate Outpatient Service review, achievements and action plan
Action required by the board: <i>What is required of the board – e.g. to note, to approve...?</i>	For information
Document previously considered by: <i>Name of the committee which has previously considered this paper / proposals</i>	N/A
Executive summary <i>Key points in the report and recommendation to the board</i> <ol style="list-style-type: none"> 1. Outpatient services are a major part of St George's Healthcare NHS Trust, providing around 650,000 appointments per year and bring in in excess of £110m in income. Outpatient services across the trust are extensive with good feedback from patients about the quality of care they receive and staff are motivated to deliver the best possible care. Even so, it has been recognised that there are a number of areas where improvements can be made. 2. The Corporate Outpatients improvement programme was set up in July 2014 and is structured around five main areas of work. 3. This paper aims to identify areas of relative weakness within corporate outpatients against each of these areas of work, along with an overview of progress to date and an outline of the proposed work plan for the next two years. 4. The Trust Board is asked to note and welcome the progress being made in improving corporate outpatients. Additionally Board members are asked to identify any other areas or issues of concern within corporate outpatients that should be included within this work as it is taken forward. 	
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> <ul style="list-style-type: none"> • Nil. 	
Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i>	2 – Providing the highest quality local hospital care in the most effective way 3 – A comprehensive regional hospital with outstanding outcomes
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	
Equality Impact Assessment (EIA): Has an EIA been carried out? No If no, please explain you reasons for not undertaking and EIA. This is an update on a programme of work not a policy for decision.	

Name and date of meeting:

TRUST BOARD
29th JANUARY 2015

Document Title:

Service Improvement Update – Outpatients
An update on the Corporate Outpatient Service review, achievements and action plan

Document Author:

- **Hannah Hamilton**, Programme Manager and NHS Fast Track Executive Programme
- **Dr Andrew Rhodes**, Divisional Chair, Children's, Women's, Therapeutics, Diagnostics & Critical Care
- **Sofia Colas**, Divisional Director of Operations, Children's, Women's, Therapeutics, Diagnostics & Critical Care

Lead Director:

Martin Wilson, Director of Delivery and Improvement

Action required:

The Trust Board is asked to:

- Note and welcome the progress being made in improving corporate outpatients.
- Identify any other areas or issues of concern within corporate outpatients that should be included within this work as it is taken forward.

Background

1. Outpatient services are a major part of St George's Healthcare NHS Trust, providing around 650,000 appointments per year and bring in over £110m in income.
2. The Trust provides outpatient services through the use of 140 clinic rooms at St George's Hospital, 12 rooms at St John's and the use of 26 rooms at Queen Mary's, Roehampton. There will also be an additional 9 outpatient clinic rooms in the new Nelson facility opening later this year.

3. The Corporate Outpatients Service (COS) runs the majority of outpatient services on the St George's Hospital site including appointments booking, call centre, medical records, clinic administration and the provision of nursing and clinical support into outpatient clinics. The service has an establishment of 333 staff with a baseline budget of £10m.
4. Outpatient services across the Trust are extensive with good feedback from patients about the quality of care they receive. Patient complaints are relatively low in proportion to the activity, with around 1.2 complaints for every 1,000 appointments.
5. Even so, it has been recognised that there are a number of areas where improvements can be made and there is a huge appetite from within the corporate outpatient service to make changes to ensure we deliver a great experience to our patients.
6. As a result of this, the corporate outpatient improvement programme was set up in July 2014 to analyse current services, identify improvement opportunities and implement recommendations. Project teams comprising representatives from outpatients, clinical services, IT, HR, governance, service improvement and informatics have made huge progress towards making outpatient services best in class.
7. The corporate outpatient improvement programme is structured around five main areas of work.
 - Capacity and Demand
 - Processes
 - Patient environment and service
 - Leadership and engagement
 - Strategy
8. This paper aims to identify areas of relative weakness within corporate outpatients against each of these areas of work, along with an overview of progress to date and an outline of the proposed work plan for the next two years.

Capacity and demand

9. Patients generally are booked and seen in a timely fashion but prior to commencing the corporate outpatient improvement programme in 2014 there was a widespread opinion within the Trust that current and future capacity and demand (both clinic and estate) was not fully understood nor planned and that there was very limited space potential to run extra clinics. The improvement programme sought to understand the demand and capacity issues, identify levers and put action plans in place.
10. Having analysed the position we now have a far better understanding of the capacity and demand challenges we face within outpatients:

- a. Clinics are regularly overbooked leading to long waiting times in clinic and late finishing times. For example, a 2 week audit of clinic start and finish times found that of the 935 clinics for which data was available, a large proportion finished late. The average late finish of those clinics that finished late was 47 minutes and an average across all clinics held was 34 minutes.
- b. Adhoc clinics are put in at short notice to bridge the shortfall between demand and planned capacity. Patients are given short notice of appointments and overtime or bank rates are paid to admin and nursing staff to operate the clinics. Overbooked and adhoc appointments are forecast to be 150,000 (23%) of all appointments in 2014/15.
- c. Many new referrals are escalated from Central Booking Services (CBS) to clinical services due to there being no capacity for bookings. Anecdotal evidence and small scale audits demonstrate that approximately 25-30% of referrals are escalated prior to scheduling because a first appointment is not available for scheduling within an appropriate timescale on the 18 week pathway. This adds time in the patient pathway, increases resource required to administer these pathways, and is the cause for the majority of PALS contacts relating to CBS. This method of delivery also prevents appropriate establishment of baseline resource requirements, which results in increased reliance on bank and agency staff.
- d. There is a variation in clinic slot utilisation. 27% of planned slots in clinic templates are used less than 50% of the time. Other slots are used at 100% and still overbooked such that more patients are seen in clinic than planned in the clinic template. Given the pressure on constrained slots both in terms of space and resource there could be an opportunity to reallocate resources.
- e. Physical space at SGH site is 86% utilised. There are on average 190 room sessions free per week. 40 of these are "1 room" availabilities which may not be usefully utilised, and 40 are on a Friday afternoon when clinicians are not currently job planned for outpatient work.

11. The following actions are being taken to address the improvement opportunities identified above:

- a. The above analysis is being validated with Divisions as part of the 2015/16 Business Planning round, including through Demand and Capacity analysis workshops to be held in February.
- b. Outpatient and divisional teams are working together to 'smooth' existing capacity across sites, clinics and resources. For example:

- i. Increasing physical space utilisation from 86% to 92% (another 85 clinic sessions) would provide around an extra 40,000 slots per annum
 - ii. Use of Queen Mary's, St John's and Nelson for additional clinics
 - iii. Reducing the underutilised slots and change to high demand slots
 - iv. Reducing DNA rates to enable more efficient use of planned capacity
 - v. Working with services to review job planning to ensure that programmed outpatient sessions is planned for sessions with good availability of outpatient clinic space
- c. Reviewing new to follow-up ratios to reduce unnecessary demand
 - d. Increasing capacity through increased staff if required
 - e. Looking at innovative clinic delivery models e.g. virtual and group consultations for certain patient groups where this is known to provide good outcomes

Processes

12. In reviewing processes across corporate outpatients six key process improvement opportunities were identified:

- Bookings of appointments for new referrals is a paper based process
- Patient letters and communication are not always effective
- The call centre wait times in 2014 reached excessive levels
- Appointments cancelled by SGH with less than 6 weeks' notice were excessive
- There were issues with finding patient notes for clinics
- Follow up appointments are not always given in clinic

A summary of each of these process challenges and the actions being taken to improve them are set out below.

13. **Bookings of appointments for new referrals is a paper based process** involving the paper referral moving from the central booking service to the relevant clinical service or vice versa. There is an identified risk of paper being mislaid completely or remaining for excessive times with the clinical service. Where this happens there is no record of length of time elapsed or location of referral.

14. Auditing the time between referrals being sent out from central booking service to the relevant clinical service and the date received back into central booking service for a sample of referrals we found:

- 57 (10%) were sent directly from GP's to Consultants and received in central booking service anything from 3 to 12 days later where known but many dates are unknown.

- 73 (12%) had no reliable dates – either no registration or return date or a number of date stamps. Many of these probably also originated with a speciality.
- The other 447 ranged from 1 to 46 working days. The calculated average was 4.4 days, the median was 3 days.
- 34 referrals took 10 days or longer

15. An E-triage system has been developed in-house using technology fund monies and is in the process of being implemented. Once the referral is received by central booking service, it is scanned and registered, sent automatically to the Service and all further triage and appointment booking activity is managed through a workflow system in real time. Widespread engagement and buy in has been achieved. The benefits of E-triage are:

- Improved patient experience through a quicker turnaround time from referrals entering the Trust to appointment booking. We expect this to be on average at least 3.5 days quicker per new patient but in many cases will be significantly better than this
- Automated email sent to GPs to inform them when an appointment has been booked
- Accurate reporting on referral turnaround times and on the status and virtual location of every referral
- E-triage could be used for managing two week rule appointments (not in current work scope) and all other appointments that do not go through the central booking service.

16. A pilot of E-triage has been running with Urology since November. During that time the system has been enhanced, feedback is good and there is clear visibility of the status of every referral. Going forward Rheumatology will go live with E-triage on 26th Jan and all other central booking service managed clinical services will go live in 2 phases between 16th February and 16th March 2015.

17. It should be noted that currently not all services use the Central Booking Service for booking appointments. Whilst local booking and management arrangements are in place in each of these areas, the lack of a single Trust wide approach and team for booking may pose an assurance risk when it comes to ensuring that all referrals are registered and processed in a timely fashion. Once E-triage, with its functionality to track all referrals, has been rolled out across the Central Booking Service, the Trust's Operational Management Team will consider options and benefits for bringing services into a single Trust wide approach and/or team.

18. Regrettably **patient letters and communication are not always effective** with some information on letters unclear and hampering patients' ability to quickly find the clinic location. In addition the template for letters is held in i-clip and it is difficult to make regular changes so that services can manage and tailor content of their letters for their patients. To address this situation, in 2015/16 we intend to outsource outpatient mail processes (which will enable content changes to be

made more easily) and to improve ease of communication for patients with disabilities

19. As the Board are aware call centre wait times **in 2014 reached excessive levels** due to weaknesses following the merger of the inbound and outbound call centres. To address the situation more staff were employed and a call handling system was implemented.
20. Great progress has been made in reducing call waiting times from an average of 20 minutes in July to 47 seconds in November and 62 seconds in December. Abandoned calls reduced from 32,000 in July to 1,500 in November. The Service Level Agreement is to answer 75% within 30 seconds. In December we achieved 57% answered within 30 seconds. Patient complaints about booking appointments averaged 15 per month for January to July but this reduced to an average of 6 per month from August to November, with only 3 in November.
21. To further improve performance the following actions are being taken:
 - a. The call centre is moving off site this month to enable expansion.
 - b. In 2015/16 the messaging system will be upgraded to incorporate interactive voice reminders. This will enable the patient to confirm via the phone system if they are attending the appointment or be connected to the call centre to reschedule. The aim is to reduce the DNA rates which will relieve some of the capacity constraints.
22. The outpatient improvement programme identified that there were **excessive cancellations of clinics by the Trust with less than 6 weeks' notice**. Where cancellations are unavoidable due to clinician commitments we aim to let patients know more than 6 weeks before their appointment. However, in the 5 months April to August, St George's Hospital cancelled 5,000 patients with less than 6 weeks' notice – around 2% per annum. These cancellations were requested by clinicians and clinical specialities and actioned by the corporate outpatient service. In addition to poor patient experience, assuming 20 minutes administration time to rebook a patient it equates to around 2.5 WTE per annum needed solely for managing these cancellations.
23. Having shared data on clinic cancellations with divisions and introduced a policy regarding requests for cancellation, we have seen cancellations reduce to less than 0.5% of patient appointments. The data continues to be monitored.
24. We also identified that there were **issues with finding patient notes for clinics**. Following the introduction of the radio-frequency identification (RFID) notes tracking system, initial teething tracking problems meant that less notes were found and delivered to clinic. This caused problems with clinicians and patients.
25. Huge improvements have been made to improve the service but there is still more that can be done. Staffing was increased to find notes and the tracking system

was embedded. The target for notes to clinic is 98%. November actual was 96.9%. The issues with notes provision are caused by on-going technical issues with the tracking and RFID systems, incidences of non-compliance of tracking (despite on-going tracking audits which demonstrate >85% performance) and often short notice periods between scheduling and appointment date, reducing the time available to find notes.

26. A second version of the tracking system is available for deployment and will address many of the issues which prevent notes being located. Tracking audits and process reviews are continuing as part of business as usual within corporate outpatient services. Electronic document management (EDM) has commenced rollout. This will remove the need to find paper notes. Rollout is expected throughout 2015.
27. In an inconvenience to patients, **follow up appointments are not always given in clinic**. Ideally patients receive follow up appointments before leaving clinic. It has been shown to reduce did-not-attend (DNA) rates and leads to a good patient experience where the patient leaves not worrying when they will next be seen. This is a commissioner contractual quality expectation (CQUIN) for 2014/15 and is proposed to continue into 2015/16. A review was done into why we are not routinely booking appointments in clinic.
28. One of the main reasons is lack of capacity which should be solved following the Capacity and Demand work above. Another reason identified was that there is not enough staff in some clinics, especially trauma and orthopaedics to cope with checking patients in and arranging follow up appointments. Queues build excessively and staff resort to using paper and entering information on the system later in the day in order to prevent excessive delays for patients after their consultation.
29. To improve this situation trials are taking place with the Intouch screens to see if this reduces patient queues and pressure on staff but if no effect, extra staff will be needed. This may also require estates and networking development to establish extra workstations at reception areas. In 2015/16 the outpatients service wishes to roll out the use of Intouch screens trust wide, which is likely to cost in the region of £250k-£300k. Funding for this development has not yet been agreed.
30. Overall there are further opportunities to improve outpatient processes which are currently being considered including:
 - a. Merging the scheduling of diagnostic and outpatient appointments so that patients receive a one stop service or aligned logical sequential bookings that improve the pathway.
 - b. Merging acute and community outpatient functions including scheduling and management to help smooth capacity and usage and to reduce costs.

- c. Introducing outpatient pathway coordinators to streamline and speed up processes.

Patient environment and service

- 31. The outpatient estate is extensive with high footfall and this high usage can lead to areas needing regular maintenance and updating. It was recognised that improvements could be made in some areas so we engaged with patients and staff to identify the good and bad areas in order to prioritise the work.
- 32. A survey was done and areas were rated on a scale of 0-5. As a benchmark, the quality of the environment in the newly refurbished haematology and oncology outpatient area was rated as 5 in all domains. In the survey the Rose centre and Atkinson Morley wing scored favourably but all Lanesborough Wing and St James Wing areas excluding haematology and oncology outpatients (HOOP) were identified as areas for improvement.
- 33. The verbal feedback from patient representatives was:
“As the shop window of the trust, we, as patient representatives, endorse any work that can be undertaken to improve the OPD environment for both patients and staff. This should be working towards the aspiration of OPD gaining an ambience similar to that of an airport lounge with décor in a good state and as much light and space as is possible.”
- 34. To improve the environment the following actions have been taken:
 - a. Lanesborough wing reception is being redesigned with a new circular reception desk (see Figure 1 below). Lighting and flooring will also be addressed.

Figure 1 – Design for new Lanesborough wing reception.



- b. All clinic rooms will be painted with new furniture throughout

- c. Therapies and St. James' Wing clinic 2 has been painted, floor repaired in ENT/audiology outpatients and lighting has been addressed in TAU.
 - d. The Dragon Centre was painted and new Quentin Blake artwork installed
 - e. A new "tube map" style map of the hospital has been designed and needs final sign-off before manufacture and installation.
 - f. Free Metro newspapers are being delivered daily and distributed to clinics
 - g. Additional TV screens are being sourced which will show Trust information, a ticker tape of news headlines and be linked to the Intouch screens to show wait times.
 - h. Information boards will now only display patient information (no staff information) and notices will not be stuck to walls at random.
35. To improve the service patients receive, a new Head of Nursing role was introduced into the outpatient management structure, with a particular focus on dealing with patient complaints wherever possible whilst the patient is still in the clinic. Patient complaints received by PALS about issues other than appointment booking processes and notes have reduced from 110 in July and 72 in August, to only 18 in November.
36. Going forward into 2015/16 we wish to make further sustainable improvements by developing plans for a potential new central outpatient facility on the St George's site. This forms one part (phase 3a) of the Development Control Plan that was presented at the November 2014 Board meeting by the Joint Director of Estates and Facilities.
37. We also hope to secure funding to run an "Improving patient experience in Outpatient campaign" similar to that used at Guy's and St Thomas' Hospital and University College Hospital. These campaigns bring together groups of admin and clinical staff for a speciality to work together to improve the patient and staff experience in that area. This approach is very "bottom-up", training multi-disciplinary teams of staff and supporting them to implement what they have learnt within their services using a "rapid improvement" approach.

Leadership and engagement

38. In reviewing leadership and engagement issues three key issues were identified:
- Leadership, communication and accountability could be improved
 - There is a high turnover of staff
 - There is sometimes a poor working relationship between service users in each clinical specialty and the corporate outpatient services

Again, an overview of each of these issues and the actions being taken is described in more detail below.

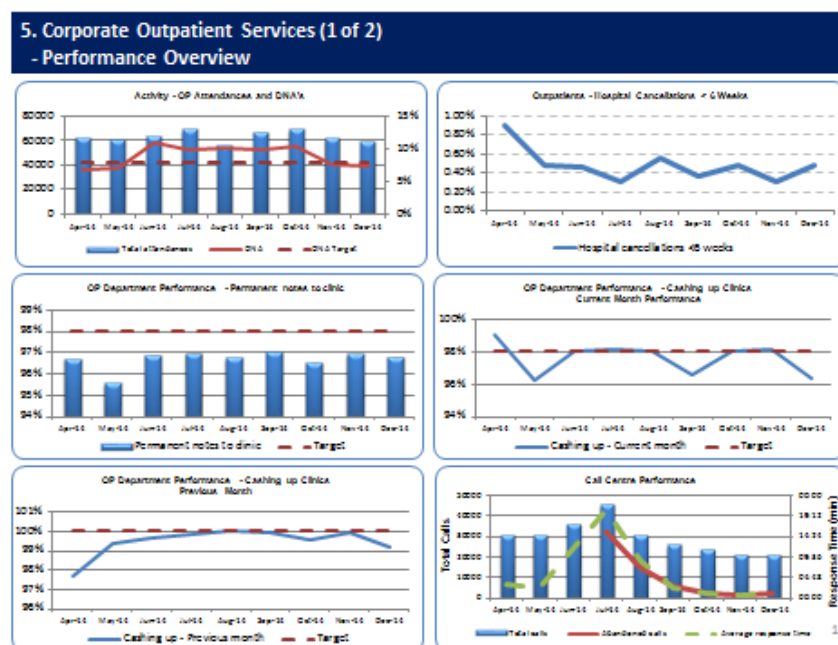
39. Firstly we identified that **leadership, communication and accountability could be improved in** order to address a general sense of demotivation in some staff groups. This was supported by findings from the Trust’s CQC inspection findings last year.

“Local leadership was visible but despite this the outpatients department was not well-led. Communication was not always effective at all levels and staff were not clear on management structures and the responsibilities of other team members. The service needs to be better-led in order to bring about improvements.” (CQC Apr 14)

40. To improve the situation we have taken a number of actions:

- a. The Trust Board is taking a very keen interest in outpatient services, including in the tracking of outpatient performance indicators that are being reported to the Board monthly. An expanded suite of these measures is being included from today’s Board meeting onwards.

Figure 2 – Illustrative example of outpatient performance metrics included in Board performance pack (please see Performance and Quality Report for readable detail)



- b. Outpatient transformation is a key priority for the leadership team in the Children’s, Women’s, Therapeutics, Diagnostics and Critical Care division in which corporate outpatient services are based. They are working closely with the Director of Delivery and Improvement who is the executive sponsor

for outpatients and will continue to provide regular updates to the Board directly and/or through him.

- c. Operationally within outpatients a new Head of Nursing role was introduced in 2014 and the management team has been expanded to provide increased capacity and capability.
- d. Staff forums were held where over 100 staff attended. Honest feedback was received on communication, responsibilities, management, empowerment, frustrations and incentivisation. In addition Listening into action cards were collated. 30% of issues cited were about IT and a further 25% about frustrations with staffing
- e. Following the Staff forums a Staff working group was set up to address some of the issues identified and to be a mechanism through which staff could raise issues which could then be discussed at the Directorate meeting. The group meets monthly.
- f. Outpatient managers now hold monthly “talking coffee” session which are drop in sessions for all staff to meet the management, ask questions and raise issues. These have been very well received.
- g. Outpatient managers give written thank you letters to staff for great work.
- h. A noticeboard is now regularly updated with training opportunities and includes pictures of the management team.

Going forward we are planning to review management structures in 2016 to ensure leadership is operating effectively.

- 41. Secondly there is a concerning **high turnover of staff within outpatients** of around 17% and our recruitment does not keep pace with turnover. This leads to high agency staff levels, such that in September 47% (134) of the non-clinical outpatient workforce staff were agency staff. This is expensive, requires existing staff to spend a lot of time training new staff and there is no continuity of patient contact. In many cases it can lead to suboptimal customer service.
- 42. Patient complaints to PALS about staff attitude and verbal communication reached a high of 70 in July and 44 in August. These have since reduced to 5 in October and 4 in November – likely as a result of the effort by the Head of Nursing.
- 43. To reduce the turnover of staff within outpatient we have undertaken the following:
 - a. A separate workforce analysis and action plan is being written by the new assistant general manager for outpatients and will be complete by the end of January. This will make recommendations for recruitment, retention, sickness management and training.

- b. A values-based training programme for admin staff is being drafted which will be delivered in February and March. It focuses on patient empathy, customer service and living the Trust values.
44. Thirdly there is sometimes a **poor working relationship between the outpatient service users** from the Trust's clinical divisions **and the Corporate Outpatient Services (COS)** itself. At times terms of engagement between the various parties can be unclear and appropriate operating behaviours and not always fully embraced, giving rise to some calls for outpatients to return to a decentralised model.
45. To improve relationships it is anticipated that the revised outpatient service level agreement will set the terms of engagement for positive interaction between specialities and corporate outpatients. Furthermore, collaboration between corporate outpatients and speciality colleagues in the "Outpatient Campaign" will develop working relationships and ensure a balance between the corporate structure of outpatients and the requirement for a tailored and individualised service to specialities. Improved optimisation and use of iClip will further assist with this work by ensuring that templates are reflective of clinical need and demand.
46. Looking ahead to 2015/16 and 2016/17, following the deployment of electronic document management (EDM), it is anticipated that there will be opportunities for headcount reduction. As part of the planned review of structures, an opportunity exists to implement a team of outpatient pathway co-ordinators who will be tasked with monitoring 18 week referral to treatment (RTT) Patient Tracking Lists (PTLs) and reviewing patient scheduling to minimise wasted appointments and ensure 18 week compliance. This role could be developed further to include or be supplemented by a "concierge" or account manager function, whereby speciality colleagues would have regular engagement with an corporate outpatient representative to ensure user satisfaction, review performance metrics, escalate operational issues, encourage proactive use of leave and discuss service developments. This will be part of a larger review into the structure and operating model of outpatients.

Strategy

47. Whilst good progress is being made in improving outpatient services operationally and tactically, the Trust currently lacks an explicit overarching strategy for outpatients that addresses issues such as:
- The transformation of the clinical delivery model to support greater self-management and care closer to home
 - Optimum configuration of clinical services between sites
 - Use of technology
 - Strategic management of outpatient operations
 - Business rules and financing

48. During 2015/16 an overarching outpatient strategy will be developed and brought back to the Board for consideration and approval.

Next steps

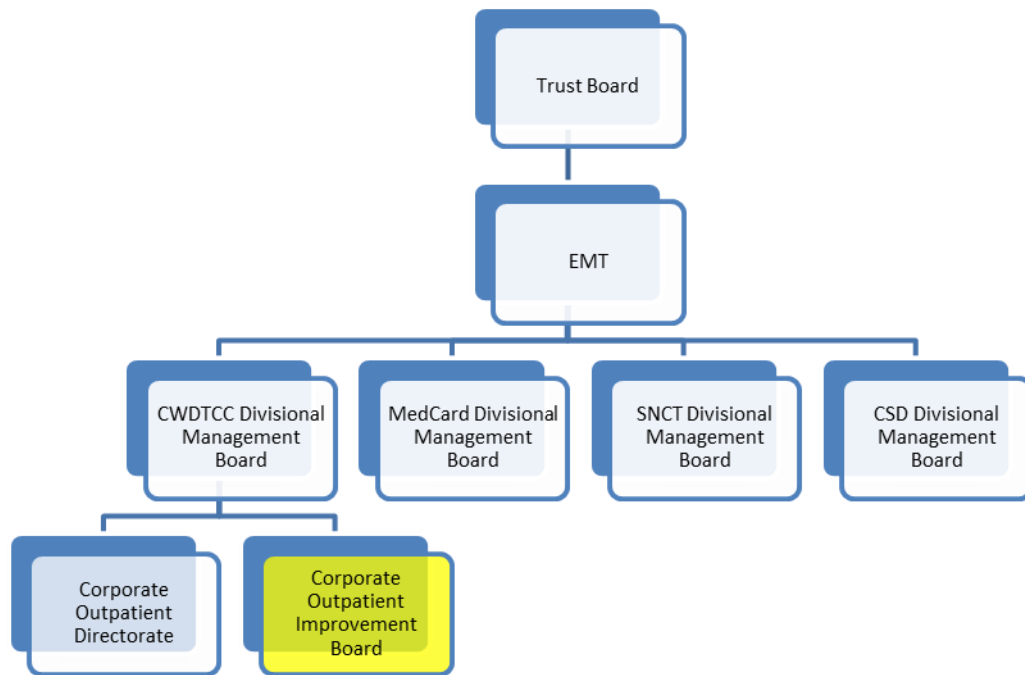
49. Having made great progress in 2014 in establishing the corporate outpatient improvement programme, work is underway to ensure its sustainability. A plan is in place to take forward the work through four work streams as set out in figure 3.

Figure 3. Outpatient Improvement Programme and four work streams

Aim: Our patient experience is first class where the patient feels valued and informed, processes are effortless, staff are engaged and proud and the patient environment is welcoming and safe	
Effortless efficient processes	Maximising Capacity
<ul style="list-style-type: none"> • Utilising technology: E-triage, EDM, Telephony, In touch • Booking, scheduling and co-ordination • Communication with patients 	<ul style="list-style-type: none"> • Optimising physical and operational capacity • Innovative clinic delivery models (virtual consultations etc)
Patient environment & Service	Enhancing engagement and leadership
<ul style="list-style-type: none"> • Short term estates enhancements and patient comforts • Developing a new central outpatients build • Improving patient experience campaign 	<ul style="list-style-type: none"> • Staff engagement, motivation and training • Working in partnership • Operating model and structures • Engagement with patients through FFT & patient representation
All encompassed in a strategy for longer term outpatient management and development	

50. The work will continue to be taken forward through the Corporate Outpatient Improvement Board which is accountable through the Children's, Women's, Therapeutics, Diagnostics & Critical Care division as set out in figure 3. The Corporate Outpatient Improvement Board monitors the progress of Corporate Outpatients improvement initiatives in addition to ensuring business as usual operations are maintained. Membership of this group is being reviewed and is expected to include senior representation from the Children's, Women's, Therapeutics, Diagnostics & Critical Care division, outpatient management and clinical leadership, patient representation and service users of corporate outpatients form across the clinical divisions.

Figure 4. Governance structure for corporate outpatient improvement



Action required:

51. The Trust Board is asked to:

- Note and welcome the progress being made in improving corporate outpatients.
- Identify any other areas or issues of concern within corporate outpatients that should be included within this work as it is taken forward.

Hannah Hamilton, Programme Manager and NHS Fast Track Executive Programme
Dr Andrew Rhodes, Divisional Chair, CWTD&CC
Sofia Colas, Divisional Director of Operations, CWTD&CC

21st January 2015

Name and date of meeting:	
TRUST BOARD	
Document Title:	
Trust Annual Plan and Objectives 2014-15 Quarter Three Monitoring	
Action for the Trust Board:	
To receive the Trust's Annual Plan and Objectives Quarter Three Monitoring for 2014-15	
Summary:	
<p>The Trust Annual Plan and Objectives for 2014-15 document covers the key objectives that the Trust needs to deliver during the year.</p> <p>The Quarter Three monitoring report outlines progress against the key actions the Trust was due to deliver for the period October - December 2014. A RAG rating has been assigned to the progress against each objective, based on the level of risk associated with this, in line with the Trust approach to RAG ratings:</p> <p>Green = Objective completed - low risk Amber = Progress underway and still expected to deliver in line with plan – medium risk Red = Significant delay – significant risk</p> <p>Quarter 3 objectives which have been completed as planned are:</p> <ul style="list-style-type: none"> • Redesign care pathways to keep more people out of hospital • Redesign and reconfigure our local hospital services to provide higher quality care • Securing income • Provide excellent and innovative education to improve patient safety, experience and outcomes <p>Objectives where progress is underway and still expected to deliver:</p> <ul style="list-style-type: none"> • Achieving FT authorisation • Redesign and improve services for frail older people • Drive research and innovation through our clinical services <p>The key areas of shortfall in delivery of the actions for Quarter Three are:</p> <ul style="list-style-type: none"> • Aligning capacity to clinical need (bed and theatre capacity) • Consolidate and expand our key specialist services (related to delivery of additional capacity) • Improve productivity, the environment and systems to enable excellent care (bed capacity) 	
Author and Date: Suzanne Marsello Acting Director of Strategic Development	22 nd January 2015
Contact details:	
Tel: x3883	E-mail: Suzanne.Marsello@stgeorges.nhs.uk



ST GEORGE'S HEALTHCARE NHS TRUST: THE NEXT DECADE



Annual Plan and Objectives 2014/15
Quarter 3 Monitoring

RAG Rating of Progress:

As requested at the Q2 report to Trust Board, a RAG rating has been assigned to the progress against each objective for the Q3 reporting.

The RAG rating has been assigned on the basis of risk, in line with the Trust approach to RAG ratings.

Green = Objective completed - low risk

Amber = Progress underway and still expected to deliver in line with plan – medium risk

Red = Significant delay – significant risk

Aligning capacity to clinical need

Objective	Actions		Lead
	Q3	Update on progress	
Ensure we align our bed capacity to the clinical needs of our patients	Open Amyand Annexe with 8 beds	8 beds opened on Amyand and Allingham wards. 15 additional beds opened at Nightingale House	Director of Delivery and Improvement Note: the bed equivalents are subject to current review and any revisions will be discussed by the Board
	Move 18 Wolfson beds to QMR	Scheme postponed to 2015/16 due to contractual discussions.	
	Realise benefit of Frailty Pathway – 12 bed equivalents	Frailty Model has been developed with Phase 1 (acute geriatric unit) implemented. Lengths of stay have reduced.	
	Implement Electronic whiteboards	Electronic whiteboard software not deployed in live system for testing and piloting. Full rollout postponed to 2015/16.	
	IP – 5 bed equivalents in addition to above	Intended length of stay reductions have not been achieved. Release of beds through service improvement activities significantly behind forecast levels although activities and milestones largely delivered to plan. Enhanced tracking of planned improvement benefits developed through PMO team.	
	TOTAL 25	TOTAL 23	

Aligning capacity to clinical need

Objective	Actions		Lead
	Q3	Update on progress	
Ensure that we align our theatre capacity to the clinical needs of our patients	<p>Continuous Improvement and LOS reduction 71 theatre hours per week released</p>	<p>In Q1 a day surgery theatres pilot identified 10-14 sessions could be gained per week by extending the day surgery day. A plan to roll out this plan has been developed.</p> <p>In session utilisation key performance data developed and managed via monthly theatres performance meeting chaired by Divisional Director of Operations.</p> <p>Medium term plan for theatres capacity approved.</p> <p>Challenge sessions held with each care group as part of implementation of day surgery utilisation plan.</p>	Director of Delivery and Improvement

Securing income and achieving FT authorisation

Objective	Actions		Lead
	Q3	Update on progress	
Take immediate steps to expand our key tertiary services in the longer term and thus increase our income	Cardiovascular income target Q3 £15,167k	Cardiovascular target £16,591k and actual at Q3 £17,592k variance £1,001k positive	Director of Delivery and Improvement Director of Strategic Development
	Neuroscience Income target Q3 £14,076k	Neurosciences is £1.3m (3%) ahead of its income target at M08 (most recent available position)	
Continue to make good progress towards being authorised as a Foundation Trust in the coming year	Total income target Q3 £147,719k		Director of Corporate Affairs
	Authorisation as a FT	Decision expected from Monitor Board late January/ February 2015.	

Make progress towards our vision

Redesign care pathways to keep more people out of hospital: 1

Objective	Actions		Lead
	Q3	Update on progress	
Implement the new model of care in community adult health services (CAHS)	<p>All staff moved into agreed locations</p> <p>50% mobile working rolled out</p>	<p>NB: The CCG revised their requirements for key objectives and deliverables for the CAHS service during 2014-15, therefore the Q3 objectives originally set are no longer relevant. The objective is on track in line with confirmed CCG requirements as below:</p> <p>Second consultation closed and senior roles appointed to. Recruitment and filling of all roles underway.</p> <p>Work flows and functions of care being operationalised.</p> <p>Work underway with Wandsworth CCG on implementing an outcomes framework, including universal care plan for CAHS.</p> <p>Mobile working partially piloted; further roll out dependent upon capital funding.</p>	Divisional Chair CSD
Agree with commissioners and social care partners in Wandsworth and Merton the plans for the Better Care Fund to further integrate local services	Agree with commissioners pathway changes for the BCF for 15/16	<p>Divisional Chair for CSD has met with Merton regarding their Better Care Fund plans.</p> <p>Specific work underway with Wandsworth around falls.</p> <p>Acting Director of Strategic Development is a member of the Merton BCF Board.</p>	Divisional Chair CSD

Make progress towards our vision

Redesign care pathways to keep more people out of hospital: 2

Objective	Actions		Lead
	Q3	Update on progress	
Redesign and improve our services for frail older people	Realise benefit of Frailty Model: 12 beds by November 2014	<p>Phase 1 of the model has been implemented with the Acute Senior Health Unit on Amyand Ward now open.</p> <p>Phase 2 is to create the Acute Senior Health Assessment Service which is under way. The aim of the model is to reduce LOS and release 12 beds, which will be phased as the model is implemented. The Acute Senior Health Unit opened in Q3 as planned with the anticipated LOS reductions being realised as phased.</p>	Director of Delivery and Improvement

Make progress towards our vision

Redesign and reconfigure our local hospital services to provide higher quality care

Objective	Actions		Lead
	Q3	Update on progress	
Complete the planning for the children's & women's hospital so that work can start in 2015	SOC to Trust Board	The SOC for the children's and women's hospital development was approved in November 2014, along with the Full Business Case for 5 th Floor development. 5 th Floor development due to commence early Summer 2015.	Director of Corporate Affairs
Commence the building of a surgical assessment unit	No action in plan for Q3	Surgical assessment unit originally planned to be opened in Q4. The decant has commenced. The expected date for the SAU to be operational is July 2015.	Divisional Chair SNTC
Transfer neurorehabilitation services to QMR	Open QMR Wolfson facilities	Building work has started at QMR and is due to complete 6 th April 2015. The date of the move has not yet been confirmed due to contractual discussions.	Divisional Chair SNTC
Work closely with the SW London Collaborative Commissioning Programme	No specific action in plan for Q3	The Trust continues to work closely with the SWL CC Programme through membership of the Programme Board, sub-committees and representation at Clinical Design Groups.	Director of Strategic Development

Make progress towards our vision

Consolidate and expand our key specialist services: 1

Objective	Actions		Lead
	Q3	Update on progress	
Complete plans for more critical care beds	OBC for capital expansion submitted to NTDA	OBC signed off by Trust Board as per plan at November Board meeting. Plan for the OBC to be presented to NTDA in January 2015.	Divisional Chair CWDTCC
Complete the new hybrid operating theatre	No action in plan for Q3.	Hybrid theatre originally planned to be operational in Q4. Now due to open in Q1 2015	Divisional Chair MC

Make progress towards our vision

Consolidate and expand our key specialist services: 2

Objective	Actions		Lead
	Q3	Update on progress	
Increase capacity and market share in cardiovascular and neuroscience services	<p>Move Wolfson service to QMR</p> <p>Repatriate cardiac surgery to St George's</p>	<p>WOLFSON SERVICE Building work has commenced at QMR to enable the transfer of neuro-rehabilitation from St George's. The date for the move has not yet been confirmed due to contractual discussions.</p> <p>CARDIOVASCULAR Cardiac surgery requires 6.5 additional theatre sessions to deliver current activity levels, repatriation from the private sector and expected 2015/16 growth. The plans to accommodate this work on site are in development through the Trust's theatre capacity plan, led by the Director of Delivery and Improvement.</p>	Divisional Chairs MC & SNTC

Make progress towards our vision

Consolidate and expand our key specialist services: 3

Objective	Actions		Lead
	Q3	Update on progress	
Complete plans for the relocation of Renal services	OBC to Board	Renal OBC will go to the Trust Board in February 2015	Divisional Chair MC
Implement strategy to improve the experience of cancer patients	<p>Develop a plan for the organisation of inpatient cancer beds aligned to critical care capacity</p> <p>Open expanded ambulatory chemotherapy unit</p>	<p>The new haematology and oncology inpatient ward, Gordon Smith Ward, is planned to open on 2nd February 2015. This will increase the provision of acute inpatient beds for cancer patients by 10 beds in the initial phase of opening and up to 20 beds in the final phase.</p> <p>Space has been identified adjacent to the Trevor Howell Day Unit and a design has been drawn up to expand the oncology day unit for the provision of ambulatory chemotherapy. A business case to support this expansion has been written and is due to go for business case assurance group in Q4. The Division are working with the charity to secure funding for the development and are due to attend the charity trustees meeting in May.</p>	Divisional Chair MC

Make progress towards our vision

Provide excellent and innovative education to improve patient safety, experience and outcomes

Objective	Actions		Lead
	Q3	Update on progress	
Work towards being a national leader in multi-professional training	Plan to increase income from dental simulation	<p>Dental simulation suite opened in 2014 - £17,200 income delivered YTD.</p> <p>Presentation of progress made to Workforce and Education Committee in December 2014.</p> <p>Nursing staff now embedded in simulation training days with junior doctors and / or medical students.</p> <p>Harm free care days established as multi-professional training events</p> <p>Acclimatisation programme being rolled out across professional groups.</p>	Director of Human Resources & Organisation Development

Make progress towards our vision

Provide excellent and innovative education to improve patient safety, experience and outcomes

Objective	Actions		Lead
	Q3	Update on progress	
Develop further new training pathways to meet the needs of new models of care	Publicise and re-launch mentoring scheme	<p>The mentoring scheme will be relaunched as part of the Leadership development programme.</p> <p>First meeting of the Workforce Planning Group has taken place and a terms of reference developed</p> <p>Project lead appointed to identify and develop training posts and pathways in community settings. 3 new community based posts have been identified.</p>	<p>Director of Human Resources & Organisation Development</p> <p>Medical Director</p>
Improve student feedback on clinical placements	Analyse results of National Student Survey (NSS) for Medical Students	<p>An electronic evaluation form has been made available to all medical students on all placements. The Joint Undergraduate Committee met in July 2014, which is responsible for highlighting issues to teaching firms, offering assistance and interventions for improvement. The Joint Undergraduate Committee has addressed poor student feedback, student overcrowding, lack of medical school time in consultant job plans, inappropriate distribution of SIFT funding by discussion with discussions with education leads, redistribution of students, raising issues with Divisional chairs and constant monitoring of student feedback.</p> <p>Nursing end of placement feedback was taken to the Nursing Board in April 2014, and given to Divisional Directors of Nursing and Governance</p>	<p>Director of Human Resources & Organisation Development</p> <p>Medical Director</p>

Make progress towards our vision

Drive research and innovation through our clinical services: 1

Objective	Actions		Lead
	Q3	Update on progress	
Continue to increase the number of patients recruited into NIHR studies	Quarterly reports to the Research Board and EMT	A target for recruitment has been agreed with the NIHR (via the South London CRN) of 4,036. This figure was reached in September 2014. As of December 2014, 6546 patients had participated in research, 62% over the target set.	Medical Director (Please note that the quarters in academic year do not match those in the NHS)

Make progress towards our vision

Drive research and innovation through our clinical services: 2

Objective	Actions		Lead
	Q3	Update on progress	
Improve the performance of clinical research support structures such as the Clinical Research Facility and the Research pharmacy	<p>Complete review of research pharmacy funding</p> <p>Review CRF usage and contribution to overall CRN recruitment</p>	<p>Pharmacy review on-going – some financial issues identified via preparing for the internal audit requested by the CRN, which need to be worked through in more detail.</p> <p>CRF usage has increased, with occupancy at Month 9 in 2013 15.36%, compared with occupancy at Month 9 in 2014 of 30.65%.</p> <p>Patient activity episodes through the CRF related to research have increased by 49% for Months 1-9 of 2014 compared with 2013.</p>	Medical Director

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: **1**

Objective	Actions		Lead
	Q3	Update on progress	
Continue to improve the environment for patients	No action in plan	No specific actions in Q3	Director of Estates & Facilities

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: 2

Objective	Actions		Lead
	Q3	Update on progress	
Develop all opportunities to maximise and enhance capacity for patient care	First additional beds delivered	Additional beds opened: <ul style="list-style-type: none"> Amyand Ward: 8 beds opened 	Director of Estates & Facilities See also slide 2
Continue to improve the quality and efficiency of our services through the delivery of our Improvement Programme for 2014/15	Deliver against Improvement Programme milestones	Benefits tracker implemented which has identified that delivery of capacity schemes is behind plan. Improvement Programme overall structure and governance tightened including: <ul style="list-style-type: none"> Review of programme Vision, Method and Compact to ensure appropriate alignment, skills and working arrangements Development of benefits tracker to enable progress and outcomes to be robustly monitored Introduction of weekly stand up review meetings with all improvement programme managers and Director of Delivery and Improvement Improvement Programme Steering Group refocused to ensure divisions are appropriately held to account for delivery 	Director of Delivery and Improvement

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: 3

Objective	Actions		Lead
	Q3	Update on progress	
Further build on our relationships with our local GPs through a defined programme	Influence GP educational programmes to promote specialties for which we wish to develop market share	<p>Bridging the Gap events are in planning.</p> <p>The Primary Care Liaison Manager was appointed in December 2014.</p> <p>Plans have been developed with the education leads from both Merton and Wandsworth CCGs for the GP education programme for Q3 and Q4 of 2014-15, including some of the specialties that the Trust wishes to market (e.g. heart failure and paediatric surgery)</p>	Director of Strategic Development

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care : 4

Objective	Actions		Lead
	Q3	Update on progress	
Deploy mobile devices, implement electronic prescribing, roll out electronic document management and develop the clinical portal service	<p>Extension of sharing to Trust community information system and make platform available to all local GPs</p> <p>Publish clinical correspondence</p> <p>Completion of pilot of electronic document management in Paediatrics</p>	<p>Clinical portal service supporting SW London Pathology microbiology services centralisation is live. Results from microbiology now being delivered via the portal to GPs.</p> <p>Further 100 workstations on wheels deployed to ward areas in Q3.</p> <p>E-prescribing and drug administration deployed to Renal, Neurology and Cardiac services</p> <p>Electronic document management deployed to MaxFax outpatients areas, following successful deployment in paediatrics.</p>	Director of Finance

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: 5

Objective	Actions		Lead
	Q3	Update on progress	
Implement the joint pathology service across three trusts in south west London	Implementation of Phase 3 from Sept 14 onwards	Microbiology from Kingston delivered in December 2014	Divisional Chair CWDT
Conclude negotiations with a partner to develop a private patients unit (PPU)	Obtain planning consent Sign contract with preferred bidder	Legal complexities in the operating agreement and changes to the estates plan to allow the Trust to take up residence in the PPU mean that planning consent and signed contracts are expected to be delivered in Q4.	Director of Finance

REPORT TO TRUST BOARD *January 2015*

Paper Title:	Risk and Compliance report for Board incorporating: 1. Board Assurance Framework 2. External assurances 3. Thematic analysis of quality inspections during quarter three
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 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	
<p>Key Messages</p> <p>Board Assurance Framework (BAF):</p> <ul style="list-style-type: none"> The most significant risks on the BAF are detailed. The overall risk profile has changed with increased risks scores in ten financial and operational risks, of these four previously high risks have become extreme. Controls are developed for all risks, with a rolling programme of review by QRC during 2015. <p>External Assurances including the CQC Intelligent Monitoring Report:</p> <ul style="list-style-type: none"> External assurances received during the period are detailed within the report, with no significant issues identified <p>Thematic analysis of quality inspections and follow up inspections for Quarter three:</p> <ul style="list-style-type: none"> The main themes arising from quality inspections are included. A number of follow up inspections have also taken place to review actions taken in response to the quality inspection issues of note. 	
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. Details of the highest rated risks are included for Board assurance regarding controls in place to mitigate the risk can be found at appendix 2. 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	25 ↑
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 NTDA Accountability Framework: Quality Indicators/Access Metrics.	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 ↑
A513	Failure to achieve the National HCAI targets	4	4	16 →
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 New risks proposed for inclusion

There have been no newly identified risks on the BAF during the reporting period.

1.2 Summary of risks by score and domain

Figure one demonstrates there are 25 extreme risks on the BAF (a score of 15 or above) which equates to 45% of the total risks. Of these, 17 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

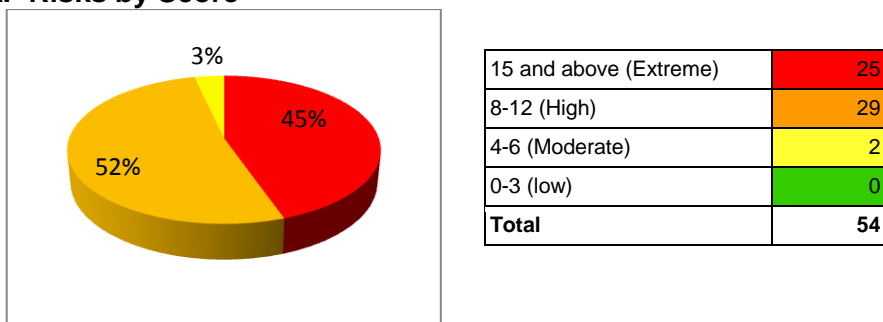


Table two: BAF Risks by Domain

	10	9	0	0	Total
1. Quality	10	9	0	0	19
2. Finance & Operations	8	11	0	0	19
3. Regulation & Compliance	7	1	1	0	9
4. Strategy Transformation & Development	0	3	0	0	3
5. Workforce	0	3	1	0	4
Total	25	27	2	0	54

1.1 Changes to risk scores/wording

There have been ten 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	5	25 ↑
01-07	Risk to patient safety and experience as a result of potential Trist failure to meet 95% Emergency Access Standard	4	5	20 ↑
3.7-06	Failure to meet the minimum requirements of the NTDA Accountability Framework: Quality Indicators/Access Metrics.	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 ↑
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 ↑
02-02	Risk of poor patient experience due to long delays when trying to contact central booking service	3	3	9 ↓
A516-04	Possible reductions in the overall number of junior doctors available with a possible impact on particular specialty areas	2	3	6 ↑

There have been updates to the wording to two risks to describe the continued risk more accurately, there have been no changes to the scores. Changes are detailed in table four:

Table four: Changes to risk scores

Ref	Previous description	Updated risk description
01-02:	Lack of established process for use, provision, decontamination and maintenance of pressure relieving mattresses	Risk to patient safety arising from variable provision of Pressure Relieving Mattresses out of office hours (Monday to Friday 0900 – 1700)
01-03	Lack of embedded process for use, provision and maintenance of bed rails	Risk to patient safety arising from bed rails not being available to be deployed when required on beds which have removable rails.

1.3 Closed risks

There have been no closed risks closed during the reporting period.

1.4 Summary of Extreme Risks at Divisional level:

There were five new and one escalated divisional extreme risks presented to the Organisational Risk Committee on 7th January and a further three extreme risks have now been reduced or closed. An overview of the divisional extreme risks and rationale for changes can be found at Appendix 3. There were no extreme risks escalated at ORC for inclusion on the BAF.

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)

2.2.1 Care Quality Commission – Compliance Action plan update

There is an on-going action plan to address the two identified issues of non-compliance during the CQC inspection in February 2014 (mandatory actions). All actions on the compliance action plan have now been completed, however monitoring the effectiveness these actions will continue. The compliance action plan is attached at appendix 4 was presented to the Commissioners and the NTDA on 21st January 2015, alongside the improvement action plan to address issues where the CQC recommended action be considered (non-mandatory actions). The commissioners and NTDA considered the Trust had provided good assurance in relation to progress of both action plans and that the majority of actions were closed or would soon revert to business as usual. They agreed to close down the specific review meeting established to review progress and to monitor the effectiveness of both plans on an on-going basis through existing and established governance forums and processes.

3.2 Summary of external assurance and third party inspections Dec 2014

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 Antenatal and Newborn Screening Program – Quality Assurance (QA) Visit

QA visits are an integral part of ANNB screening quality assurance. As part of the QA visit process, the performance of the screening programme/provider is monitored in a variety of ways. This includes a review of data, attendance by QA staff at Programme Board meetings and may include pre-visits to specific parts of the screening programme/service.

The Trust received its report following the visit on 5th November 2014. There were several areas of good practice identified and a number of recommendations made, the majority of which were medium priority and no immediate recommendations which, if not addressed it could lead to significant risk of harm to an individual or the population eligible for screening.

2.4.2 Joint Advisory Group on gastrointestinal endoscopy (JAG) Accreditation - 2015

Following assessment, the Trust Endoscopy Service received in December, its accreditation for 2015. The accompanying feedback included a commendation for staff having maintained the high standards required for this accreditation.

2.4.3 Major Trauma Centre Dashboard – Q2 2014/15

The Trust received the finalised Quarter 2 2014/15 Major Trauma Centre dashboard report and no major concerns were noted. In summary the Trust was found to be

- Greater than 5% *over* the national mean in 4 measures (of 10 recorded) – consultant on arrival in the ED, time to CT
- Greater than 5% *below* the national mean in 3 measures (of 10 recorded) – transfer in to the MTC within 2 days of referral; tranexamic acid administration within 3 hours (these cases are all reviewed and there are no governance concerns); definitive cover of open fractures within BOAST guidelines (action plan in place).

National peer review for all MTC and Networks will commence in Jan 2015. St Georges - Major Trauma Centre / Network date 12th March 2015 and the Trust is prepared for this review.

3. Quality Inspections thematic review of quarter three

The quality inspection programme is a key driver in ensuring that the trust achieves and maintains compliance with regulatory standards and requirements. The programme has been developed using the CQC framework for inspections and wards and clinical areas are inspected under five broad domains as follows:

- Are the trusts services *Safe*;
- Are the trusts services *Effective*;
- Are the trusts services *Caring*;
- Are the trusts services *Responsive* to people's needs; and
- Are the trusts services *Well-led*?

Inspections are conducted by a team of three consisting of a trust lead (senior non-clinical manager), a clinical lead (a trust based clinician) and a volunteer patient representative. Staff and patients are interviewed and the inspection team conducts a review of patient documentation as well as the general environment of each area inspected. Inspection reports detailing the key findings and observations are shared with the ward/area as well as senior divisional management and the final reports are reviewed by the Executive Management team.

3.1 Quality Inspection Update: 01 October - 31 January

Ten Quality Inspections and five Follow up inspections have been conducted in the reporting period as follows: five inspections conducted in the Surgery, Theatres and Cancer division; three inspections conducted in the Medicine and Cardiovascular division and two in Children and Women's division. One of these was an outpatient area, and one was in the community. The follow

up visits were conducted as follows: two in the Medicine and Cardio division, two in Surgery and Theatres and one in Children and Women. Two were outpatient departments.

In response to the operational pressures upon departments and clinical staff in December 2014, three Quality Inspections were cancelled to free up clinical staff in order to prioritise patient care.

3.1.2 Quality Inspection Findings

Are the Trust Services safe?

Staff were found to be overall compliant with the Trust uniform policy and were observed to systematically wash their hands and use alcohol gel in between patients, with the exception of Caroline Ward where instances were noted when this didn't happen. There appeared to be an improvement in cleanliness of the wards and wards were free from clutter.

The standard of patient records and documentation was still varied. In some wards the standard was very high, whilst others were let down by incomplete assessments, illegible charts for example. The management of patient documentation proved to be of particular concern on Richmond Ward, but was excellent on Gwynne Holford Ward and in the Neuro Intensive Care Unit.

The new electronic documentation system had been rolled out to some of the wards, solving issues such as poor legibility, but feedback from staff and patients was that inputting data onto the new system is a slow and lengthy process, Staff described as frustrating and patients felt took away the nurses from their clinical duties. Training and technical support is available to all staff and departments.

Patients repeatedly expressed that staff were kind and caring, their privacy and dignity was respected and that they felt the environment they were staying in was safe and clean.

Actions:

Areas where e-documentation proved to be problematic are developing checklists for documentation and the issues picked up via the inspections have been fed into the weekly iclip implementation meeting.

Are trust services effective?

Patients interviewed were consistently satisfied with the meals, stating that they always had a choice of what to eat, portions are generous and food is served warm. All patients could wash their hands before meal times. Water and refreshments were observed to be within reach of the patients and in some of the areas visited staff provided hot drinks to the patients even if they were not obliged to.

Notice boards were generally free from clutter and clearly displayed information such as how to access interpreting services.

Actions:

Wards are ensuring they maintain up to date Infection Control boards showing audit results, hand hygiene, saving lives, environmental and health & safety.

Are services caring?

Feedback regarding patient care was overall positive. Patients feel like they have been involved in their care plans and that they can ask staff for help or clarification; that their privacy and dignity has been protected, that if they required assistance in the vast majority of cases they answered promptly when called upon, and that they could discuss any concerns comfortably. This said, a small number of patients did have some negative feedback:

Only a small number of patients reported not feeling included in their care, these were in relation to Gunning Ward William Drummond ward and Gwynne Holford ward. However, it was observed during the vast majority of the inspections that staff attitude towards patients was compassionate and caring.

Actions:

Wards are ensuring that appropriate competency for all staff is monitored, they are organising Team days, reward and recognition systems, providing positive feedback and positive role modelling, recognising when things are done well, employee of the month schemes etc.

Are services responsive to people's needs?

Staff competencies proved to be very good. The inspecting teams found repeatedly that nursing staff were more than competent with regards to issues such as incident reporting, escalation of concerns, whistle-blowing, how to protect patient confidentiality, how to address patient concerns, and how to assess a patient's capacity.

There were some instances in which staff could not describe how they would assess patient's capacity or how they would access an interpreter, but they were a small number, of whom many were temporary staff. The inspection team observed nurses interacting with patients in a caring and respectful way, but in some instances, for example on Caroline ward, they also appeared to be at times overstretched, and it was noted by both staff and patients that the high staff turnover had an adverse effect on the quality of care.

The A3 interpreting service posters were clearly visible in all the wards except Benjamin ward, William Drummond ward and the Neuro Intensive Care Unit where they were deemed to be not displayed clearly enough. The issues regarding internal signage, dubious storage of medical records, unclear estimated waiting time displays and lack of space in some of the outpatient clinics noted in the last report persist.

Actions:

A focused programme of inspections in Outpatient areas will be undertaken across January in anticipation of the CQC return (unannounced) visit to re-inspect areas previously non-compliant – the issues picked up by previous quality outpatient area inspections will be incorporated.

Are the Trust Services well-led?

The wards visited all appeared to be well-led. All the nurses in charge interviewed had completed their required NIC competencies, the vast majority of nursing staff had received appraisals within the last year and again most of them were up to date with their mandatory and statutory training. All staff knew how to locate trust policies and raise concerns and seemed clear as to the responsibilities of senior staff and the chain of command. The inspection teams also carried out checks on the drug cupboards and resus trolleys. These were generally found to be secured and safety checks carried out routinely.

4. 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	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 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	↑	Likelihood increased to 5 as risk has materialised throughout Dec 2014
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	→	
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	→	
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	→	
A513-O1: Failure to achieve the National HCAI targets for MRSA and C Diff	JH	16	16	16	16	16	16	→	
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	12	→	
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	16	20	↑	Likelihood increased to 5
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	→	
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	→	
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					tbc	10	→	

Domain: 1. Quality

Strategic Objective/Principal Risk	Lead	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 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	↓	Likelihood reduced to 3 as service continues to improve

Domain: 2. Finance & Performance

Strategic Objective/Principal Risk	Lead	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Dec 2014	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 application of 30% tariff to emergency activity exceeding the contract thresholds	SB	9	9	9	9	9	9	→	

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	12	20	→	Consequence increased to 5 and likelihood to 4
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	20	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	12	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	12	16	↑	Likelihood increased to 4
3.4-O5 The Trust faces higher than expected costs due to higher marginal costs - higher than expected investment required to deliver service increases.	SB	9	9	9	9	9	9	→	

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	9	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	12	16	16	20	↑	Likelihood increased to 5
3.9-05 Potential financial impact of Better Care Fund	SB	12	12	12	9	9	9	→	

Strategic Objective/Principal Risk	Lead	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 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	12	16	16	20	↑	Likelihood increased to 5
3.8 – 06 Low compliance with new working practices introduced as part of new ICT enabled change programme	SB	12	12	12	12	12	16	↑	Likelihood increased to 4
3.9 – 06 Risk of inappropriate deployment of e-prescribing and electronic clinical documentation	SB	12	12	12	12	12	16	↑	Likelihood increased to 4
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	16	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	→	

Domain: 3. Regulation & compliance

Strategic Objective/Principal Risk	Lead	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 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	15	→	
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	→	

Domain: 4. Strategy, transformation & development

Strategic Objective/Principal Risk	Lead	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 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.	SMa	12	12	12	12	12	12	→	

Strategic Objective/Principal Risk	Lead	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	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	SMa	8	8	8	8	8	8	→	

Strategic Objective/Principal Risk	Lead	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 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	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 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	4	6	↑	Consequence decreased from 4 to 2 Due to robust mitigating actions: but likelihood increased from 1 to 3
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	→	

JH	Jennie Hall	Chief Nurse (DIPC)	EM	Eric Munro	Director of Estates & Facilities
SM	Simon Mackenzie	Medical Director	SMa	Suzanne Marsello	Interim 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 – Board Assurance Framework

Domain 1: Quality: 1.1 Patient Safety

Principal Risk	01-12 Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.				
Description	<p>Requirement for high activity volumes in some specialities in order to meet patient and commissioner needs, and to deliver income margin as part of Trust Cost Improvement Programme.</p> <p>Potential for commissioner challenges and financial penalties</p> <p>Unlimited demand on A&E which impacts on increase in emergency admissions & capacity for elective admissions affecting 28 day rebook timeframes.</p> <p>Potential subsequent impact on patient pathways & patient safety. Delayed patient repatriation to host hospitals block beds for emergency/elective activity.</p> <p>Winter pressures relate to flu and winter vomiting viruses that increase demand on side rooms and closure of beds.</p> <p>Reduced numbers of discharges at weekends and on bank holidays causing capacity problems.</p> <p>Adverse reputation</p>				
Domain	1. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Jan 2015	Exec Sponsor	Martin Wilson
Consequence	5	5	5	Date opened	01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	5	Date closed	
Score	20	20	25↑		
Controls & Mitigating Actions	<p>Controls:</p> <p>Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity.</p> <p>Significant additional bed capacity being developed in 2014/15 and 2015/16. This includes development of additional physical capacity in Q3 and Q4, and gains in patient flow from the Improvement Programme.</p> <p>Equivalent total bed capacity realisable by year end - 169 beds.</p> <p>Operational Capacity Planner (OCP) developed to plan and track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements.</p> <p>Business Planning for 2015/16 commenced with focus on</p>			Assurance	<p>Participation in System Resilience Group that has reviewed Trust's capacity plans. Additional funds secured through SRG 1 & 2 non elective winter funds.</p> <p>Monitor FT assessment process has scrutinised Trust Capacity Plan ECIST reviews (September 2013 and May 2014)</p> <p>Negative assurance:</p> <ul style="list-style-type: none"> - 4 hour operational standard performance - RTT backlog of patients- cross ref BAF Risk 01-06 - Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014 <p>Internal audit report has not provided a formal level of assurance but has set out that the current approach to capacity planning and plans that are underway to address identified capacity gaps will provide a reasonable level of assurance once these are fully implemented.</p>

	<p>aligning divisional activity and capacity plans. If delivered as planned, capacity pressures will substantially diminish and performance and CIP targets can be met. There are however risks with respect to the timing and delivery of both aspects of the plan. To control these risks, we have:</p> <p>Ensured that maximum possible resource is deployed towards the improving patient flow programme so that optimal delivery can be achieved A structured approach to appraising the options for creating further physical capacity for 2015-16 and beyond. This work is underway. Increased capital project management capability</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Seek additional external capacity <p>Cap demand for services</p> <ul style="list-style-type: none"> • Increased command and control of bed management and hospital flow 		
Gaps in controls		Gaps in assurance	Lack of critical path currently identified for all forecast building schemes.
Actions next period:	<p>Realisation of new physical bed capacity Development of critical path for all forecast building schemes, and embedding the holding to account of Senior Responsible Owners for delivery of agreed schemes. 2015/16 business planning accelerated Agree commissioner support for bed capacity increases as early as possible in Q4</p>		

Principal Risk	01-13 Theatre capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.				
Description	Requirement for high activity volumes in some specialities in order to meet patient and commissioner needs in particular to deliver 18 week RTT standards, and to deliver income margin as part of Trust Cost Improvement Programme. Potential for commissioner challenges and financial penalties Adverse reputation				
Domain	2. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Jan 2015	Exec Sponsor	Martin Wilson
Consequence	5	5	5	Date opened	01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	4	Date closed	
Score	20	20	20		
Controls & Mitigating Actions	<p>Controls: Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity. Theatre Capacity Plan for 2015 to 2018 developed by Director of Delivery and Improvement with senior leadership from SNCT leadership team. Plan reviewed by extraordinary OMT and regularly reviewed by EMT. Additional capacity being realised through:</p> <ul style="list-style-type: none"> • Increased in session utilisation within existing theatre sessions • All day operating sessions within day surgery • Extended day operating in main theatres • Commissioning the planned Hybrid theatre as an additional theatre • Building 6 additional theatres on site (part in conjunction with Moorfields) • Offsite capacity options (NHS and independent sector) <p>The above require significant additional staff (see next risk) Operational Capacity Planner (OCP) developed to plan and</p>			Assurance	<p>Internal theatres capacity plan and tactical implementation plan developed by Director of Delivery and Improvement. Approved by Executive Management Team. Reported to Finance and Performance committee. Participation in System Resilience Group that has reviewed Trust's capacity plans. Additional funds secured through SRG 1 elective RTT funds. Monitor FT assessment process has scrutinised Trust Capacity Plan Negative assurance:</p> <ul style="list-style-type: none"> - RTT backlog of patients- cross ref BAF Risk 01-06 - Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014 <p>Internal audit report has not provided a formal level of assurance but has set out that the current approach to capacity planning and plans that are underway to address identified capacity gaps will provide a reasonable level of assurance once these are fully implemented.</p>

	<p>track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements.</p> <p>Business Planning for 2015/16 commenced with focus on aligning divisional activity and capacity plans.</p> <p>Specific theatre capacity analysis and plan developed linked to a longer term theatres strategy currently in development..</p> <p>Ensured that maximum possible resource is deployed towards the improving patient flow programme so that optimal delivery can be achieved</p> <p>A structured approach to appraising the options for creating further physical capacity for 2015-16 and beyond. This work is underway.</p> <p>Increased capital project management capability</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Seek additional external capacity • Cap demand for services 		
Gaps in controls	Maintenance of theatres behind plan for a number of years, leading to a risk that theatres will break down.	Gaps in assurance	Admitted backlog of over 18 week waiters greater than sustainable. Non-admitted backlog numbers not being reduced at planned rate. Theatre performance data dashboards not yet fit for purpose with divisional clinical teams.
Actions next period:	<p>Day Surgery Unit extended day to commence, including reallocating 14 sessions worth of activity from main theatres</p> <p>Estates risk assessment undertaken to ensure good shared understanding of theatres maintenance needs and programme.</p> <p>Implementation plan for medium term theatres plan to be developed by divisional leadership team.</p> <p>Star chamber held by Director of Finance and Director of Delivery and Improvement with each divisional leadership team to ensure that planned activity numbers are robust. 2015/16 business planning accelerated.</p>		

Principal Risk	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.				
Description	Trust is planning to open significant additional beds (10% + of current stock), theatre sessions (16% + of current lists), and critical care beds (c30% of current bed stock) however this will require significant additional staffing (nursing, medical, other clinical and other support staff). In many of these staff groups there are already high vacancy levels so staffing will be a significant challenge. Additional staff are required for high activity volumes in some specialities in order to meet patient and commissioner needs in particular to deliver emergency services, 18 week RTT standards, and to deliver income margin as part of Trust Cost Improvement Programme. Potential for commissioner challenges and financial penalties Adverse reputation				
Domain	3. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Jan 2015	Exec Sponsor	Martin Wilson (as exec lead for capacity) Jennie Hall (as exec lead for nursing and safe staffing) Wendy Brewer (as exec lead for staffing and recruitment)
Consequence	5	5	5	Date opened	01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	4	Date closed	
Score	20	20	20		
Controls & Mitigating Actions	<p>Controls: Operational Capacity Planner (OCP) developed to plan and track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements. Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity, who is mapping total additional staffing required by week for each new scheme. Chief Nurse and Director of Human Resources working closely together to lead recruitment to staff new schemes and to reduce existing staff turnover. Business Planning for 2015/16 commenced with focus on aligning divisional activity and capacity plans.</p> <p>Mitigations:</p> <ul style="list-style-type: none"> Seek additional external temporary staffing capacity and also external physical capacity with own staffing Cap demand for services 			Assurance	<p>Workforce updates given to Trust Board. Nursing staffing plan considered by Trust Board. Participation in System Resilience Group that has reviewed Trust's capacity plans. Additional funds secured through SRG 1 & 2 non elective winter funds, and through SRG 1 elective RTT funds. Monitor FT assessment process has scrutinised Trust Capacity Plan ECIST reviews (September 2013 and May 2014) Negative assurance:</p> <ul style="list-style-type: none"> 4 hour operational standard performance RTT backlog of patients- cross ref BAF Risk 01-06 Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014 <p>Internal theatres capacity plan and tactical implementation plan developed by Director of Delivery and Improvement. Approved by Executive Management Team. Reported to Finance and Performance committee.</p>
Gaps in controls				Gaps in assurance	

Actions next period:	<p>New physical capacity schemes come on line.</p> <p>Enhanced programme of staff recruitment underway.</p> <p>Star chamber held by Director of Finance and Director of Delivery and Improvement with each divisional leadership team to ensure that planned activity numbers are robust.</p> <p>2015/16 business planning accelerated.</p>
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Principal Risk	01-15 Critical care capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.				
Description	Requirement for high activity volumes in some specialities in order to meet patient and commissioner needs in particular to support emergency services and deliver 18 week RTT standards. Also any shortage in critical care capacity will impact on trust's ability to deliver income margin as part of Trust Cost Improvement Programme. Potential for commissioner challenges and financial penalties and adverse reputation				
Domain	4. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Jan 2015	Exec Sponsor	Martin Wilson
Consequence	5	5	5	Date opened	01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	4	Date closed	
Score	20	20	20		
Controls & Mitigating Actions	<p>Controls:</p> <p>Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity.</p> <p>Critical Care Business Case for 4 additional neuro beds and 9 additional general ITU beds developed by divisional leadership team and shortly to be considered by Trust Board.</p> <p>Trust Capacity Plan for 2015 to 2018 developed by Director of Delivery and Improvement with senior leadership from SNCT leadership team. Plan reviewed by extraordinary OMT and regularly reviewed by EMT.</p> <p>Additional capacity for winter 2014/15 being considered through redevelopment of a store room and staff room adjacent to coronary care unit. This will require additional staff (see next risk)</p> <p>Operational Capacity Planner (OCP) developed to plan and track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements.</p>			Assurance	<p>Monitor FT assessment process has scrutinised Trust Capacity Plan</p> <p>Negative assurance:</p> <ul style="list-style-type: none"> - RTT backlog of patients- cross ref BAF Risk 01-06 - Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014 <p>Internal audit report has not provided a formal level of assurance but has set out that the current approach to capacity planning and plans that are underway to address identified capacity gaps will provide a reasonable level of assurance once these are fully implemented.</p>

	Business Planning for 2015/16 commenced with focus on Increased capital project management capability Mitigations: <ul style="list-style-type: none">• Seek additional external capacity• Cap demand for services		
Gaps in controls		Gaps in assurance	
Actions next period:	Business case for 13 additional beds to be considered by Trust Board. Design plans and costs for 3/4 additional beds in coronary care to be considered and where appropriate – approved. Star chamber held by Director of Finance and Director of Delivery and Improvement with each divisional leadership team to ensure that planned activity numbers are robust. 2015/16 business planning accelerated.		

Principal Risk	A513-01: Failure to achieve the National HCAI targets for MRSA and C Diff				
Description	The target for MRSA is set at 0 cases (zero tolerance) and 40 case for C. Diff for year 2014/15, The Trust's reputation is adversely affected Foundation Trust application affected Loss of patient & public confidence in the Trust and risk of patient harm				
Domain	1.Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Update Jan 2015	Exec Sponsor	Jennie Hall
Consequence	4	4	4	Date opened	31/05/2010,
Likelihood	4	4	4	Date closed	
Score	16	16	16		
Controls & Mitigating Actions	Infection Control score card used to monitor monthly progress Regular communications sent to support practice and raise awareness to ensure staff adhere strictly to diarrhoea protocol Divisional action plans presented to the taskforce as required Zero Tolerance statement on the Trust intranet Bi-monthly antimicrobial steering group chaired by Medical Director Consultant level information circulated on a regular basis RCA carried out for each infection (MRSA, MSSA & Cdiff) Infection Control Policy in place Weekly line care rounds & C:diff rounds on-going Competence assessment document for taking blood cultures approved Best practice visit to Southampton, Royal Free and west Hertfordshire			Assurance	Overall beyond trajectory – 4 MRSA and 28 c:diff (22 Oct 2014) CQC Compliance with Outcome 8: Infection Control (Feb 2014) MRSA – 3 cases, all investigated via RCA –and discussed at HCAI taskforce Infection control action plans subject to review by internal audit – reasonable insurance. Peer review of infection control nursing team (By Barts & the London Trust) final report agreed with recommendations Bi-weekly taskforce meeting and bi-monthly Infection Control Committee meeting Regular reports to the Patient Safety Committee, EMT & Trust Board Agreed Clinical Pathway in place for the decontamination of nasoendoscopes , work to be concluded regarding the long term

			framework for the decontamination of this equipment
Gaps in controls	BAF risk 01-01 Informatics to support production of real time data Decontamination of nasendoscopes	Gaps in assurance	
Actions next period:	Continual revision of infection control action plan Increasing number of consultants champions for infection control. Pack for peripheral line insertion in place (to be considered for blood cultures also) Analysis and actions in relation to latest audit of line care Trust wide environmental audit underway. Focus on areas where cleaning inspections demonstrated need to improve.		

Principal Risk	01-07 Risk to patient experience and safety as a result of potential Trust failure to meet 95% Emergency Access Standards				
Description	Should the Trust recurrently fail to meet 95% Emergency Access Standards there would be a risk to: <ul style="list-style-type: none"> - Patient experience whereby patients would not be treated or transferred within four hours - Patient safety – delays in patients receiving ED or specialist senior clinical input - Risk of regulatory action including from commissioners and regulators - Trust reputational damage of failure to deliver the 95% clinical standard 				
Domain	5. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Jan 2015	Exec Sponsor	Martin Wilson
Consequence	4	4	4	Date opened	1/6/2014
Likelihood	4	4	5	Date closed	
Score	16	16	20↑		
Controls & Mitigating Actions	Emergency Access Operational Standard Action Plan developed covering capacity, pathway improvement and performance management in three areas: <ul style="list-style-type: none"> • Emergency department actions • Whole hospital actions • Wider system actions Progress in delivering action plan regularly reviewed: <ul style="list-style-type: none"> • ED action plan via ED Senior team meeting weekly • Whole hospital actions via OMT fortnightly • Wider system actions via System Resilience Group performance meeting monthly • Overall the plan is reviewed with the CEO and Director of Delivery and Improvement on a fortnightly basis Continued close and pro-active working with ECIST			Assurance	+ve = No clinical incidents arising from long ED waits +ve = Q2 performance standard has been met Daily reporting to Exec team Escalation meetings between division & CEO ECIST review of action plan Risk being realised with continued high volume and pressure upon ED during Dec 2014 has resulted in challenges to meet 95% standard
Gaps in controls				Gaps in assurance	No metrics currently in place and reported for newly agreed hospital wide operational standards ED dashboard not yet finalised

Actions next period:	To implement improvement plan (particularly focussed on whole hospital and wider system actions) To develop hospital wider operational standards and flow dashboard that will help identify contributory factors to performance
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Principal Risk	01-08 Risk to patient safety due to inconsistent processes and procedures for the follow up of diagnostic test results				
Description	Should the Trust fail to ensure robust mechanisms for the timely and appropriate follow up of all diagnostics tests undertaken and critical test results eg blood tests , cell path and radiology this may result in adverse impact upon patient care in terms of delays in treatment				
Domain	1. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Jan 2015	Exec Sponsor	Simon Mackenzie
Consequence	4	4	4	Date opened	16.7.14
Likelihood	4	4	4	Date closed	
Score	16	16	16		
Controls & Mitigating Actions	<p>Gap analysis of systems for reviewing diagnostic test results across all areas which carry out diagnostic tests completed and SOPs being written for those without.</p> <p>Systems in place for many areas. Areas without systems are required to develop them by Dec 2014</p> <p>Failsafe systems for critical test results in laboratories and radiology.</p> <p>Radiology are strengthening their failsafe safety net system which has failed on a number of occasions recently. This now includes e mail to MDT for unexpected cancer (cancer MDTs are working through their responses to these alerts</p> <p>Cerner order comms system has ability to undertake and record result endorsement for tests organised via order comms.</p> <p>Project group set up including IT, operations and service improvement to improve process of results endorsement on Cerner and roll it's use out in Trust.</p>			Assurance	<p>Negative assurance: a number of recent serious incidents have occurred where patients have sustained harm as a result of a failure to appropriately follow up test results</p> <p>Commissioners have expressed concern and a requirement for assurance regarding processes and fail safes in place to prevent recurrence</p> <p>Scope of instances where failure to follow up test results has occurred is wide.</p>
Gaps in controls	<p>There are a number of issues with ability to use IT to ensure test endorsement at present which include: Not all tests on Cerner, consultant attribution often incorrect, large backlogs of unendorsed results, delays getting results to cerner with some provisional results appearing earlier on EPR, ease and familiarity of EPR vs Cerner use, presence of historical data on EPR but not Cerner</p>			Gaps in assurance	<p>December Patient Safety meeting cancelled where assurance from Divisions was planned to be reviewed.</p>
Actions next period:	Divisions to report back to PSC on work to close identified gaps –Jan 2015				

Domain 1: Quality: 1.1 Patient Experience

Principal Risk	A410-O2: Failure to sustain the Trust response rate to complaints				
Description	Not always prioritised to same degree as other Trust objectives Responding inadequately and in an untimely way can seriously impact on the patient experience and limit the Trust's opportunity for learning. Negative impact on the Trust's reputation and loss of patient and public confidence				
Domain	1.Quality			Strategic Objective	1.2 Patient Experience
	Original	Current	Update Jan 2014	Exec Sponsor	Jennie Hall
Consequence	4	4	4	Date opened	30/04/2009
Likelihood	4	4	4	Date closed	
Score	16	16	16		
Controls & Mitigating Actions	Weekly spread-sheet detailing care group response times circulated. Included as a measure within the divisional performance scorecard. LEAN review of complaints process. Greater oversight of complaints by DDNGs Regular reporting via PEC, QRC & Trust Board. Implemented a risk rating system to identify high risk complaints. Complaints action Plan in place from November 2014 focussing on 5 key areas to ensure improved turnaround of complaints but also to strengthen learning and organisation capacity to deal with complaints. Trust performance reviewed by PEC every 2 months Reported to TB monthly			Assurance	Improved performance across all divisions in quarter three. Performance against 25 day timescale is currently below 85% - internal Trust standard, internal trajectory to deliver performance against internal standards Quarterly performance review with Divisions and monthly performance review from October 2014 undertaken by the Chief Nurse with the DDNGs .
Gaps in controls				Gaps in assurance	Detailed thematic analysis at care group level to ensure causes of complaints are well understood has been provided to divisions. Focus is on actions being put in place that lead to improvements (and therefore a reduction in complaints).
Actions next period:	Divisions with high volume of complaints, i.e. STNC, CWDT and Medcard have weekly meeting with care groups All divisions to continue to implement improvement plan (with trajectory) to improve response rate Draft further survey of complainants to obtain feedback in line with new CQC requirements upon complaints handling				

Principal Risk	02-01 Risk of diminished quality of patient care as a result of Cost Improvement Programmes (CIPs)
Description	As Cost Improvement Programmes continue to be rolled out, there is a potential risk that inadequate identification, monitoring and mitigating actions

	will fail to ensure that quality of care is preserved.				
Domain	1.Quality			Strategic Objective	1.2 Patient Experience
	Original	Current	Updated Jan 2015	Exec Sponsor	Simon Mackenzie
Consequence	4	4	4	Date opened	01/07/2013
Likelihood	4	4	4	Date closed	
Score	16	16	16		
Controls & Mitigating Actions	<p>All combined schemes (divisional improvement programmes, run rates) must have a Quality Impact Assessment covering 5 dimensions (5x5 risk scoring):</p> <ul style="list-style-type: none"> • Patient Safety • Patient Outcome • Patient Experience • Staff welfare • Financial impact <p>Combined schemes are subject to local governance scrutiny and approval, at care group, directorate and divisional level; overseen by Divisional triumvirate including Divisional Chair, Divisional Director of Operations and Divisional Director of Nursing & Governance. CGG chaired by Medical Director – all schemes with risk score over 12 also referred for consideration for approval by CGG. CGG is dynamic. CGG reports exceptional risks to QRC. Process of assurance feeds up from DGBs not just Risk Registers Divisions encouraged to bring run-rate schemes. Divisions make a self-declaration upon management of schemes not presented to CGG</p>			Assurance	<p>Positive assurance: External scrutiny of process by Trust Board, commissioners and NTDA. Each scheme has KPIs related to their risk registers which are regularly reviewed. High level governance structure robust</p> <p>Clinical Procurement management Committee now reports to CGG</p> <p>Evidence that this mechanism has led to review and rejection of proposals</p> <p>Negative assurance: Relies on robust divisional governance structure – recent divisional governance review identified that historically, not all CIPs which impact upon quality of care receive received nursing/clinical sign-off.</p>
Gaps in controls	<p>Potential that not all risks are recognised and that 5x5 risk scoring application is inconsistent across divisions. Reliance upon divisions recognising clinical risks Insufficient mitigations & increased pressure to deliver CIPs may result in less rigorous application of QIA process. Not picking up cross Trust schemes adequately – these to commence coming to CGG i.e. capacity</p>			Gaps in assurance	
Actions next period:	Continued oversight by CGG and refinement of CGG process Trust wide scheme to come to CGG				

Domain 2. Finance & Performance: 2.1 Meet all financial targets

Principal Risk	2.1-O5 Tariff Risk - The tariffs applicable to Trust clinical services are adversely changed as a result of: <ul style="list-style-type: none"> •National Tariff changes •Local Tariff changes •Specialist Commissioning changes • Transfer of tariff responsibilities to Monitor 				
Description	There is a risk that future tariff changes will be more challenging:- <ul style="list-style-type: none"> • Tariff for specialist services in 2015/16 proposes that over performance against a 2014/15 baseline will only be funded at 50%. This represents a serious potential threat to St. George's long term financial plans • Local Tariff changes e.g. proposed reductions in charges for Sexual Health services & Community Cost & Volume tariffs for services, for example, delivered from Queen Mary's Hospital Roehampton. • The major trauma service fails to achieve best practice tariff • Risks of CCGs not paying for increased income assumption based on improved coding e.g. for obstetrics 				
Domain	2. Finance & Operations			Strategic Objective	2.1 Meet all financial targets
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	3	3	4	Date opened	01/12/2012
Likelihood	4	4	5	Date closed	
Score	12	12	20↑		
Controls & Mitigating Actions	Controls <ul style="list-style-type: none"> • Influence the development of future tariffs and related service specifications • Active membership of Project Diamond provides the Trust with a London wide voice to reflect Tertiary Hospital views in the development of the tariff. • Active membership of FT Network. • Negotiation with commissioners. • Agreement to phased introduction of change through SLA negotiation process will mitigate impact. Where local tariffs are reduced, trust to negotiate for compensatory changes in other, less favourable tariffs where commissioners currently benefit, seeking to ensure a reduced overall impact Opportunities to offset loss e.g. through bidding for whole pathway tariffs, or 			Assurance	External reviews:- E&Y report on the impact of the current tariff structure for members of Project Diamond has been acknowledged by D Flory and has resulted in explicit tariff subsidies for major London Trusts

	through reviewing structure of service, are identified Mitigating actions: Divisions, services where tariff loses impact on overall service financial baseline to develop plans to review productivity opportunities, remove costs, and identify opportunities to grow activity at marginal cost. Where local tariffs are reduced to such an extent that the service becomes recurrently loss making, to review overall service viability and make decisions around longer term service structure Participation in Monitor 2013/14 PLICs voluntary data collection Trust has objected to 2015/16 tariff proposals		
Gaps in controls	<ul style="list-style-type: none"> • Pathway based service costing. • Benchmarking of Local Tariff Services - Identifying those services which currently attract a relatively high local tariff will enable the Trust to examine opportunities to address future risk. 	Gaps in assurance	
Actions next period:	<ul style="list-style-type: none"> • Negotiations with commissioners managed by Director of Finance with regular reporting to Trust Board • Engagement with Project Diamond group to develop a response to DOH/NHSE tariff proposals over MFF • Development of database solution to ensure long term capture of major trauma activity – for completion by end 2014/15 • Lobbying with other NHS organisations to ensure tariffs for 2015/16 appropriately remunerate tertiary trusts for high end clinical work. • Follow up tariff consultation process and objections depending upon Monitor/NHSE response 		

Principal Risk	3.3-05 Cost Pressures - The Trust faces higher than expected costs due to:- <ul style="list-style-type: none"> •unforeseen service pressures •higher than expected inflation 				
Description	The Trust has to meet costs of unforeseen changes in service requirements for example the on-going and evolving understanding of meeting requirements associated with Francis Report outcomes or other compliance requirements. The cost of meeting new and existing service standards are higher than expected. Inflationary cost pressures are greater than expected e.g. changes in energy costs. In addition, costs incurred from the usage of private sector capacity to deliver waiting time targets or services out of hours, will increase marginal costs and decrease contribution from individual services e.g. Cardiology and Cardiac Surgery				
Domain	2. Finance & Operations			Strategic Objective	2.1 Meet all financial targets
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	4	4	4	Date opened	01/12/2012
Likelihood	4	4	4	Date closed	
Score	16	16	16		

Controls & Mitigating Actions	<p>Controls</p> <ul style="list-style-type: none"> ▪ The expected impact of cost pressures on financial performance is considered as part of the Trust's business planning process. Robust provisions are made for future increases in cost in line with high level Guidance from Monitor. ▪ Adequate Contingency Reserves are set aside in line with NHS Guidance at 1% of Turnover ▪ The business planning process is overseen by Business Planning Steering Group which reports to EMT. ▪ Cost pressures are monitored in-year through the financial reporting regime. New pressures are identified as early as possible and the financial impact is reported to the Finance and Performance committee. ▪ Reduced use external capacity by better capacity planning and management of internal resources. <p>Mitigating actions Development of In Year Recovery Plans if required, recovery plans are formulated in response to monthly forecasts produced as part of financial reporting process. The Trust has a number of actions it can deploy to recover its financial position if it is adversely affected by cost pressures, e.g. vacancy freezes, controls on discretionary expenditure, etc.</p>	Assurance	<p>The Trust has a good track record of delivering its financial targets in recent years.</p> <p>Cost pressures in 14/15 are high as a result of further compliance, staffing and other imperatives. Choices have been made on which top priority pressures must be funded. This is expected to continue to be an issue going forward</p>
Gaps in controls	None identified	Gaps in assurance	
Actions next period:	New pressures are identified as early as possible and the financial impact is reported to the Finance and Performance committee. 2015/16 Business Planning process +has started. The process will identify 2015/16 and 2016/17 cost pressures and CIP programmes and efficiency gains to offset these additional costs		

Principal Risk	3.2-05 Cost Improvement Programme slippage. The Trust does not deliver its cost improvement programme objectives		
Description	<ul style="list-style-type: none"> ▪ Opportunities for savings schemes are not identified ▪ Opportunities to save are not sufficiently developed to deliver the value required ▪ Savings identified within schemes are overoptimistic / savings are double counted 		

	<ul style="list-style-type: none"> Savings are redeployed Savings schemes are not delivered as planned or are delivered late Capacity constraints prevent delivery of activity plans Savings identified are only non-recurrent 				
Domain	2. Finance & Operations			Strategic Objective	2.1 Meet all financial targets
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	5	5	5	Date opened	01/12/2012
Likelihood	4	5	5	Date closed	
Score	20	25	25		
Controls & Mitigating Actions	Controls <ul style="list-style-type: none"> Cost Improvement Programme Board instigated from December 2014 to take a lead role in developing, driving and delivering a robust CIP programme for 2015/16 and subsequent years Over-programming -Additional Schemes to be developed above annual requirement as a contingency against under-delivery Benchmarking St. George's services to ensure that opportunities are found Role of PMO in managing CIP programme. Rigorous PID development to support projects to be delivered Divisional Management Board oversight, review and sign-off of projects to ensure that only projects that have a realistic chance of delivery are agreed and implemented. Risk assessment of all schemes, challenge on the value of savings achievable and monitoring of scheme progress, with reporting back to F&P Committee and the Board. Future CIP strategy to identify pipeline of future projects from productivity based Service Improvement Programme Development of in-house expertise to support development of service improvement culture Weekly meetings between directorates, divisions and the PMO to monitor scheme performance. All projects across the trust have clear directorate and divisional leads. The trust is engaging with outside expertise to develop 			Assurance	<p>Audit Reports Internal review of PMO processes by Governance Team</p> <p>Benchmarked controls against Monitor's guide on "Delivering Sustainable Cost Improvement Programmes" (19-01-2012).</p> <p>Audit Reports Internal review of PMO processes by Governance Team</p> <p>NTDA review and approval of 2 year CIP programme as presented in preparation for NTDA approval of FT application</p> <p>Monitor review of CIP plans and process as part of FT application</p>

	<p>further robust CIP savings schemes for future years.</p> <p><u>Mitigating Actions</u></p> <p>1.To develop further in-year non-recurrent CIP schemes to offset the non-delivery of the full CIP programme. These would include:</p> <ul style="list-style-type: none"> ▪ Vacancy freezes ▪ Reductions in procurement spend ▪ Slowing of in-year capital programme <p>2. Review list of downside mitigations to see what can be actioned now</p>		
Gaps in controls	<p>Over-programming yet to be achieved</p> <p>Lack of consistent pipeline of future projects</p> <p>Gaps in opportunities identified in work streams especially in creating capacity</p>	Gaps in assurance	<p>Review of capacity planning and service improvement benefits expected indicates material gaps in 15/16 plans have opened up and need to be filled with alternative schemes</p> <p>Inadequate progress to date on filling gaps</p>
Actions next period:	<ul style="list-style-type: none"> ▪ Continued review and development of schemes to deliver the 2015/16 programme ▪ Develop and in-house process and methodology to identify 2016/17 CIP programme. Process to be overseen by the Business Planning Steering Group and CIP Board ▪ Continued work at work-stream and divisional level to identify and improve risk rating of 15/16 schemes 		

Principal Risk	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- payment challenges				
Description	<p>Targets or KPIs within the contract are not met and the level of financial penalties is higher than anticipated. Main KPIs are:-1st to FU ratios-Re-admission rates. In 2014/15 risk around Cardiac activity related to non-achievement of 18 week standard.</p> <p>The level of payment challenges due to data quality issues is higher than anticipated. Main data issues are:--Multiple 1st OP appointments-Ensuring correct recording of Emergency and Other Non-Elective method of admission. Risk in 2014/15 around payment challenges associated with major trauma service and not achieving best practice tariff</p>				
Domain	2. Finance & Operations			Strategic Objective	2.1 Meet all financial targets
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	5	4	4	Date opened	01/12/2012
Likelihood	3	3	4	Date closed	
Score	15	12	16↑		

Controls & Mitigating Actions	<p>Controls</p> <p>Governance Arrangements:</p> <ul style="list-style-type: none"> ▪ Good clinical engagement in local KPI target setting e.g. 1st to Follow up OP ratios, consultants are signed up to the levels in the contract. Much clinical engagement in the joint readmissions audit, to set the threshold appropriately. The budget for the level of challenges is based on challenges levied in prior years. Divisions are sighted on their level of budgeted challenges and the actions they must take to prevent challenges or to mitigate them. ▪ Negotiation of appropriate and realistic thresholds and targets with local CCG's to minimise trust exposure to challenges. ▪ Training of staff & data validation routines ▪ Ensure that data is recorded and charged for appropriately and that PbR Guidance is followed e.g. that OP appointments are appropriately recorded as First or Follow Up and that the correct method of admission is recorded for non-elective patients ▪ For Major trauma tariff new admin team recruited to ensure that activity accurately captured and coded. <p>Mitigating Actions:</p> <ul style="list-style-type: none"> ▪ Utilise clinical expertise to explain changes and challenge penalties imposed by CCG's. ▪ Year End Settlement discussions – the risk of income losses relating to further in-year challenges is mitigated by agreement with commissioners to a year-end settlement through the SLA negotiation process. 	Assurance	<p>In year performance monitoring of level of both accepted and rejected challenges, Current performance is within the budgeted levels.</p>
Gaps in controls	<p>The Trust needs to more pro-actively identify specific areas of risk ahead of challenges e.g. Chemotherapy charges</p>	Gaps in assurance	<p>Readiness for proposed 15/16 penalties re provision of data</p>
Actions next period:	<ul style="list-style-type: none"> ▪ Good clinical engagement in local KPI target setting E.g. 1st to Follow up OP ratios, consultants are signed up to the levels in the contract. Much clinical engagement in the joint readmissions audit, to set the threshold appropriately. ▪ The budget for the level of challenges is based on challenges levied in prior years. ▪ Divisions are sighted on their level of budgeted challenges and the actions they must take to prevent challenges or to mitigate them. ▪ Cardiac review of skill mix, capacity and referral patterns to address 18 week underperformance ▪ New database solution agreed for Major trauma activity – to be in place by end 2014. ▪ Assessment of organisational status vs proposed 15/16 penalty regime 		

Principal Risk	3.6-05 Cash-flow Risks – Operational Finance: Forecast Cash balances will be depleted due to:- <ul style="list-style-type: none"> •Adverse Income & Expenditure performance •Delays in receipt of SLA funding from Commissioners 				
Description	The Trust's cash balances will be significantly depleted due to an adverse I&E position or delays in receipt of commissioner funding. Risk is currently greater due to change in Commissioner landscape.				
Domain	2. Finance & Operations			Strategic Objective	2.1 Meet all financial targets
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	3	4	4	Date opened	01/06/2013
Likelihood	3	4	5	Date closed	
Score	9	16	20↑		
Controls & Mitigating Actions	<p>Established SLA negotiation process:</p> <ul style="list-style-type: none"> •SLA negotiation issues are escalated to FD/CE and reported to Finance and Performance Committee. •Locally agreed estimated values for contracts to allow appropriate levels of funding to be made ahead of final contract signature. •SLAs include special clause for interim invoicing of over-performance in advance of freeze date - enhances cash flow. <p>Established Financial Management regime:</p> <ul style="list-style-type: none"> •Adverse Income and Expenditure results are monitored in-year through the financial reporting regime. •New pressures are identified as early as possible and the financial impact is reported to the Finance and Performance committee. •Trust has set month-end cash balance target against which cash performance is measured: 10 days of operating expenses (in 2013/14 this is approx. £18m). <p>.Working Capital Management</p> <ul style="list-style-type: none"> •The Trust Cash Position is reported to the Board each month as part of the finance report, including detailed cash flow statements and 2-3 year cash projections. •Changes in debtors, stock and creditors reported and explained within finance report to Finance and Performance Committee and Board. •SLA interim invoicing – as above. <p>Mitigating actions</p> <p>Manage Working Capital</p> <ul style="list-style-type: none"> • Improve Debt Collection • Delay payment of creditors / manage balances with major creditors e.g. SGUL • Reduce stock levels e.g. extend scope of consignment stock to deliver one-off improvement in liquidity – subject to VFM and affordability tests 			Assurance	<p>Detailed monitoring and forecasting of cash flow and agreed debt through Finance and Performance Committee.</p> <p>HDD1 and HDD2 working capital reviews</p>

	(i.e. higher unit costs). Delay capital investments in line with reduced funding due to reduction in Trust surpluses Extend scope of leasing to finance capital programme subject to VFM and affordability tests. Explore opportunities for sale and leaseback arrangements LEEF loan agreed to be drawn down early at no additional expense / risk to Trust		
Gaps in controls	Contract with NHSE likely to include unidentified QIPP leading to over performance on contract maybe c£1m per month & cash flow problems	Gaps in assurance	External audit opinion on current process
Actions next period:	Seek to agree payment for over-performance in the contract with NHSE Further review of timing of CAPEX to ensure phased towards 2 nd 6 months 14/15 and examine profile going forwards Review of cash position under best, most likely and worst case I&E scenarios to November F&P Cttee Agree loan draw down with DH to ensure no cashflow risks from major loan funded projects Cash management review by external audit Further escalation through NHSE Resolve outstanding data quality problems delaying payment Resolve working capital loan and facility with TDA/ITFF and Monitor		

Domain 2. Finance & Performance: 2.2 Meet all operational & performance requirements

Principal Risk	3.7-06 Failure to meet the minimum of the NTDA Accountability Framework Quality and Governance Indicators results in reputational damage, delays to the FT application or the quality of care is compromised in order to meet the access targets (specifically 18 weeks, A&E waits, cancer waits)				
Description	There is a risk to the Trust FT application should it fail to perform against the Access Metrics set out by the NTDA Accountability Framework particularly in relation to:- 18 weeks- A&E Waits (4 hours)- Cancer waits (TWR, 31 & 62 day targets).Individual risks, controls and actions to mitigate are set out in Divisional risk registers				
Domain	2. Finance & Operations			Strategic Objective	2.2 Meet all performance targets
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	4	4	4	Date opened	30/05/2013
Likelihood	4	4	5	Date closed	
Score	16	16	20↑		
Controls & Mitigating Actions	Management framework in place which measures performance across key domains including operational performance. Divisions are held to account through formal quarterly performance reviews, monthly reporting and monitoring and escalation where required through the DoFPI The Trust has a performance management framework A&E performance meeting is held routinely within the Med/Card division to scrutinise and review ED performance			Assurance	Positive assurance •HDD, BGAF and QGAF assessments •Internal audit Worsening ED performance Dec 2014 – cross ref BAF Risk 01-07

	<p>Finance & Performance Committee meets monthly to review in detail the performance report including all areas of the TDA accountability framework Reporting to F&P includes description of key actions and sharing of recovery plans where necessary e.g. cancer recovery plan 12/13 Q4 Reporting continues to be improved and developments including desktop access to scorecards for Divisions and the introduction of risk forecasting are in train</p> <p>External scrutiny: Performance is reviewed by the TDA as part of the Accountability Framework and the Trust is held to account at a monthly meeting of senior teams</p> <p>Clinical Quality Review meeting and contract performance meetings are held monthly with commissioners where performance and remedial action is further scrutinised</p> <p>Mitigating Actions</p> <ul style="list-style-type: none"> •Additional capacity is being introduced to support the Divisions and the performance framework in the shape of a Head of Performance and 2 x Divisional Performance leads •Reporting continues to be improved and developments including desktop access to scorecards for Divisions and the introduction of risk forecasting are in train •Developmental work in place to introduce formal monthly scoring system for Divisions within the performance framework to improve visibility over performance risks and the effectiveness of remedial action •Additional capacity is being introduced to support the Divisions and the performance framework in the shape of a Head of Performance and 2 x Divisional Performance leads 		
Gaps in controls	Absence of risk forecasting which is in development	Gaps in assurance	
Actions next period:	Recruit to staff new capacity		

Principal Risk	3.8-06 Low compliance with new working practices introduced as part of new ICT enabled change programme				
Description	Partial adoption of new working practices could lead to inconsistencies in management of patient care. Failure to conform to new operational procedures could lead to decrease in organisational efficiency.				
Domain	2. Finance & Operations			Strategic Objective	2.2 Meet all performance targets
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	4	4	4	Date opened	02/06/2013

Likelihood	3	3	4	Date closed	
Score	12	12	16↑		
Controls & Mitigating Actions	<p>Each project within ICT programme is:- Managed using PRINCE methodology- Has a clinical lead- Reports to clinical systems programme board- Has individual risks and issues register managed on-going Director of FPI is SRO and sits on programme board. Regular programme board reports to Executive Management team Programme board highlight reports to EMT include RAG status and provides assurance project on track – this reporting mechanism promotes transparency and challenge Chief Clinical Information Officer in post 18 Champion Users seconded to support deployment</p> <p>Mitigating actions centre upon phases of engagement:- Involve clinical staff/health care groups in system design- Healthcare groups involved in implementation- H/care groups involved in endorsement of new working practices</p> <p>Weekly (monday) i-clip meeting now takes place and all issues fed back live</p>			Assurance	<p>Programme Board highlights reports to EMT to include RAG status and provides assurance project on track. Chief Information Officer in post 18 Champion users seconded to support development Now over-arching clinical governance in place, including clinically led gateway review of ICT clinical programme</p> <p>Serious Incident following the latest upgrade</p> <p>Deployment system paused which brings further risk of operating dual systems for longer than planned</p>
Gaps in controls	Ensuring full and representative health care professionals' input into key areas Some constraints of operating within national programme for IT framework			Gaps in assurance	
Actions next period:	Development of process for transition of clinical information projects into business as usual via the ICT Service Improvement Programme. Ensure lessons learned are captured during pause period				

Principal Risk	3.9-06- Risk of inappropriate deployment of e-prescribing and electronic clinical documentation				
Description	There is a risk that if e-prescribing and electronic documentation is inappropriately deployed this will have an adverse impact on patient care and clinical continuity.				
Domain	2. Finance & Performance			Strategic Objective	
	Original	Current	Update Jan 2015	Exec Sponsor	Steve Bolam
Consequence	4	4	4	Date opened	1.7.14
Likelihood	3	3	4	Date closed	
Score	12	12	16↑		
Controls & Mitigating Actions	<p>Deployment project being managed with PRINCE 2 methodology Clinical lead in place to ensure clinical input on programme board Gateway thresholds established for technical readiness and staff readiness</p>			Assurance	<p>Reporting on progress of project to Clinical Information Systems Programme Board On-going modification of deployment plan in response to lessons learned from early adoption means project is flexible and responsive to ensure success.</p>

	Each clinical area has a task group with a clinical lead who has power to sign off to roll out in their area Overall deployment is subject to regular gateway reviews.		Deployment model broadly successful but sustainability to end point currently not viable Early indications are that in areas where deployment has taken place quality has improved as well as revealing/creating challenges to existing practice
Gaps in controls		Gaps in assurance	None identified
Actions next period:	Continue to react to feedback On-going changes to project and implementation as a result of lessons learned.		

Domain 3. Regulation & Compliance: 3.1 maintain compliance with all statutory & regulatory requirements

Principal Risk	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)				
Description	Ability of the Trust to demonstrate its compliance in accordance with the Regulatory Reform (Fire Safety) Order 2005 (RRO)				
Domain	3.Regulation & Compliance			Strategic Objective	3.1 Maintain compliance with all statutory & regulatory requirements
	Original	Update	Updated Jan 2015	Exec Sponsor	Eric Munro
Likelihood	5	4	4	Date opened	14/03/2013
Consequence	3	4	4	Date closed	
Score	15	16	16		
Controls & Mitigating Actions	<p>Robust action plan in place being led by the fire safety team and monitored through the Health, Safety & Fire Committee.</p> <p>Regular meetings/communication with Fire Brigade to check progress.</p> <p>Specialist fire safety resource in place to lead on the actions. Planned and reactive monitoring of fire safety.</p> <p>Fire risks assessments (FRAs) prepared by Fire Safety Specialists and issued to space/premises managers</p>			Assurance	<p>Reporting on fire risk assessments to Health, Safety and Fire Committee and escalate any issues to the Organisational Risk Committee.</p> <p>Staff appropriately trained to increase compliance</p> <p>LFEP visit in Feb 2015</p>
Gaps in controls	<p>Comprehensive surveys and assessments of compartmentation.</p> <p>There remains a gap in ensuring there are responsible persons identified for all individual areas subject to FRAs.</p>			Gaps in assurance	Not all staff appropriately trained to increase rate of compliance.

Actions next period:	Implement action plan in period. (Fire risk assessments, training, infrastructure, governance). Monitor progress through Health, Safety & Fire Committee and via Organisational Risk Committee.
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Principal Risk	03-02 Risk of premises closure, prosecution and fines as a result of failure to demonstrate full compliance with Estates and Facilities legislation				
Description	There are gaps in the mandatory and statutory estates compliance documentation. There is a lack of written evidence and historical data of compliance demonstrating that planned and reactive maintenance is being undertaken.				
Domain	3.Regulation & Compliance			Strategic Objective	3.1 Maintain compliance with all statutory & regulatory requirements
	Original	Current	Updated Jan 2015	Exec Sponsor	Eric Munro
Likelihood	4	4	4	Date opened	October 2012
Consequence	4	4	4	Date closed	
Score	16	16	16		
Controls & Mitigating Actions	<p>Revised estates permanent management structure is in place this includes a compliance manager.</p> <p>Planet FM system (the estates helpdesk and job request system) is being upgraded to allow compliance to be monitored.</p> <p>An audit on the gaps in compliance has been completed.</p> <p>There is a planned programme in place to close the gaps in compliance.</p>			Assurance	<p>Estates compliance records being assembled.</p> <p>Action plan being monitored and progress updates to the Operational Management Team.</p> <p>Authorising engineers appointed across all main risk areas.</p> <p>This risk is monitored via the Health, Safety & Fire Committee and overseen by the Organisational Risk Committee.</p>
Gaps in controls	The action plan will be further developed as higher risk items are closed.			Gaps in assurance	Full compliance reports not yet available.
Actions next period:	Await final internal audit report (Jan 2015) and implement the actions from arising. To ensure that regular updates are provided to the committees monitoring this risk.				

Principal Risk	03-03 Lack of decant space will result in delays in delivering the capital programme.				
Description	Lack of decant space for capital schemes delays the ability to deliver large capital schemes.				
Domain	3.Regulation & Compliance			Strategic Objective	3.1 Maintain compliance with all statutory & regulatory requirements
	Original	Current	Updated Jan 2015	Exec Sponsor	Eric Munro
Likelihood	4	4	4	Date opened	May 2014

Consequence	4	4	4	Date closed	
Score	16	16	16		
Controls & Mitigating Actions	<p>Risk assessments undertaken for each project. Space surveys are undertaken on an annual basis to provide room usage data to enable the project manager to work out a plan.</p> <p>Monitored through the Capital Programme Board & Project Programme Board</p>			Assurance	<p>Documented risk assessments</p> <p>Capital project delivery is reviewed through Capital Programme Board & Project Programme Boards.</p>
Gaps in controls	<p>Short term planning brings forward new priorities that unbalance existing plans.</p>			Gaps in assurance	
Actions next period:	<p>The list of space requests are being collated to assess the requirements. This will form the basis to find and agree the location of a decant space. There is work underway to deliver a portakabin to move transactional staff out of clinical areas and release space for redevelopment.</p>				

Appendix 3 – 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	→	
CW055	Planned Preventative Maintenance of the x3 SAL Medical Microbiology Autoclaves and Containment Level 3 Air Handling Unit.	closed		Now sits with SWL Pathology & Estates
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	new	
CW0088	Pharmacy core service standards to Adult ICUs not being met – potential harm to patients	16	new	
CW089	Insufficient number of CTG monitors for a full triage and full induction bay meaning some women need to wait for monitoring	20	new	
	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	↑↓	
B287	Four types of defibrillators in use with non-interchangeable electrodes - poses a significant patient safety risk in the event of the wrong electrodes being available during a cardiac arrest.	closed		Risk treated and closed
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	→	
B294	Faults with Primus anaesthetic machines may result in ventilator or power failure – due to age of machine (10 yrs+)	closed		Risk now treated
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	→	
C13	Incompletion of hearing tests / patients becoming unwell due to high temperatures in 2 x adult sound-treated hearing test booths	12	↓	Seasonally affected risk
C16	Failure of OAE equipment leading to incompletion of OAE testing (objective hearing test) as equipment is extremely old	12	↓	Downgraded following review
C15	Incompletion of Auricular hearing aid fitting and tuning appointments due to programming equipment intermittently working in room	12	↓	Downgraded following review
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		Score	Change ↑↓	
Risk No.	Risk			
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 fire escape route	16	NEW	
IM&T		Score	Change ↑↓	
Risk No.	Risk			
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		Score	Change ↑↓	
Risk No.	Risk			
CSW1023-COM-D5	Cost Improvement Programme not achieving target.	16	→	

Appendix 4 – CQC Compliance Action plan

Issue	Action	Measure or test of Effectiveness	Lead	Date for completion	Progress update	Progress update	Progress update	Progress update	Progress update	Evidence of completion/progress (* provided to CQC 26.9.14)
					(13.6.14)	(18.7.14)	(28.8.14)	(26.9.14)	12.1.15	
CQC Domain: Safe										
People who use services and others were not protected against the risks associated with obtaining the consent of patients with limited capacity as not all relevant staff understood the requirements of Mental Capacity Act 2005 and how this relates to vulnerable adults in terms of best interest decisions and informed consent.	1. Identify training requirements by staff group, to ensure high risk groups are identified and prioritised	Training needs identified	Head of Nursing with Safeguarding Lead	15 th June	Cohort of staff to be trained at level 1 and level 2 has been agreed, TNA in place and training provision is currently being arranged	complete	Complete	Complete	Complete	Breakdown of training figures by dept (previously provided to CQC/CQR)
	2. Agree content and mode of delivery for each staff group, including whether training to be delivered by use of internal expertise or by external trainer	Training plan in place with leads for each session	Training leads to be identified	30 th June	not due	Training plan & content agreed - complete	Complete	Complete	Complete	Level 1 & 2 presentations* (previously provided to CQC/CQR)
	3. Communicate training dates and venues to relevant staff groups	Numbers of staff trained including MAST	Head of Nursing	30th June	not due	complete	complete	Complete	Complete	Breakdown of training figures by dept* & dates of training sessions held. (previously provided to CQC/CQR)
	4. Deliver training	Numbers of staff trained including MAST	DDNG - STNC DDNG - CS	31st Aug	not due	Training sessions currently being delivered by external trainers:	99.8% staff identified trained	Complete - 3 staff not yet trained on leave/long term absence to be followed up as individuals	Complete	

	5. Evaluate training via: - survey of all staff trained - case note review To inform whole Trust review of wider training programme required to sustain improved practice.	Output of survey and evaluation review & forward training programme	Head of Nursing with Safeguarding Lead	30th Sept			Staff survey already underway using Survey Monkey to evaluate training. Meeting on 8th Sept: Dep CN/Safeguarding lead/HON to define scope and team for Case note review - on track for completion by deadline end Sept	case note review complete and report currently in draft (supported by clinical effectiveness team) Meeting with Dep C/N, HON, safe-guarding lead and Matrons to review findings and agree recommendations for further action.	Complete Staff survey monkey done. Training evaluated well. Case note audit done, reviewed and further action identified.	Audit report
CQC Domain: Safe										
People who use services and others were not protected against the risks associated with not having medical records available in the outpatient department to provide appropriate care based on previous history.	1. Recruitment of approx. 25 additional permanent staff supporting this function (to replace temporary staff)	Measure will be number of staff recruited and in post.	General Manager	End Aug 2014	Recruitment day held 23rd May	28 staff successful at recruitment day, aim to have all in place by end of August	Started (8): 5 x perm 3 x FTC 1 year	To start in Sept (9): 7 x perm 2 x FTC 1 year Yet to agree start date: 8 Total recruited to date: 25	Complete - staff in post	Breakdown of staff recruited (previously provided to CQC/CQR)
	2. Send off-site all notes not required for future care to create capacity & reduce the number of notes in circulation	Focus week held	General Manager	End of May	Focus week held 26 – 30th May - complete Weeding of 45000 set of notes from library and re scanning of notes left in library.	complete	complete	Complete	Complete	
	3. An Increase in density of RFID readers in high volume areas.	34 barcode scanners supplied to colleagues in offices and wards.	Electronic Document Management (EDM) Project lead	Complete	Complete	Complete	Complete	Complete	Complete	
	4. Re-	Tracking audit	EDM Project	End of June	not due	Training	Training	Training	Most recent	Training session

	definition and communication of all Notes Tracking Processes to ensure a well governed process is being followed.	of individual depts. to ensure compliance	lead/ General Manager			sessions commenced and on-going Audits to test effectiveness commenced 11/7	commenced Feb on on-going via weekly sessions from IT training team. Also provided by COS team on ad hoc basis and through perfect weeks. Audit results: T&O - 86% notes tracked to an acceptable level Plastics - 75% of notes tracked to an acceptable level	commenced Feb on on-going via weekly sessions from IT training team. Also provided by COS team on ad hoc basis and through perfect weeks. Audit results show: T&O 86% Plastics 75% Specialist Medicine 89% of notes tracked to an acceptable level	audit found 92% of notes in offices and 72% of notes on wards were acceptably tracked. Results were fed back to managers for corrective action and to determine further training requirements.	slides and future dates as advertised on internal intranet already provided (previously provided to CQC/CQR)
	5. A new reporting system to alert specialties of missing notes in good time ahead of outpatient appointments, to allow clinical decision making around temp notes or appointment cancellations.	Monitoring of number of missing temp sets of notes in use - Performance monitored via directorate scorecard	EDM Project lead	End of June	not due	Reporting system developed. Acceptance testing under way.	Small number of final glitches to address in automated system to ensure accuracy of data. Performance Scorecard figures demonstrated an improving trajectory for % Permanent notes available in clinic:	Performance Scorecard figures demonstrated an improving trajectory for % Permanent notes available in clinic: May 95.54% June 96.85% July 96.94% August 96.71%	September - 96.98% October - 96.51% November - 96.88% December - 96.77% Target >98%	
	6. A 'perfect week' style Tracking event Monday 28th April to Friday 2nd May to locate and track all notes across the main site.	Target is <2% of notes missing for OPD appts Missing patient notes in outpatient clinics reduced from 6.1% of all	EDM Project Lead/ General Manager and HON - OPD	End of June	Action complete but monitoring of effectiveness continues	Re audit underway of missing notes in clinic during the current Perfect Week (3-9 Jul). To monitor	May 95.54% June 96.85% July 96.94%			

	appointments to 3.2% at end of perfect week.				effectiveness					
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