

MEETING OF THE TRUST BOARD

26 March 2015, 9.00am – 12.00pm
H2.5 Board Room, 2nd Floor, Hunter Wing

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

Christopher Smallwood, Chair

1. Chair's opening remarks	Presented by	9.00
2. Apologies for absence and introductions		
3. Declarations of interest <i>For Members to declare if they have any interests as individuals or members of other organisations that might relate to Trust business or items on the agenda.</i>	C Smallwood	
4. Minutes of the previous Meeting <i>To receive and approve the minutes of the meeting held 29 January 2015</i>	TB (M) 26.03.15	
5. Schedule of Matters Arising <i>To review the outstanding items from previous minutes</i>	TB (MA) 26.03.15	
6. Chief Executive's Report <i>To receive a report from the Chief Executive, updating on key developments</i>	M Scott TB 26.03.15/01	
7. Quality and Performance		9.30
7.1 Quality and Performance Report <i>To receive assurance regarding actions being taken to improve the quality of care for patients and to review the Trust's operational performance report for Month 11</i>	J Hall/S Bolam TB 26.03.15/02	
<ul style="list-style-type: none"> Further assurance on Medical Records Discharge Programme update 	Jennie Hall TB 26.03.15/03	
<i>To receive a verbal report from the Quality & Risk Committee seminar held on 25 March 2015</i>	Sarah Wilton	
7.2 Finance Report <i>To review the Trust's financial performance for Month 11</i>	S Bolam TB 26.03.15/04	
<i>To receive a verbal report from the Finance & Performance Committee meetings held on 19th and 25 February 2015</i>	Christopher Smallwood	
7.3 Proposal for additional Leef loan borrowing	D Sharp TB 26.03.15/05	
7.4 Workforce Performance Report <ul style="list-style-type: none"> Report from Workforce Committee held 18 March 15 	W Brewer TB 26.03.15/06	
<i>To receive a verbal report from the workforce committee meeting held on 19th March.</i>	S Pantelides	
7.5 Annual staff survey results <i>To receive the results of the annual staff survey</i>	W Brewer TB 26.03.15/07	

8. Governance		11.30
8.1 Report from Audit Committee – (Paper to follow)	S Wilton TB 26.03.15/08	
8.2 Risk and Compliance Report <i>To review the Trust's most significant risks and external assurances received</i>	P Jenkinson TB 26.03.15/09	
8.3 Equality Delivery System – annual report <i>To receive the EDS annual report and agree objectives for 2015/16</i>	P Jenkinson TB 26.03.15/10	
8.4 South West London Pathology update	M Scott TB 26.03.15/11	
9. General Items for Information		11.45
9.2 Use of the Trust Seal <i>To note use of the Trust's seal during the period (March 2015) – The seal was not used in March 2015</i>		
10. Questions from the Public <i>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.</i>		
11. Meeting evaluation		
12. Date of the next meeting - <i>The next meeting of the Trust Board will be held on 30 April 2015 at 9.00am.</i>		

MINUTES OF THE TRUST BOARD

26 February 2015

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
	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 Kate Leach	Associate Non-Executive Director
	Dr Simon Mackenzie	Medical 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
	Mr Rob Elek	Director of Strategy

In attendance:

Apologies: Ms Sarah Wilton Non-Executive Director

15.02.01 Chair's opening remarks

Mr Smallwood welcomed all to the meeting, in particular Mr Elek, for whom this was his first Trust Board meeting. He noted that this was the first meeting of the Board since the trust achieved foundation trust status; he congratulated all involved in the assessment process and welcomed the endorsement of the quality of services that authorisation provided. He noted that there would be a celebration event on 12th March.

Mr Smallwood also welcomed the governors and members of public present. He reminded all present that this was a meeting of the Board in public rather than a public meeting. However members of the public present would be given the opportunity to raise questions at the end of the meeting.

15.02.02 Declarations of interest

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

15.02.03 Minutes of the previous meeting

The minutes of the meeting held on 29 January 2015 were approved as an accurate record, subject to agreed amendments.

15.02.04 Schedule of Matters Arising

Outpatients

Mr Elek confirmed that he would be chairing an outpatients steering group and would report back to the Board in June 2015

**R Elek
June 15**

Discharge paper

It was agreed that there would be full report to the Board in March; in the meantime Ms Hall reported that work was underway to develop information systems, to review the role of the site team and working with partner organisations to support discharge.

Update on branding

Mr Jenkinson gave an update on the brand development project, including the development of a visual identity to represent the trust's close working relationship with the University. A workshop had been run on 24th February and the output would be presented to M Scott and P Kopelman for final sign off. The trust visual identity would be launched at the forthcoming FT events and the joint branding would be launched at the beginning of May.

In response to a question from Mrs Leach, Mr Jenkinson updated the Board on the implementation of the post-authorisation plan, including notifying suppliers and the roll out of new signage. It was noted that new signage would be rolled out on a phased approach, due to the costs involved.

15.02.05 Chief Executive's Report

Mr Scott presented the report to the Board and highlighted key points:

Call centre

Mr Wilson gave an update on current performance, highlighting that performance had improved since the previous summer, had deteriorated in January but had then improved again in February. It was noted that the deterioration was due to the high level of referrals received meaning that staff had to be diverted to manage those, as well as significant levels of staff sickness.

Mrs Leach questioned the target of calls being answered in one minute, suggesting that this was too long. Mr Wilson confirmed that the target was for 75% of all calls to be answered in 30 seconds.

The Board noted concern in the low percentage of completed calls in January, and also raised concern regarding call resolution – whether the call was then directed to the appropriate department and dealt with by that department. Mrs Leach asked to see additional metrics in relation to this.

Mr Scott summarised by acknowledging the overall improvement in performance since the previous summer, but recognised that the trust had been unable to improve any further and therefore the improvement plan would need to be reviewed as there was a question as to whether the existing plan would deliver further improvement.

In response to a question from Mr Rappolt, Mr Munro confirmed that the private patient unit would have its own separate call centre.

Award of chair professorship

Mr The Board congratulated Dr MacKenzie on being awarded a chair professorship in patient safety.

The Board were invited to make comment on the report.

Mrs Pantelides made reference to the update on the Listening into Action programme, endorsing the programme as a methodology by which staff could

raise concerns but asking whether the programme was effective in delivering improvement and clinical engagement. Mr Scott agreed that updates from the LiA programme should be included in the workforce report to the workforce committee. He advised the Board that the programme had been running for 18 months and was now in its third round. He opined that results from the various initiatives had been variable and that key factors for success was for projects to be run from ground level with support from senior management.

RESOLUTION: The Board noted the report.

Quality and Performance

15.02.06 Quality and Performance Report

Mr Bolam presented the performance element of the report, noting an amendment to the Monitor RAF rating which should read amber / red instead of amber / green, and highlighted key points:

ED performance

The Board noted the current performance and the action plan contained in the report to address current under-performance. It was noted that Monitor required a monthly update on the implementation of the action plan.

Mr Wilson presented the improvement plan, noting that the trust had seen an improvement in performance in January but had deteriorated again in February. It was noted that the trust was not at the required level of performance. The actions, if successfully implemented, would deliver compliance with the 95% standard by the end of March.

The Board noted that implementation of the improvement plan would be monitored monthly by the finance and performance committee. It noted the aspiration to achieve compliance by the end of March, but required ongoing assurance regarding delivery and noted the risks particularly the dependency on external partners.

Mrs Leach asked whether the management was clear over the drivers behind the increased attendance in the ED. Mr Wilson advised that the level of growth in attendance was not large (only a 2% increase against plan), but that there was a difference in the case mix of those attendances which had a significant impact on admission. Mr Scott added that the trust also faced a significant challenge in discharging patients and therefore in the flow of patients. Prof Kopelman agreed with this synopsis and suggested reviewing whether the appropriate teams were in the right place at the right time to deal with this acuity of patients.

Dr Hulf endorsed the aim of achieving the 95% target by the end of March but was concerned about the impact on staff morale if that target is not then achieved; she advised that staff must be supported and not be made to feel as though they failed as the national picture in performance was terrible. Mr Scott acknowledged the pressure being felt in the ED but advised that anecdotally it did not feel that patient safety had suffered. J Hall added that although there was particular pressure in the ED, there had been a response from clinicians across the organisation. She added that to date there had not been any incident data to suggest an adverse impact on patient safety; there were a few hotspots of concerns, for example pressure ulcers, but that overall standards of care had been preserved. Dr MacKenzie agreed that the trust was coping well, but was concerned about the ability to sustain this pressure long-term.

**S Bolam
April 15**

The Board noted the actions being taken and endorsed the approach. It agreed that it was important to recognize that the performance standard was a trust target and not just for the ED to achieve, and that staff should be supported. Mr Scott assured the Board that the ED staff were not feeling victimised and a number of national media pieces had been completed to get the point across.

RTT performance

Mr Bolam highlighted that the 'managed breach' of the target would continue until March 2015. He advised that the intention had been to achieve compliance with the target from January 2015, but that the trust had not been successful in achieving chronological booking. Therefore the trust would remain just under the target for the next three months.

Mr Bolam reported that the commissioners had issued a 'joint investigation' letter to the trust, requiring the trust to participate in a two month project with the aim of developing a joint plan to address current performance. The trust would support and participate fully in this investigation and would share the outcome of the investigation with the Finance and Performance Committee and Board when published.

Mrs Leach asked for a summary of the financial and resource implications of this investigation. Mr Bolam advised that the process would require executive input, including operations and quality involvement, and senior management from the relevant services. Financial consequences could involve fines for under-performance, although any monies raised from fines would go to the System Resilience Group and invested in initiatives to improve future performance.

Mr Rappolt reminded the Board that ENT had under-performed against the RTT target for some time and this needed to be resolved. Mr Bolam agreed, but advised that ENT had compliance issues two years previously, those issues had been resolved but had since faced problems in sustaining improvement. He advised that additional consultants had now been appointed to address capacity issues within that service.

Cancer – 52 day waiting time

Mrs Pantelides noted the 'incompletes' and asked for a reason for the failures. Mr Bolam identified issues in the visibility of the pathways, with patients coming on to the trust waiting list late on in their care pathway. Issues with the IT systems were being addressed in order to improve the visibility of the waiting list. He also advised that in some cases, human error had led to cases not being followed up with clinicians or patients.

Mrs Leach asked whether it would be useful to hear the patient view of their care pathway. Mr Bolam agreed and would pick up with Dr MacKenzie and Ms Hall to agree the best way to take that forward. Dr Hulf suggested that GPs should also be included in that initiative, in particular to find out why they do not always follow up referrals.

**S Bolam
March 15**

Diagnostic waiting times

Mr Bolam highlighted a deterioration in performance in recent months, particularly in endoscopy and audiology due to capacity constraints. More details on this issue would be presented at the next finance and performance committee meeting.

**S Bolam
March 15**

Mr Rappolt asked whether the performance issues in endoscopy were due to the success of the unit. Mr Bolam confirmed that broadly this was the case, that the service had experienced a significant growth in referrals and had won accreditation to deliver new national screening campaigns. A business case had been developed to increase the unit's capacity.

Ms Hall presented the quality element of the report and highlighted key points:

Effectiveness Domain

Ms Hall stated that performance in this area was generally strong, with mortality rates remaining amongst the best in the country.

Prof Kopelman referred to the cardiology audit and queried the interventional devices which looked very low. Ms Hall agreed to investigate further and give a written response.

Prof Kopelman asked for more details regarding outpatient capacity. Mr Bolam advised that this was a summary of the work with the Children's and Women's division in scheduling and templating of outpatient clinics in order to meet demand. There was also a quality driver regarding ad hoc clinics.

Safety Domain

Ms Hall highlighted the level of mandatory serious incidents reported relating to London Ambulance Service handovers over 60 minutes, and assured the Board of the systems in place to ensure the safety of patients.

The Board noted a third never event in maternity. Ms Hall reported that a themed review was underway to identify actions and seek additional assurance from the team regarding those actions being taken. Dr MacKenzie emphasized the need for consistency.

Ms Hall also highlighted the safety thermometer data, in particular the pressure ulcer profile. She assured the Board that the trust was reviewing all incidents to identify actions that could be taken to minimize avoidable pressure ulcers. Ms Hall also highlighted the VTE indicator and assured the Board that incidents where VTE assessments had not been completed were being monitored and followed up.

Ms Hall also advised the Board that the trust had reported a fifth MRSA bacteremia case. A root cause analysis was currently underway to identify any learning. The Board noted that performance against the Clostridium Difficile was excellent, with the lowest rate of incidence across London teaching hospitals. However the target for 2015/16 had reduced further, to 31 cases, which would be a challenge to achieve.

Mr Rappolt referred to the VTE data and expressed concern regarding continued underperformance. He asked for confirmation of how many patients suffered a thrombosis who had not had an assessment. Ms Hall confirmed that four such cases had been identified through incident data over the past three months; however she agreed to check with the team and would confirm.

Experience Domain

Ms Hall highlighted complaints performance, advising the Board that performance was now improving in terms of timeliness with three out of the four divisions on track to achieve the year-end target. In addition the Quality and Risk Committee

**J Hall
March 2015**

**J Hall
March 2015**

the day before had reviewed in detail as well as receiving a summary from divisions as to lessons learnt and improvements made in response to complaints.

Well Led Domain and Ward Heatmap

Ms Hall presented the staff return for safe staffing, reporting 93.1% for the month. Mr Smallwood asked whether targets for recruitment were being tracked. Ms Hall confirmed that this was being monitored by the Workforce Committee. Divisional initiatives were being coordinated centrally by Ms Hall.

Mrs Pantelides asked whether metrics for fill rates were being monitored. Ms Hall advised that national benchmarks showed the trust to be in the middle of the pack but that it was difficult to see the detail. She advised that the trust should be aiming for 93-94%.

It was agreed that there would be a more detailed discussion of the heat map at the next meeting, including a summary of the support being given to areas of concern.

**J Hall
March 2015**

ACTION: The Board noted the report.

15.02.07 Open and Honest Care programme

Ms Hall presented an introduction to the programme and advised that the trust had been invited to participate as an early implementer. The programme was in place in Tyneside and had shown to improve consistency and openness of data with patients.

Mrs Pantelides questioned the added value of such a programme but was supportive. Mr Rappolt suggested that the programme might provide some useful benchmarks. Mrs Leach added that the programme would involve some metrics not currently supported, including maternity indicators. Ms Hall advised that participating in the programme should not involve significantly more resource but that investment would be beneficial.

ACTION: The Board endorsed the trust's participation in the programme.

15.02.08 Report from the Quality and Risk Committee

Mr Rappolt presented a summary of key issues discussed at the last Quality and Risk Committee.

Quality dashboard:

Tom Dewar updated the committee on the development of the heat map. Next steps would be for Tom to speak to all the Divisional Directors of Nursing, to explain the scope and use and ensure there is widespread understanding and use of the data now available. The committee had asked Tom to consider how best to incorporate community services and theatres, and had challenged the extent of triangulation with other data sets, including incidents data and complaints. JH agreed to progress with Tom and others.

Quality Improvement Strategy refresh

Ms Hall presented a draft refresh of the strategy, which focussed particularly on how assurance on patient safety will be linked to the 'Sign Up to Safety' initiative which she is leading. QRC challenged the extent to which the responsibilities for delivery are owned by divisional governance boards, and how we can get assurance of this. Ms Hall will address this when she brings the Quality Improvement Strategy to Board for approval, in April 2015.

Board Assurance Framework (BAF)

QRC was very conscious that while it carries out deep dives throughout the year into key risks in the BAF, it had not yet incorporated a systematic review of all the risks in BAF into its work programme. Mr Jenkinson suggested how this might best be done, by selecting 3 or 4 risks to review and challenge at each QRC seminar meeting. QRC discussed how best to link with workforce and finance committees to review their respective risks and to gain assurance that workforce and finance risks are properly identified and managed.

The implementation plan for the risk management strategy was being revised in the light of resource constraints, but will include separation of corporate risk register and BAF, and change in format to set out very clearly nature and impact of risks, controls in place to mitigate, and assurance that controls are in place and effective.

QRC will review revised reporting at next seminar, together with a deep dive review of 3 or 4 red-rated quality risks.

Complaints

QRC received an update on excellent work ongoing to reach the target of responding to complaints within 25 working days unless extension has been agreed. All four divisions then provided assurance about learning from incidents leads to improvements.

ACTION: The Board noted the report.

15.02.09 Finance Report

Mr Bolam presented the Month 10 finance report, highlighting key points. He advised the Board that he had been warning the Board since month 5 that the trust may not achieve the original surplus target. At month 9 the Board had assessed that the trust could still achieve a year-end break even position, based on assumptions made regarding income and expenditure controls, and achieving a year-end settlement with commissioners.

Mr Bolam then presented the income and expenditure position, which in month 10 had seen a significant adverse movement. This had been compounded by moving from NHS trust to foundation trust status, resulting in a 'hard close' of accounts and therefore timing issues in areas such as stock and depreciation – this led to an additional £1.2m impact. In addition to this there had been a £3m adverse movement in the divisional position. This meant that the year-end position could not be reversed and a break-even position was not possible.

There had been a discussion at the last finance and performance committee meeting to determine what the revised year-end forecast was. It was currently predicted to be a £8.5m deficit, however it was noted that if the adverse trend continued in months 11 and 12 then the year-end position could be worse.

Mr Bolam advised that as a result of the income and expenditure position, the cash position had also deteriorated. Taking into account the assumption of a £8.5m year-end deficit, the Leaf loan and the working capital loan, the predicted cash position was £22m. This meant that there would not be a cash issue in the remainder of 2014/15, but would be a significant risk in 2015/16. Mr Rappolt reiterated the point that the Board noted that cash was currently not an issue, but was supported by drawing down of two loans.

Mr Bolam advised that 2015/16 financial forecast was still difficult to predict due to a number of variables, including the tariff changes, but that the position should become clearer during March.

Mr Smallwood reported from the last Finance and Performance Committee, highlighting in particular the discussion regarding income and expenditure and cash.

Mr Rappolt asked what the current position was with creditors and debtors. Mr Bolam reported that commissioners were also under significant financial pressures but advised that the system was set up to mitigate any cash problems. He opined that the risk lay in provider to provider debt, however in broad terms the debt position between providers was currently even.

[CRS notes from F&P]

The Board noted that there would be an additional finance and performance committee meeting in mid-March to review progress in these areas of risk. The committee had also agreed an outline proposal from the executive for a fundamental review of trust activities to reset the financial cost base of the trust. Further proposals for this review would be presented in due course.

Mrs Leach advised that the trust should understand the differences between the assumptions and the actuals so that the same mistakes were not made in future, and also that the executive should accelerate projects that increased income or reduced expenditure. Mr Bolam responded that the service profile of the trust was currently focussed on emergency non-elective activity, which had an impact on income. This profile had changed over the past five years so that elective work had reduced from making up a quarter of overall activity to a fifth. There was therefore a need to amend the profile of clinical activity to increase the level of elective work, and the need to improve the flow of patients to enable this profile to change. He added that the trust was also facing challenges in respect of staffing and increasing temporary staffing expenditure.

Mr Scott reflected on the key elements of the trust strategy, to be the key specialist provider in south west London and Surrey, including heart attack and major trauma which are emergency services as are many other tertiary services. However capacity constraints had hampered the ability to deliver the elective activity as well as the emergency activity. It would therefore be important to consider the tertiary / secondary activity split as well as emergency / elective split. The trust needed capacity to deliver the tertiary growth at a productive rate. This was one of the key issues to be addressed, but not the only one.

Mrs Pantelides sought assurance that the executive would not only focus on the symptoms but also the underlying issues, and welcomed the opportunity to discuss the planned review at the next finance and performance committee. Prof Kopelman agreed and stressed the need for clinical engagement in the review.

Mr Bolam summarised the changes to the tariff proposed by Monitor and the options for trusts to decide on, and their respective impact on the financial plan. It was noted that the proposals were more favourable towards general acute hospitals rather than specialist providers. As the deadline for trust decision as to which option to select was 4th March, it was agreed that Mr Bolam and Mr Scott would share the conclusion of their analysis with the Board and the agreed approach with the chairman prior to submission.

**M Scott /
S Bolam
4 March 2015**

ACTION: The Board noted the report and agreed the approach to submission of response to Monitor.

15.02.10 Divisional presentation – Community Services

Dr Alford, divisional chair for community services, attended the meeting and gave a presentation, including:

- summary of divisional structure;
- key strategic developments – focus on rehabilitation;
- key performance issues – highlighting risks with meeting the delivery specification for HMP Wandsworth, block contracts, workforce capacity and financial challenges;
- key risks – workforce, financial, tender opportunities / challenges, leadership development, data / informatics and IT support for community services.

Mrs Leach identified ten tenders to be submitted over the next year and asked how the trust would ensure that it was successful in all ten. Dr Alford praised the quality of his management team involved in putting together the tenders, along with strong support from the executive. The Board noted the top three tenders in terms of priority – Merton community services, school nursing and health visiting. Mr Scott add that the trust had a good track record of winning tenders, including HMP Wandsworth and the Nelson Health Centre, and that the executive had a clear idea as to which tenders the trust should be responding to.

Mr Rappolt asked what had been successful or unsuccessful in terms of integration since the merger of Wandsworth community services and the trust in 2010. Dr Alford opined that there were good examples of integrated services, such as children's specialist therapy care to Linden Lodge which had improved the quality of care. Difficulties had been experienced in other areas such as elderly rehabilitation. CAHS provided an opportunity to develop integrated services further.

In response to a follow-up question from Mr Rappolt, Dr Alford stated that he did not know how many members of staff had transferred between divisions as a result of integration but knew of some, for example as a result of the change in responsibility for geriatric wards.

Mr Rappolt stated that the outpatient department at St. George's hospital was overstretched, but Queen Mary's hospital had spare capacity, and asked how the executive were addressing that. Mr Scott accepted the challenge, but assured the Board that the issue was being addressed via the outpatient capacity plan which would be a cross-divisional plan with the aim of improving the use of existing outpatient capacity.

Prof Kopelman highlighted the high level of vacancies (22%) and turnover (20%), and with reference to Homerton asked whether the trust should be looking at a different model. Mr Scott agreed with the principle of linkage between acute and community and staff rotation between the two. Mrs Pantelides welcomed the acknowledgement of the workforce issues and suggested that the HMP Wandsworth could be used to develop staff rotation, as well as junior doctor placements. Mrs Brewer confirmed that support was being given to middle management within the division who faced particular issues in relation to remote working.

The Board thanked Dr Alford, and agreed that there was still more to do regarding integration of community and acute trusts. Mr Rappolt was supportive of the division's request for additional investment in IT.

ACTION: The Board noted the report.

15.02.11 Workforce Performance Report

Mrs Brewer presented the month 10 workforce report and highlighted key points, including current vacancy rates. She reported that 150 staff had joined the trust in the last month, a net increase in staff in post of 28.

Mr Smallwood asked whether bank rates had now been resolved. Mrs Brewer reported that no changes had been made to the general bank rates as benchmarks had shown the trust to be in line with other trusts apart from King'. Mr Smallwood reflected on conversations he had had with nursing staff who had said that an increased bank rate would make a difference. Mrs Brewer agreed, but warned that there were no guarantees that an increased rate would lead to increased usage of the bank; there was other work required in order to reduce the usage of agency nursing. Mrs Leach suggested publication of the benchmark information so that staff could see that the trust's rates were in line with other trusts. Ms Hall agreed that this could be done, once the specialist rates had been checked.

Mrs Leach asked for assurance that recruitment plans were being accelerated, in light of the increasing trend in vacancy and turnover. Mrs Brewer confirmed that the number of staff recruited had increased, and would continue, however it was important to know what activity / capacity plan the recruitment was to support – this would be confirmed as part of the annual planning process.

Mr Smallwood noted that there needed to be an aspiration regarding turnover and vacancy rates. Mrs Brewer confirmed that there were targets for each of the metrics; the trust was currently 'in the pack' when compared with other trusts for turnover. The trust had previously met the target but the position had now deteriorated. It was agreed that Mr Scott and Mrs Brewer would review and suggest a timescale for the return to meeting the target.

**M Scott / W
Brewer
March 2015**

Mrs Leach suggested that in order to help the trust brand and therefore attract candidates, the trust should consider entering nominations for national awards. Mr Jenkinson agreed to take this forward.

Mrs Pantelides asked how many instances there had been of staff having their pay progression withheld following the implementation of the new policy. Mrs Brewer reported that the data was currently being analysed and would be reported to the Workforce Committee.

**W Brewer
March 2015**

ACTION: The Board noted the report.

15.02.12 Risk and Compliance Report

Mr Jenkinson presented a summary of the most significant risks, advising that a full review of the board assurance framework would be completed for the next month and reflecting on the discussion at the last quality and risk committee in relation to the plan to review risks in detail through that committee.

The Board noted the amended Statement of Purpose and ratified the approval of

the amendments by the Chief Executive, to reflect the addition of the Nelson as a registered location.

ACTION: The Board noted the report.

15.02.13 Care and environment report

The Board noted the update report.

15.02.14 Use of the Trust Seal

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

15.02.15 Questions from the public

Mrs Ingram asked whether patients were still being referred to St. Anthony's following its recent purchase. Mr Bolam confirmed that it was still being used; the trust was currently in negotiation with the new owners regarding tariffs but currently there was no noticeable difference.

15.02.16 Any other business

There was no other business.

15.02.17 Date of the next meeting

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

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

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

14.274	18.12.14	Quality and Performance Report	Board session on Mortality to be arranged as part of Board development programme	TBC	Peter Jenkinson	Date to be confirmed
15.005	29.01.15		Warning triangle not to be appear as frequently within the report	Ongoing	Jennie Hall	Ongoing
			Further assurance on medical records to be provided	ASAP	Jennie Hall	ON AGENDA
			Complaints overview to be part of next report	26.02.15	Jennie Hall	Quality and Performance Report on agenda – ON AGENDA
			Status of validation alerts as part of the safe staffing return to be checked	ASAP	Jennie Hall	Quality and Performance Report on agenda – ON AGENDA
			Process for 'special measures' to be shared	ASAP	Jennie Hall	To be placed on March Trust Board agenda - Deferred
			Update on WHO checklist compliance including sanctions to be provided to QRC	TBC	Simon Mackenzie	To be reported to a future QRC meeting
15.008	29.01.15.	Service Improvement Update: Capacity	Capacity shortfall to be considered at next Finance & Performance Committee meeting, as well as KPI data to be included in regular reporting	25.02.15	Steve Bolam	To be reported to the February Finance & Performance Committee
15.011	29.01.15	Risk and Compliance Report	Review of report for inclusion of Nelson project	ASAP	Peter Jenkinson	Update to be provided as part of Matters Arising
15.02.14	26.02.15	Matters Arising- Outpatients	RE chairing the outpatients steering group – to report back regarding outpatient strategy	June 15	Rob Elek	
15.02.06	26.02.15	Quality & Performance Report:- RTT performance	Commissioners had issued a 'joint investigation' letter requiring the trust to participate in a two month project to improve performance as the trust failed to meet the target. SB to share the outcome report following the investigation	April 15	Steve Bolam	Meeting with commissioners to agree terms of reference and timescales to be scheduled. Investigation outcome will be shared with finance and performance cttee once complete (probably in May)

15.02.06	26.02.15	Quality & Performance Report:- Cancer 52 day waiting time	SB, JH, SM to agree a way forward to address the issues regarding trust waiting lists and pathways and GP referrals	March 15	Steve Bolam	SB to schedule discussion to agree what practical steps could be taken across Trusts to improve visibility of pathways and flow. Report outcome to F&P cttee April as part of routine cancer performance reporting
15.02.06	26.02.15	Quality & Performance Report:- Diagnostic waiting times	Deterioration in performance in endoscopy and audiology due to capacity constraints – details to be presented at next Finance & Performance meeting	March 15	Steve Bolam	On agenda for March Finance & Performance Committee
15.02.06	26.02.15	Quality & Performance Report:- Effectiveness Domain	JH to investigate further and provide a written response regarding cardiology which highlighted interventional devices to be very low	March 15	Jennie Hall	
15.02.06	26.02.15	Quality & Performance Report:- Safety Domain	JH to confirm the number of patients suffered a thrombosis who had not had an assessment	March 15	Jennie Hall	
15.02.06	26.02.15	Quality & Performance Report:- Well Led Domain and Wart Heat map	Detailed discussion of the heat map to take place at next meeting, including summary of support given to areas of concern	March 15	Jennie Hall	
15.02.09	26.02.15	Finance Report	MS and SB to share conclusion of their analysis regarding tariff proposed by Monitor and the options for the trust	March 15	Miles Scott / Steve Bolam	Conclusion and rationale already shared with Board
15.02.11	26.02.15	Workforce Performance Report	Target position regarding vacancy rate and turnover has deteriorated. MS and WB to review and suggest timescales to meet the target	March 15	Miles Scott / Wendy Brewer	
15.02.15	26.02.15	Workforce Performance Report	Instances were staff have had their pay progression withheld following the implementation of the new policy. WB to report to Workforce Committee following completion of data collection	March 15	Wendy Brewer	

REPORT TO THE TRUST BOARD – MARCH 2015

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

<i>paper refers to.</i>	
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	N/A
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. Quality and Patient Safety

1.1 Full Circle Fund Therapy Team

The Professional Standards Authority published its March 2015 Accredited Registers Report to Ministers, in which it featured services provided at Full Circle at St George's Hospital and the Breast Cancer Haven. Full Circle is a supportive complementary therapy service, which aims to enhance the quality of life of babies, children and adults with life limiting illnesses and to provide a professional basis for therapies to be delivered and evaluated in a clinical environment. The team works across Oncology, Paediatric Medicine, Neurology Intensive Care and Rehabilitation and in the Haematology & Bone Marrow Transplant Unit. The report showcased the work of a number of CNHC registrants and spoke of the potential for wider use of complementary therapies in a new model of health and care.

1.2 Major Trauma DH Peer Review

The Major Trauma Centre and the Trauma network (SWL and Surrey) were subject to the annual national DoH review last week. The review was extremely positive overall. The verbal feedback on the day highlighted many of our good practices:

- Strong clinical leadership and consultant cover in ED.
- Good communication between ED and radiology during trauma calls.
- Good access to psychology services and support for our adult major trauma patients.
- Good collaboration between Paediatrics surgery and general surgery.

The review also highlighted two "Serious concerns":

- Compliance with the BOAST 4 standard for open fractures. This however is a national challenge
- Damage control surgical training and capability in both adults and paediatrics.

Both of the above already feature in the Major trauma centre's strategy and work plans for the coming year. A full report will be issued to the Trust within 4 weeks, and the Trust will have 20 days to respond with an action plan to the two "serious concerns"

2. Strategic Development

2.1 Clinical Academic Groups

Over the last few months ongoing discussions have been taking place between St George's, University of London and the Trust, regarding the establishment of a Clinical Academic Group (CAG) in Cardiology. The CAG would be a new way of managing clinical, educational and research activities as one group, rather than as separate groups within the university and the Trust. It has been proposed that the CAG would be led by a 'Chief of Cardiology' who would be accountable to both the Trust's Medicine and Cardiovascular Division as well as to the university's Cardiovascular and Cell Sciences Institute.

Having agreed to establish a CAG, the detail of how this will work in practice, including resources within scope and how these are deployed to maximise benefit are being worked through. It is intended that the establishment of the CAG will bring great benefits including:

- The improvement of cardiology's profile and reputation and the enhancement of existing/development of new income generation opportunities for clinical services and research.
- The improvement of clinical care and services, partially through the application of research findings.
- The maximisation of opportunities to win major research grants.
- Support for the recruitment and retention of the highest calibre staff.

If successful, this model could be rolled out to bring together other specialties with common interests across the Trust and university.

3. Workforce

3.1 Listening into Action

LIAiSE - The listening service for all staff

This innovative new service was launched on 8th September 2014 and has now been running for 6 months. There have been 85 referrals so far, from across the organisation. The most popular referral route is in person, demonstrating the value of the regular ward rounds and departmental visits undertaken by the LIAiSE Adviser, Sarah Hemmings.

Issues

Initially, the majority of issues were of an HR nature. Some of this would have stemmed from Sarah's previous role at the trust as HR administrator. Whilst the service continues to receive HR enquiries (such as enquiries regarding maternity leave), the range of issues is becoming broader and increasingly diverse as the service's profile is being raised and it's becoming increasingly well regarded. Examples of these issues are 'conflict resolution', the management of difficult situations, etcetera. Sarah's work is greatly enhanced when there is buy-in and support from team leaders and line managers.

LIAiSE in ED

In November and December Sarah took up residence in the Emergency Department (ED), giving ED staff the opportunity to have a 1:1, confidential conversation with her. These conversations focussed on the obstacles staff have faced when trying to give the best possible care to patients in ED. During this period, Sarah saw 29% of the ED workforce. This piece of work was commissioned by ED and it identified 7 key themes for the ED leadership team to address for the benefit of patients and staff alike: Communication; Workforce Issues; Processes; Environment; Equipment; Patient Management Issues; Urgent Critical Care (UCC).

3.2 Friends and Family test for staff

The Friends and Family test for staff has been run three times this financial year. Q4 is still running and we hope to capture responses from more staff until the end of March. This is how we currently stand:

	Staff response	Would recommend for treatment	Would recommend as a place to work
Q1	772	81%	58.5%
Q2	908	80%	57%
Q4	693	84%	66%

3.3 Annual Awards Ceremony

Our annual awards ceremony took place on Tuesday 24th March. We have aligned the annual awards to the trust values, so for the first time we awarded 4 individuals and 4 teams with trust values awards. The overall winners were selected from all those who had received a values award in the past year.

In addition to these awards we presented the Chief Executive's award and the Lifetime Achievement award. We also presented 51 colleagues with Long Service awards, (for 25 years of service) and 6 long serving volunteers (for at least 10 years of service).

4. Communications

4.1 Foundation trust launch events

To celebrate our recent foundation trust success, the communications team organised launch events at each of our main sites; St John's Therapy Centre and Queen Mary's Hospital on March 10th and St George's Hospital on March 12th. An estimated 300 members of staff and stakeholders attended the events where Christopher Smallwood and Miles Scott thanked the workforce for their hard work in making this happen and celebrate examples of staff living the trust's values. The event was also an opportunity to officially welcome our new governors to the trust.

4.2 New name, new brand.

To mark our achievement of reaching foundation trust status the trust is rolling out a new brand and visual identity across the trust to help ensure a consistent image in our publicity and communications. We are using a new bolder colour palette across all of our communications including new letterheads and templates, posters and presentations to reflect our foundation trust status.

As well as our new logo we are introducing a new strapline; *Excellence in specialist and community healthcare*, which is an important part of how we express the identity of our organisation. We have also modernised how our values appear. The new design for our logos will be used as opportunity to continue to embed them throughout the organisation as the standards of behaviour we expect from all our staff.

4.3 Foundation trust Achieved Gazette Special

To celebrate our successful foundation trust application and to recognise the contributions of staff who helped make this happen, we published a special edition of the gazette at the end of February in both pdf and [digital flip book](#) formats. It also included a reader survey, the results of which will be used to improve future editions.

4.4 NHS Change Day

The communications team ran a trust-wide campaign to encourage staff to sign up for a staff swap shop - the trust's organisational pledge for NHS Change Day on March 11th. The swaps, which give staff a chance to shadow a colleague across the trust, will take place in May.

Each member of staff had the opportunity to sign up to shadow and be shadowed by another member of staff, to gain a better understanding of other roles in the trust so that different departments and services work better together. Around 80 staff members have signed up for the swap which will actual mean that at least 150 people will be involved in this initiative.

4.5 Health Awareness Days

The communications team supported a range of national awareness days and weeks and campaigns including Dementia awareness, Nutrition and Hydration week, No Smoking Day, World Kidney Day and the trust's Donor Day, the #hellomynameis campaign and a sexual health awareness campaign for Valentine's day with our sexual health team. The sexual health team will be taking over the trust's twitter account once a month to tweet latest research and general health tips.

4.6 *By George!*

The March/April edition of *By George* is now circulating the trust. It features a profile of the South west Thames Regional Genetic Services, a double page spread on the first values award winners of the year and a hard copy of the staff friends and ***family test for staff*** to complete as well as a survey on how staff feel about the ***By George!***

4.7 Project SEARCH

Project SEARCH is entering its third year at St George's and aims to offer even more work placements for 18-24 year olds with learning difficulties. Since its inception at St George's in 2012, 15 young people have been offered employment opportunities across the trust, in partnership with Cricket Green School and Action on Disability. Now, two new placements have been created; one working with reception staff (Grosvenor and Atkinson Morley wings) and the other working with play specialists.

4.8 Leadership awards

Teresa Manders, director of midwifery, who received a highly commended award for Leader of Inclusivity at the London Leadership Awards 2014, has been put forward for the national awards this month.

4.9 News and media coverage

- [Episode Ten](#) of '24 Hours in A&E' aired on Channel 4. The trust continues to receive positive feedback and support via social media from viewers of '24 Hours in A&E'. We have received over 600 engagements through twitter and have also picked up another 80 twitter followers since last week's episode.
- [BBC Newsnight](#) - neurosurgeon consultant Henry Marsh spoke about bed pressures within the NHS and how this impacts on his day.

- A 'good news' A&E patient story – paramedics took a seriously injured patient to St George's after he got an angle-grinder stuck in his chest. Our ED consultants opened up his chest in resus and sewed up his heart. He went home a week later. We published this story on the trust website and then worked with the ambulance service to pitch the story to local and London media. It was picked up by Evening Standard, London Live, Wandsworth Guardian, BBC London News and will feature in a rapid response BBC documentary this summer.
- Ebola 'back to work' article in Evening Standard - St George's doctors and nurses who have been to or are going to fight Ebola abroad were a focus of this article in the ES.
- The debut of Sky One drama 'Critical' – we published an article about the workshop we gave to the cast and crew of the drama regarding the realities of working with trauma cases, and are due to publish an article about the anti-gravity treadmill purchased through the fee they paid. Stars of the show mentioned St George's in their interviews about preparing for the show. They were very complimentary of our staff.
- BBC London News came to Queen Mary's on March 11th to film an interview with Victoria, a cyclist patient undergoing rehabilitation in the gym. This featured in the evening news and there will be a follow-up documentary piece later in the year.

5. Forward View

5.1 St George's Day 23rd April 2015

St George's day presents a wonderful opportunity to launch the new 'Greater St George's' branding.

The new branding visually unifies the increasing partnership working between clinicians at the trust and academics at St George's, University of London

5.2 Council of Governors 2nd April

The next meeting of the Council of Governors is on 2nd April. The focus of the meeting will be on the draft annual business plan, the financial position and how the Council and Board engage with each other on key topics of interest. The Council will also consider the establishment of initial remuneration for chairman and non-executive directors.

The Council has appointed a lead governor, Kathryn Harrison. Kathryn's role as lead governor is to provide a channel for communication between the governors and Monitor in the event that either body has significant concerns about the leadership of the trust that it has not been possible to address through the Chairman and board of directors.

REPORT TO THE TRUST BOARD

TB 26.03.15 (02)

Paper Title:	Quality and performance Report to the Board for Month 11- February 2015
Sponsoring Director:	Jennie Hall- Chief Nurse/ Director Infection Prevention and Control Simon MacKenzie- Medical Director Steve Bolam- Director Finance/ Performance and Informatics/ Deputy CEO
Authors:	Jennie Hall- Chief Nurse/ DIPC Simon Mackenzie- Medical Director Matt Laundry- Infection Control Lead Corporate Nursing Team Trust Safeguarding Leads Steve Bolam- Director Finance/ Performance and Informatics/ Deputy CEO
Purpose:	To inform the Board about Quality and Operational Performance for Month 10.
Action required by the board:	To note the report and key areas of risk noted.
Document previously considered by:	Finance and Performance Committee Quality and Risk Committee
<p>Executive summary</p> <p>Performance</p> <p>Performance is reported through a number of key performance indicators (KPIs) as per Monitor Risk Assessment Framework and to maintain consistency for 2014/15 reporting to year end the TDA Accountability Framework. The trust is performing positively against these frameworks.</p> <p>The trust shows a quality governance score against Monitor risk assessment framework of 3 which is 'Amber-Red' and a self-assessment shows a quality score of 4 against NTDA accountability framework which signifies that no intervention is required and</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>Key Points of Note for the Board in relation to February Quality Performance:</p> <p>Effectiveness Domain:</p> <ul style="list-style-type: none"> • Mortality and SHMI performance remains strong for the Trust. In this month Dr Foster made available the NHS Trusts four key measures of Mortality to be included in the next CQC intelligence monitoring reports. The report indicates that we are lower than expected in 2 categories HSMR. Emergency HSMR at weekdays and within expected range for Emergency HSMR at weekends, and low risk diagnostic groups. • There are a range of Audits within the Report. These include the National Chronic Obstructive Airway Audit, National Oesophageal Cancer, National Maternity, Newborn and Infant Clinical Outcome Programme and the Use of the Early Warning Score Audit. • 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 February indicates a reduced number reported. This includes some further Ambulance breaches due to Emergency Department pressures termed as 60 minutes breaches. For all of these patients who were delayed they were monitored during this time to ensure safety. The report includes the Never event reported to the board last month.
- Safety Thermometer performance increased slightly from January performance. There was an increase in patients with old pressure ulcers within this month and slight increase in new pressure ulcers. Focussed work streams will continue to support improved performance i.e. pressure ulcers, falls and VTE assessment.
- The pressure ulcer profile for February reduced slightly from the January position in terms of grade 3 and 4 ulcers with a decrease in grade 2 ulcers as well. As previously reported to the board a deep dive review has already been completed within both the Surgical and Community Divisions where a number of the Ulcers occurred and actions are being taken forward. The actions include training, use of safety approaches such as “hotspots” to raise awareness and roll out of preventative strategies. The RCA analysis has yet to be completed to understand if the ulcers were avoidable or unavoidable.
- The VTE profile is largely unchanged. However the Trust has experienced issues with the recording of VTE risk assessments in areas where the roll out of ICLip has occurred. The adversely impacts on performance but importantly there is a need to ensure patients are appropriately screened. Actions have been put in place to address this issue with support within the clinical; areas concerned and close focus on weekly performance.
- The Trust has now reported 5 MRSA bacteraemia cases and 34 C-Difficile to the end of February. 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 decreased in February but with an improvement for the inpatient ward but deterioration for rates in ED. Key themes from the FFT responses will be reported to the April Board having been triangulated with complaints themes.
- The complaints summary includes a brief summary on complaints received since the last Board report. Complaint numbers rose in January with Maternity and outpatient services received higher numbers.
- Turnaround time for complaints remains a key area of focus; All Divisions have committed to achieve the targets for response times by the end of Quarter four.

Well Led Domain:

- The safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 94.1 % across these areas. The return is viewed alongside the Trust information for staffing alerts (Red Flags) which has been implemented across the Trust, and Trust Bank information about the temporary staffing profile and fill rates. A data quality review was completed to ensure accuracy of the returns in January
- Work has commenced regarding the recruitment of staff to address the current turnover profile, reduction of vacancy factor to 10%, the establishment review and additional capacity. The numbers of registered staff required are significant over a 12 month period so a central programme is in place to coordinate activity in relation to Nursing/ Midwifery recruitment and retention activity to supplement existing Divisional activity.

Ward Heat map:

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

Work has been undertaken to identify areas where there are particular concerns in relation to workforce and Quality indicators.

Key risks identified:

Complaints performance (on BAF)

Infection Control Performance (on BAF)

Safeguarding Children Training compliance Profile (on BAF)

Staffing Profile (on BAF)

Related Corporate Objective:

Reference to corporate objective that this paper refers to.

Related CQC Standard:

Reference to CQC standard that this paper refers to.

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

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

Performance & Quality Report



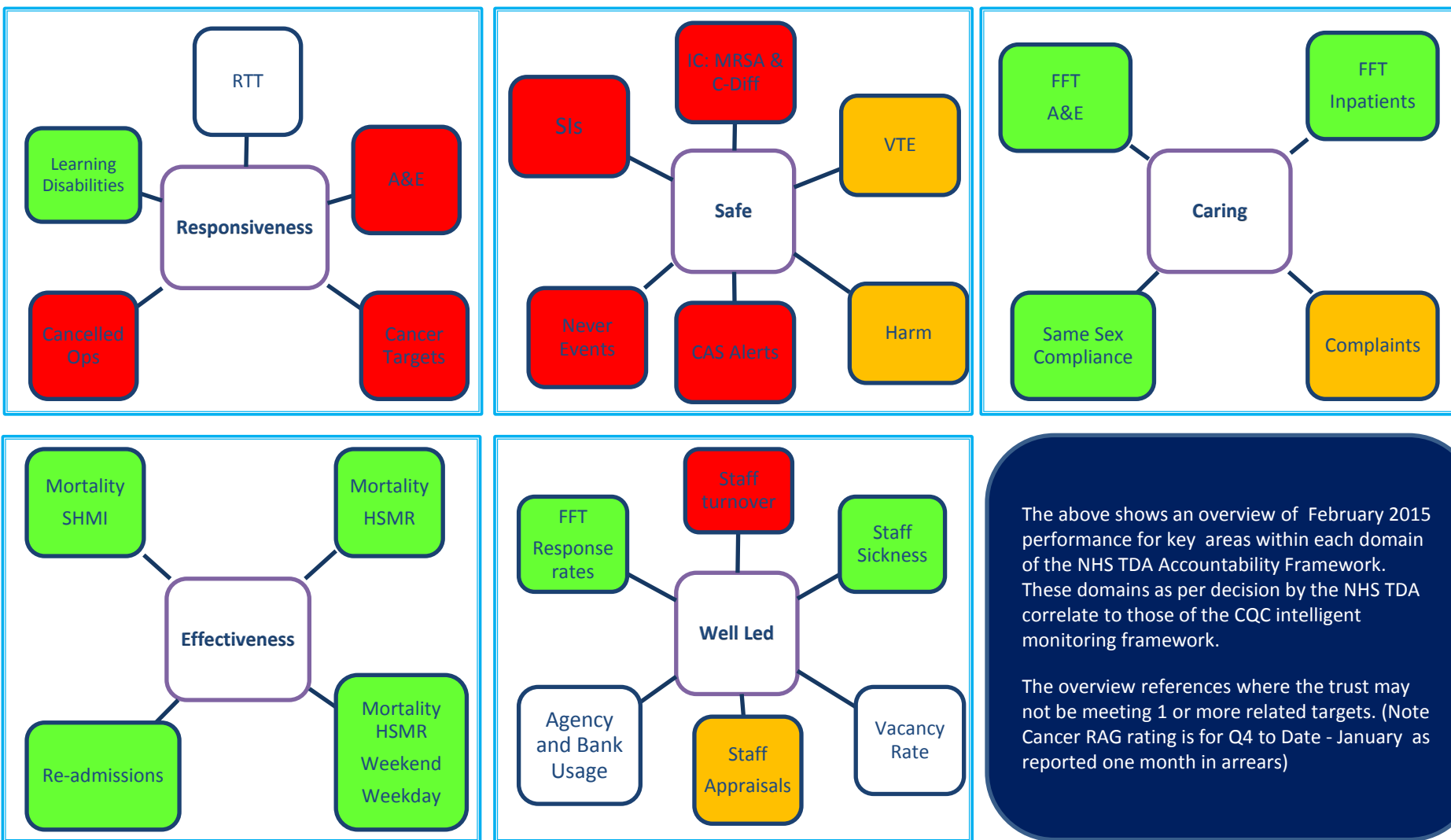
Trust Board
Month 11 – February 2015

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1. Executive Summary - Key Priority Areas February 2015



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

The overview references where the trust may not be meeting 1 or more related targets. (Note Cancer RAG rating is for Q4 to Date - January as reported one month in arrears)

This report is produced in line with the trust performance management framework which encompasses the Monitor regulatory requirements and those reflective of TDA accountability framework for full year consistency.

Performance against Frameworks

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

Access							
Metric	Standard	Weighting	Score	YTD	Jan	Feb	Movement
Referral to Treatment Admitted	90%	1	0		88.1%	86.6%	▼
Referral to Treatment Non Admitted	95%	1	0		95.6%	95.0%	▼
Referral to Treatment Incomplete	92%	1	0		90.03%	90.1%	▲
A&E All Types Monthly Performance (Quarter to date)	95%	1	1	93.59%	88.53%	88.29%	▼
				YTD	Q3	Q4 to Date	
62 Day Standard	85%	1	1		83.3%	80.9%	▼
62 Day Screening Standard	90%				92.5%	89.1%	▼
31 Day Subsequent Drug Standard	98%	1	0		100%	100%	➤
31 Day Subsequent Surgery Standard	94%				98.5%	97.8%	▼
31 Day Standard	96%	1	1		97.1%	95.1%	▼
Two Week Wait Standard	93%	1	0		96.9%	96.0%	▼
Breast Symptom Two Week Wait Standard	93%	1	0		96.1%	96.1%	➤

* NYA Not yet available

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

Trust Overall Quality Governance Score	2	3	➤
--	---	---	---

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

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

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

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

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

Areas of underperformance for quality governance are:

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

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

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

Responsiveness Domain					
Metric	Standard	YTD	January	February	Movement
Referral to Treatment Admitted	90%		88.1%	86.6%	➤
Referral to Treatment Non Admitted	95%		95.6%	95%	➤
Referral to Treatment Incomplete	92%		90.03%	90.1%	➤
Referral to Treatment Incomplete 52+ Week Waiters	0		4	2	✓
Diagnostic waiting times > 6 weeks	1%		4.7%	2.1%	✓
A&E All Types Monthly Performance	95%	93.59%	88.53%	87.99%	✗
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%	8.8%	12.5%	⬆
Certification against compliance with requirements regarding access to health care for people with a learning disability	Compliant	Yes	Yes	Yes	➤
	Standard	YTD	Q3	Q4 to Date	Movement
Two Week Wait Standard	93%	97.9%	96.9%	96%	✗
Breast Symptom Two Week Wait Standard	93%	96.3%	96.1%	96.1%	➤
31 Day Standard	96%	98.16%	97.1%	95.1%	✗
31 Day Subsequent Drug Standard	98%	100.0%	100.0%	100.0%	➤
31 Day Subsequent Surgery Standard	94%	98.6%	98.5%	97.8%	✗
62 Day Standard	85%	85.5%	83.3%	80.9%	✗
62 Day Screening Standard	90%	92.8%	92.5%	89.1%	✗
Domain Score	3				

Safe Domain					
Metric	Standard	YTD	January	February	Movement
Clostridium Difficile - Variance from plan	0	-4	-5	-5	➤
MRSA bacteraemia	0	5	1	1	➤
Never events	0	3	0	1	⬆
Serious Incidents		169	36	22	✓
Percentage of Harm Free Care	95%		94.43%	94.89%	⬆
Medication errors causing serious harm	0	0	0	0	➤
Overdue CAS alerts	0	1	1	2	⬆
Maternal deaths	1	1	0	0	➤
Domain Score	4				

Effectiveness Domain					
Metric	Standard	YTD	January	February	Movement
Hospital Standardised Mortality Ratio (DFI)	100		84.1	84.5	➤
Hospital Standardised Mortality Ratio - Weekday	100		86.08	90.22	⬆
Hospital Standardised Mortality Ratio - Weekend	100		83.66	88.4	⬆
Summary Hospital Mortality Indicator (HSCIC)	100		81	84	⬆
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust	5%	3.3%	1.5%	2.3%	⬆
Domain Score	5				

Caring Domain					
Metric	Standard	YTD	January	February	Movement
Inpatient Scores from Friends and Family Test	60		94.2%	93.2%	✗
A&E Scores from Friends and Family Test	46		83.6%	81%	✗
Complaints * previous months data			63	47	✓
Mixed Sex Accommodation Breaches	0	6	9	0	✓
Domain Score	3				

Well Led Domain					
Metric	Standard	YTD	January	February	Movement
IP response rate from Friends and Family Test	30%		37.3%	42.9%	⬆
A&E response rate from Friends and Family Test	20%		37.9%	19.9%	✗
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work	61%	61%			
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment	67%	69%			
Trust turnover rate	13%		17.5%	17.3%	✓
Trust level total sickness rate	3.50%		4.1%	3.5%	✓
Total Trust vacancy rate * previous months data only	11%				
Temporary costs and overtime as % of total paybill					
Percentage of staff with annual appraisal - Medical	85%		85.7%	84.6%	✗
Percentage of staff with annual appraisal - non-medical	85%		81.1%	76.7%	✗
Domain Score	3				

Trust Overall Quality Score	4
------------------------------------	----------

Key: Quality/Excalation Score

1	2	3	4	5
Special Measures		Intervention		Standard Oversight

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

Applying the trust self assessment framework this would place the trust under the category of low risk with no escalation.

Performance – areas of escalation



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

- A&E: 4 Hour Standard

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

Lead Director	January	February	Movement	2014/2015 Target	Forecast Mar- 15	Date expected to meet standard
FA	88.53%	87.99%	▼	>= 95%	R	Apr -15

Peer Performance Q4 at end February 2015

STG	Croydon	Kingston	King's College	Epsom & St Helier
88.29%	92.08%	91.38%	85.07%	94.22%

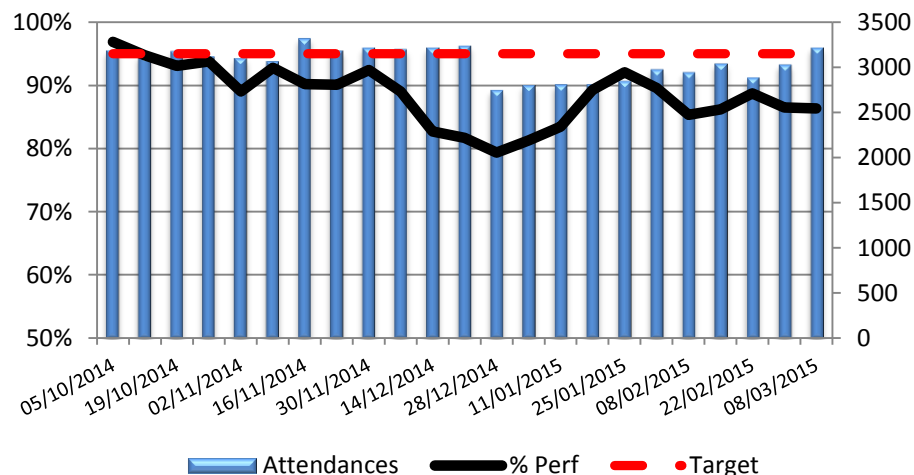
The ED target is that 95% or more of patients should be seen and discharged within 4 hours of attending the Emergency Department. In February, 87.99% of patients were seen within 4 hours, this is slight fall in performance on January's position when performance was 88.53%. The year to date figure was also below target at 92.65%.

In recent weeks achievement of this target has proved extremely challenging, however the trust continues to implement and further embed existing actions to maintain performance improvement. In order to return to performance levels within target of 95%, the trust has a recovery action plan which identifies the key issues and immediate priorities to be implemented. Key themes of the action plan include:

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

ED performance improvement is also being pro-actively addressed system-wide with support of commissioners via the System Resilience Group.

ED Q3 & Q4 TO DATE - Performance by Week



Performance Overview by Type

	ED	MIU	ED & MIU
	(Type 1)	(Type 3)	(Type 1+3)
Month to Date (December)	86.69%	99.75%	87.99%
Quarter to Date	86.96%	99.85%	88.29%
Year to Date	91.79%	99.83%	92.65%



3. Performance Areas of Escalation (Page 2 of 5)

- RTT Incomplete 52+ Week Waiters

Referral to Treatment Incomplete 52+ Week Waiters

Lead Director	January	February	Movement	2014/2015 Target	Forecast Mar – 15	Date expected to meet standard
SB	4	2	✓	0	R	April-15

Specialty	Patient Type	Date for patient to be treated	Commentary
Gynaecology	Continuing OP	09/03/2015	The patient is on a complex diagnostic pathway. The patient had an appointment on 24/12/2014 which they attended and an additional follow-up appointment is currently scheduled to attend on 09/03/2015. The trust can confirm that the patient attended their appointment and had their procedure undertaken with a follow-up attended on 11/03/2015 and is no longer waiting.
Plastic Surgery	Continuing OP	18/03/2015	Patient had an appointment on 05/01/2015 which they DNA'd. This was then rescheduled to 16/02/2015, which the patient attended with a follow-up now scheduled for 25/02/2015. The patient DNA'd their appointment and is scheduled to attend 18/03/2015

All 52+ week waiters reported in December have now been treated and are no longer waiting. Of the 4 patients waiting at end January 2 were treated by the end of February and 1 patient was treated in early March. The remaining patient waiting greater than 52+ weeks is expected to be treated and discharged in March. Attempts have been made to expedite the patients attendance but this has not been possible due to patient choice.

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

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



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

- Cancer: 31 Day and 62 Day Wait Standard

62 Day Wait Standard						
Lead Director	Q3	Q4 to Date	Movement	2014/2015 Target	Forecast Feb - 15	Date expected to meet standard
CC	83.3%	80.9%	▼	85%	G	Feb-15

31 Day Wait Standard						
Lead Director	Q3	Q4 to Date	Movement	2014/2015 Target	Forecast Feb - 15	Date expected to meet standard
CC	97.1%	95.1%	▼	96%	G	Feb-15

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

Peer Performance Latest Published Q3 2014-15				
STG	Croydon	Kingston	King's College	Epsom & St Helier
96.6%	100%	97.1%	99.0%	94.0%

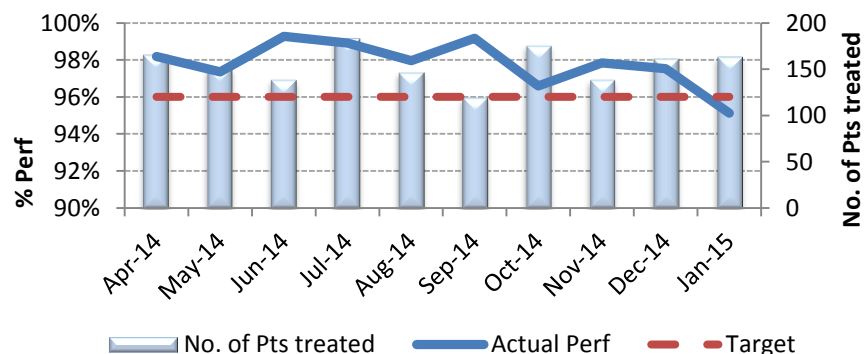
The Trust failed to meet two cancer targets in January, the 31 Day standard at 95.1% against a target of 96% and the 62 Day Standard with performance at 80.9% against a target of 83%. The year to date position for all cancer waits are within target. Key factors for underperformance in January are as follows:

- Capacity constraints in particular with regards to Urology.
- Late referrals from other trusts (referrals received after day 42).
- Patients on complex diagnostic pathways.
- Patients medically unfit for treatment.
- Patient choice.

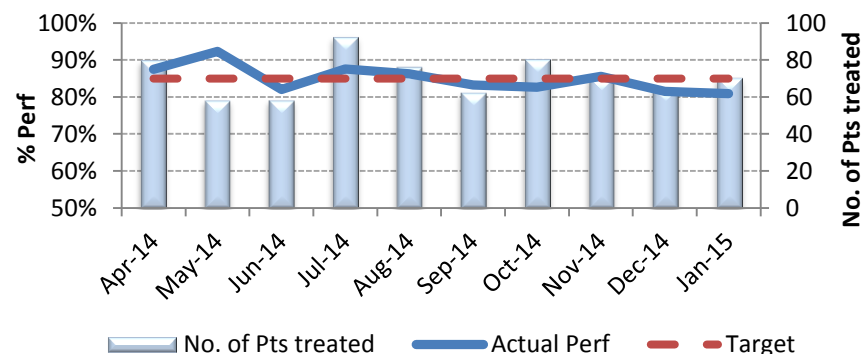
In 2014/15 there has been an improvement in Cancer performance, with significant improvement against the 62 day pathway, with the 31 day breach being the first incident this year. The trust envisages to be back within target in February and also for Q4 overall. The trust continues to implement actions and pro-actively track patients to bring performance back within target. Actions include:-

- Engaging with cancer leads from referring trusts to improve pathways and processes for referrals and data quality
- Review capacity, putting in place additional lists to support capacity constraints in particular in Urology.
- A monthly Cancer Performance Meeting led by and Executive Director where performance and key issues for escalation are reviewed. Clinical leadership is also present within the meetings.
- A nominated MDT co-ordinators for each tumour type.
- The Trust continues with 'Infoflex' development programme to the standardised specification which will improve cancer related informatics

31 day GP Referral to Treatment Standard Performance: April- 14 to January-15



62 day GP Referral to Treatment Standard Performance: April- 14 to January-15





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

Proportion of Cancelled patients not treated within 28 days of last minute cancellation						
Lead Director	January	February	Movement	2014/2015 Target	Forecast March – 15	Date expected to meet standard
CC	8.8%	12.5%	▲	0%	G	March - 15

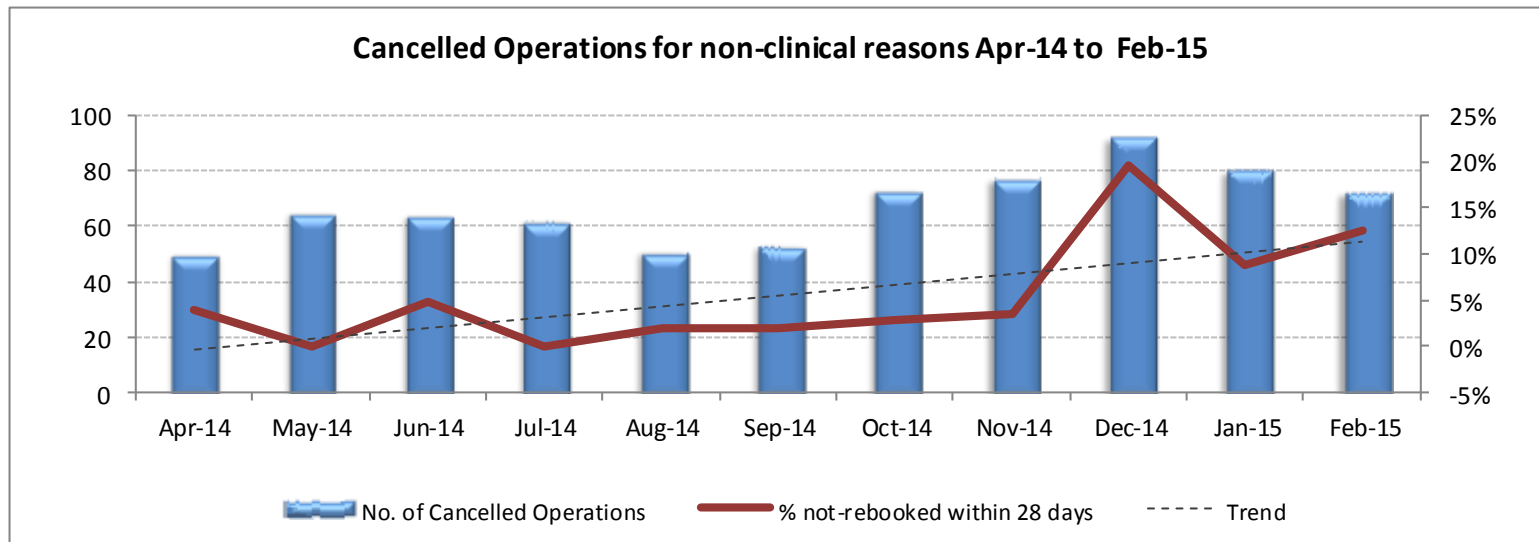
Latest Peer Performance Comparison – Q3 2014/15				
STG	Croydon	Kingston	King's College	Epsom & St Helier
12%	0%	5.0%	2%	0%

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

The trust had 72 cancelled operations in February from 4057 elective admissions, 63 of whom were rebooked within 28 days. 9 patients were not rebooked within 28 days, accounting for 12.5 % of all cancellations.

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

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



4. Divisional KPIs Overview 2014/15: February 15 Performance (Page 1 of 2)

			February 2015				
			COMMUNITY SERVICES	MEDICINE	SURGERY	WOMEN & CHILDREN	TRUST- ALL LEVELS
Access Metrics	18 WEEKS - ADMITTED WAITS (DIVISION LEVEL)	%		86.4	85.8	90.2	86.6
	18 WEEKS - INCOMPLETE WAITS (DIVISION LEVEL)	%	100	91.6	87.6	89.7	90.1
	18 WEEKS – NON-ADMITTED WAITS (DIVISION LEVEL)	%	100	92	91.9	96.4	95
	52 WEEK WAITERS	No.	0	0	1	1	2
	A&E WAITS (4 HOURS)	%	99.7	86.7			88
	CANCELLED OPERATIONS RE-BOOKED WITHIN 28 DAYS (DIVISION)	%	0	17.5	9.5	0	12.5
	LAS HANDOVER WITHIN 15 MINS	%					26.7
	LAS HANDOVER WITHIN 30 MINS	%					91.3
	LAS HANDOVER WITHIN 60 MINS	No.					6

			January 2015				
			COMMUNITY SERVICES	MEDICINE	SURGERY	WOMEN & CHILDREN	TRUST- ALL LEVELS
<i>Note: Cancer and Complaints performance is reported a month in arrears, thus for January-15</i>							
Access Metrics	2 WEEK GP REFERRAL TO FIRST OUTPATIENT (BREAST SYMPTOMS) - (DIVISION)	%	0	0	96.1	0	96.1
	2 WEEK GP REFERRAL TO FIRST OUTPATIENT (CANCER) - (DIVISION)	%	0	0	96	0	96
	31 DAY SECOND OR SUBSEQUENT TREATMENT (DRUGS) - (DIVISION)	%	0	0	100	0	100
	31 DAY SECOND OR SUBSEQUENT TREATMENT (SURGERY) - (DIVISION)	%			97.8		97.8
	31 DAY STANDARD FROM DIAGNOSIS TO FIRST TREATMENT - (DIVISION)	%			95.1		95.1
	62 DAY URGENT GP REFERRAL TO TREATMENT FOR ALL CANCERS - (DIVISION)	%			80.9		80.9
	62 DAY URGENT GP REFERRAL TO TREATMENT FROM SCREENING - (DIVISION)	%			89.1		89.1

			February 2015				
			COMMUNITY SERVICES	MEDICINE	SURGERY	WOMEN & CHILDREN	TRUST- ALL LEVELS
Quality Governance Indicators	PATIENT SATISFACTION (FRIENDS & FAMILY)	%	87.5	92	95.1	92.3	93
	PERCENTAGE OF STAFF APPRAISAL (MEDICAL) - (DIVISION)	%	88.9	80.6	91.3	83.7	84.6
	PERCENTAGE OF STAFF APPRAISAL (NON-MEDICAL) - (DIVISION)	%	76.8	73.6	78.9	79.4	76.7
	SICKNESS/ABSENCE RATE - (DIVISION)	%	5.3	3.3	3.5	2.9	3.5
	STAFF TURNOVER - (DIVISION)	%	19.5	17.8	14.8	18.1	17.3
	VOLUNTARY STAFF TURNOVER - (DIVISION)	%	15	15.7	12.6	13.6	14

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

			February 2015				
			COMMUNITY SERVICES	MEDICINE	SURGERY	WOMEN & CHILDREN	TRUST- ALL LEVELS
Outcome Metrics	C-SECTIONS (APPLICABLE TO WOMEN & CHILDREN ONLY)	%				19.4	19.4
	HSMR	Ratio					84.5
	INCIDENCE OF C.DIFFICILE	No.	0	2	0	2	4
	INCIDENCE OF E-COLI	No.	3	14	0	5	22
	INCIDENCE OF MRSA	No.	0	0	0	0	0
	MATERNAL DEATHS	No.	0	0	0	0	0
	MEDICATION ERRORS CAUSING SERIOUS HARM	No.	0	0	0	0	0
	MSSA	No.	0	2	0	1	3
	NEVER EVENTS	No.	0	0	0	1	1
	SERIOUS INCIDENTS (DIVISION LEVEL)	No.	6	9	1	8	24
	SHMI	Ratio					0.8
	TRUST ACQUIRED PRESSURE SORES	No.	0	4	0	1	5

Key Messages:

The Access section is split into two components, as Cancer metric and complaints performance is reported one month in arrears. LAS arrivals to patient handover times improved this month. At the end of February, 26.7% of patients had handover times within 15 minutes and 91.7% within 30 minutes. Overall performance in the sector was 40.7% for 15 minutes and 89.5% for 30 minutes, both of which are not within target. The trust continues to monitor this closely and review where improvements may be made. . The trust had 6, 60 minute handover breaches in February.

The trust is aiming for zero tolerance of avoidable pressure ulcers in 2014/15 and has placed significant importance on prevention and education of PU's The trust has a zero tolerance on avoidable pressure ulcers and has placed significant importance on its prevention and on the education of staff. In February there was a slight increase in the number of pressure ulcer SI's across the trust with 8 Grade 3 Pressure Ulcers and 2 Grade 4. There has been a total of 107 PUs since April 2014

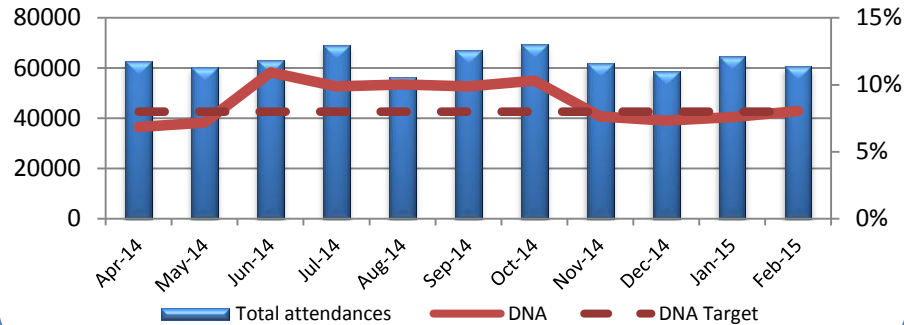
There were 24 serious incidents reported in the month of February, two of which are shared across the Trust, with all SIs in the month completed within deadline.

Corporate Outpatient Services Performance

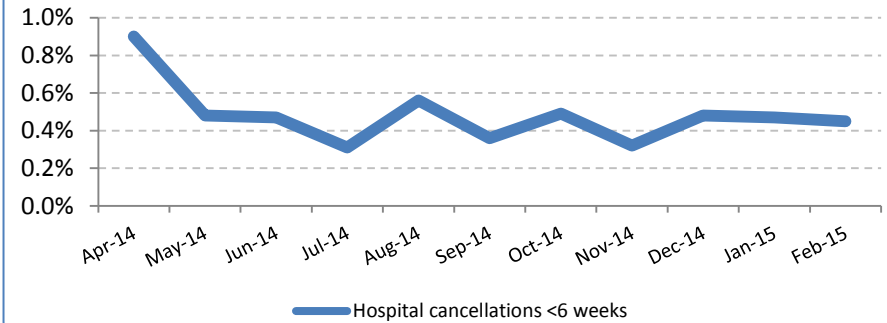
5. Corporate Outpatient Services (1 of 2)

- Performance Overview

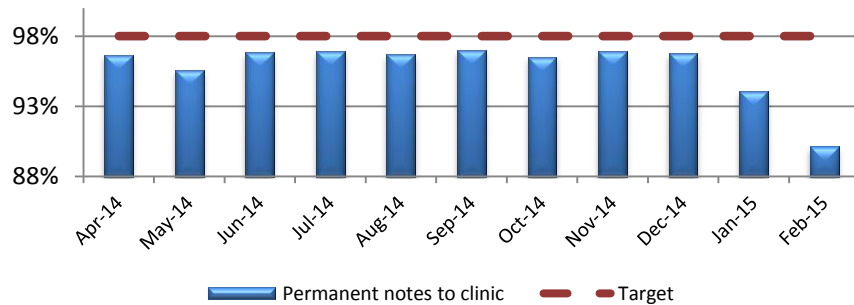
Activity - OP Attendances and DNA's



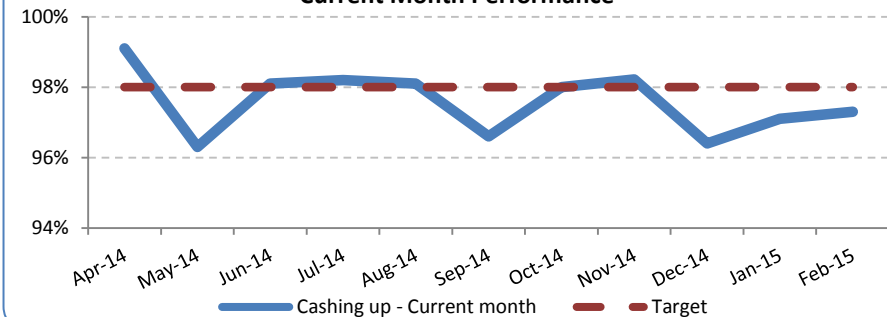
Outpatients - Hospital Cancellations < 6 Weeks



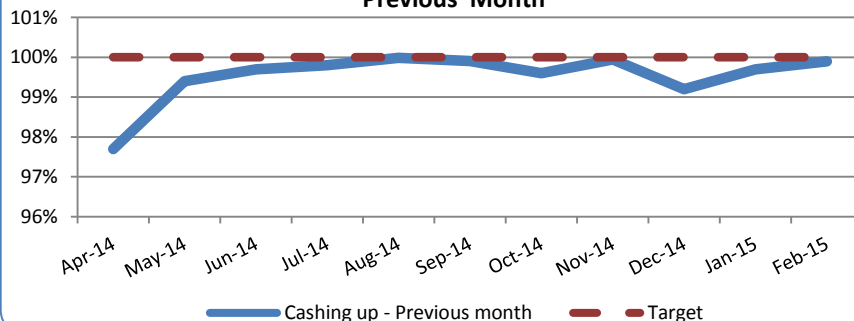
OP Department Performance - Permanent notes to clinic



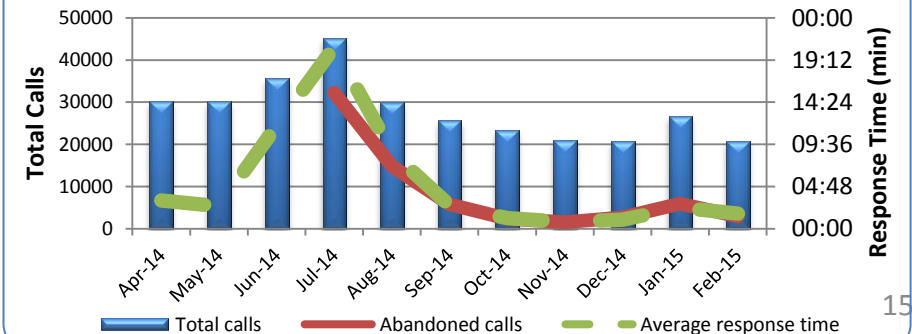
OP Department Performance - Cashing up Clinics
Current Month Performance



OP Department Performance - Cashing up Clinics
Previous Month



Call Centre Performance



5. Corporate Outpatient Services (2 of 2)

- Performance Overview

			Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Activity	Total attendances	N/A		62796	60264	62954	69250	56102	67188	69507	61879	58659	64609	60659
	DNA	<8%		6.84%	7.18%	10.93%	9.87%	10.02%	9.89%	10.30%	7.64%	7.33%	7.58%	8.04%
	Hospital cancellations <6 weeks	<0.5%		0.90%	0.48%	0.47%	0.31%	0.56%	0.36%	0.49%	0.32%	0.48%	0.47%	0.45%
OPD performance	Permanent notes to clinic	>98%		96.67%	95.54%	96.85%	96.94%	96.71%	96.98%	96.51%	96.88%	96.77%	94.05%	90.12%
	Cashing up - Current month	>98%		99.10%	96.30%	98.10%	98.20%	98.10%	96.60%	98.00%	98.22%	96.40%	97.10%	97.30%
	Cashing up - Previous month	100%		97.70%	99.40%	99.70%	99.80%	99.99%	99.91%	99.60%	99.95%	99.20%	99.70%	99.90%
Call Centre Performance	Total calls	N/A		30162	30116	35571	45101	30004	25674	23420	20964	20639	26565	20842
	Abandoned calls	<25%/ 5%					32257	14825	5794	2376	1558	2681	5923	2908
	Mean call response times	<1 minute		03:12	02:34	11:42	20:39	08:41	02:38	01:13	00:47	01:02	02:24	01:43

Key Messages:

- Q4 activity has seen an increase in with positive performance on reducing DNAs being maintained from end Q3 and into Q4. However, the DNA rate has increased by 0.46% from January's position. Hospital cancellations also remain within target of less than 0.5%. Performance of permanent notes to clinic has seen a significant drop in February, this is currently under review with pro-active steps to be taken to improve performance.
- Call centre performance has been challenged in February . Abandoned calls account for 14% of total calls received and within the 15% threshold. The division is pro-actively monitoring call centre performance to maintain abandoned call performance of less than 15% of total calls and to bring average response times to less than a minute.
- Trust OP capacity is not in line with forecasted demand as per business plans.
 - Business plan demand of 666,000 stated against actual trust built capacity of 450,000. This is currently being mitigated by overbooking and scheduling of additional ad-hoc clinics. Further work in relation to capacity and demand planning is being undertaken to address this.
- On average 25% of activity is delivered on an ad-hoc basis. This continues to vary between specialties from 2% to 86%.

Clinical Audit and Effectiveness

6. Clinical Audit and Effectiveness

- Mortality

HSMR (Hospital standardised mortality ratio)						
Lead Director	January 15	February 15	Movement	2014/2015 Target	Forecast March 15	Date expect to meet standard
SM	84.1	84.5	↑	<100	G	Met

SHMI (Summary hospital-level mortality indicator)				
Jan 2014	April 2014	July 2014	Oct 2014	Jan 2015
0.81	0.78	0.80	0.81	0.84

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

Overview:

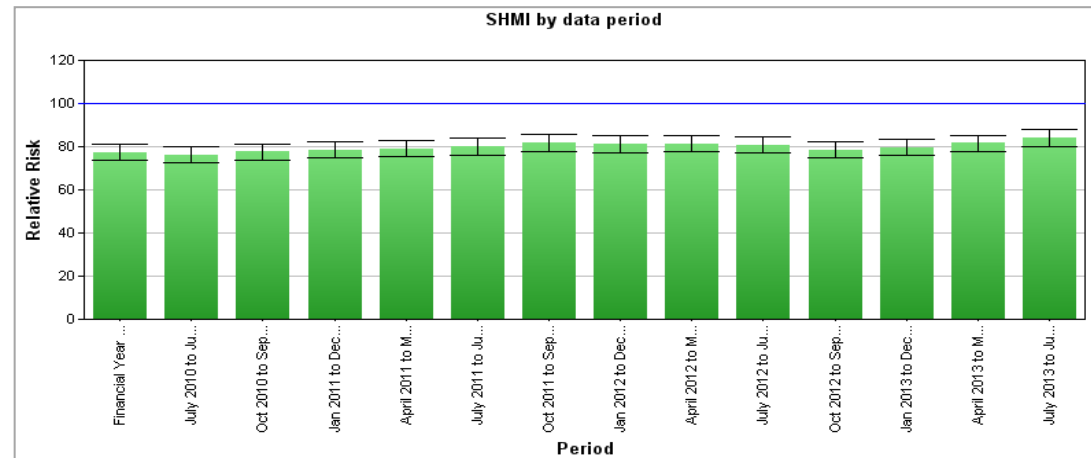
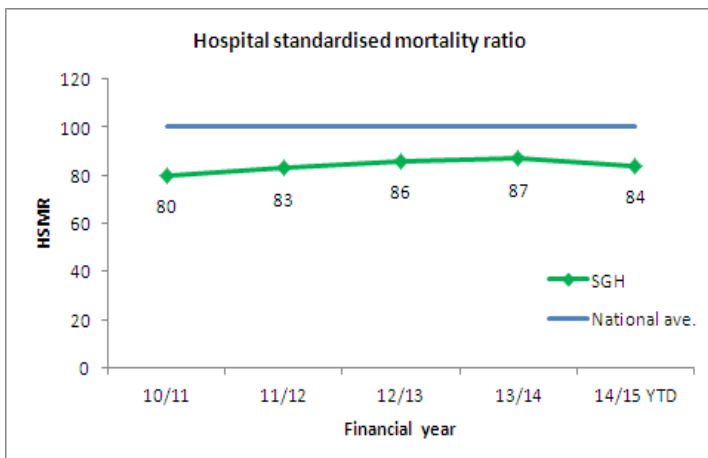
Our overall mortality measured by both the HSMR and the SHMI remains statistically significantly better than expected.

On 4th March 2015 Dr Foster Intelligence made available to NHS Trusts the four key measures of mortality to be included in the next edition of the CQC's Intelligent Monitoring reports. These data have also been provided to the CQC. The metrics they report are HSMR and HSMR for emergency admissions split by weekday and weekend admissions. Also reported is deaths in low risk diagnosis, which is calculated as deaths per 1000 spells. As can be seen from the table below both our overall mortality and our HSMR for emergency weekday admissions is lower than expected. For the remaining measures we are within the expected range.

Measure	Metric	Banding
HSMR	87.68	Lower than expected
Emergency HSMR (weekday admissions)	90.22	Lower than expected
Emergency HSMR (weekend admissions)	88.40	Within expected range
Deaths in low-risk diagnosis groups (deaths per 1000 spells)	0.96	Within expected range

The Mortality Monitoring Committee work with the Clinical Coding team to carry out regular audits of deaths identified in the low-risk diagnosis groups metric. The next audit is scheduled to take place this month.

Source: Dr Foster Intelligence



6. Clinical Audit and Effectiveness

- National Audits

National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Clinical audit of COPD exacerbations to acute units in England and Wales 2014

The report of the findings of this audit was published in February 2015 and complements the report published in November 2014 of the audit of resources and organisation of care. Within a context of rising emergency admissions for COPD, the audit looked at patient care and services across the patient pathway and assessed performance against key quality standards, clinical guidelines and accepted best practise. The results of the organisational audit highlighted improvements in the overall management of COPD, and in particular the efficiency of “front end “ services that ensure most patients receive prompt and appropriate assessments and treatment. However, there are also some concerns such as the access to specialist care and the documentation of important information. Within the organisational audit, hospital trusts were scored in a number of domains (see Table 1 below). St George’s score was 39 out of a possible 51 which is within the top 25% of the units audited.

Our results from the clinical audit reflected these scores. Our performance was better than the national average in sections relating to the management of patients and the recording of clinical information, but not so good in the provision of timely specialist care and discharge.

The reports identify a number of areas that nationally require improvement to provide better care for patients with COPD. For SGH the areas that requires closest attention are “Access to specialist care” and “ Integrating care across primary and secondary sectors” where our scores were 50% and 66% respectively, of the maximum attainable. The recommendations for Access to Specialist care are shown in Table 2 below. The first of these has already been partially addressed as, subject to provision of appropriate junior support the respiratory team will move to 7 day working. For integrating care the recommendations focus on improvements in discharge processes and documentation.

Table 1: SGH scores compared to maximum available	SGH score	Max possible score
Domain		
Senior review on admission	6	6
Access to specialist care	7	14
Managing respiratory Failure NIV	6	6
Managing respiratory failure –oxygen therapy	6	8
Integrating care across primary & secondary sectors	6	9
Extra items (Early Warning System, smoking cessation, palliative care, outreach service)	8	8

Table 2: Recommendations relating to ‘Access to specialist care’
Patients admitted with COPD exacerbation should receive a respiratory specialist opinion within 24 hours, 7 days a week.
Hospitals should appraise carefully their staff rosters at weekends and on Mondays, the former having the lowest rate of discharges and the latter having the highest rate of admission and the longest times to clinical review.
Patients with COPD exacerbation who need onward hospital care after their stay on the medical admissions unit should be managed in a respiratory ward. Hospitals should reappraise their complement of respiratory beds to ensure that it reflects their size and respiratory/COPD admission burden.

6. Clinical Audit and Effectiveness

- National Audits

National Oesophago-Gastric Cancer Audit Report 2014

Table 1 - % Case Ascertainment for London Strategic Clinical Network.

81-90%
Barking, Havering and Redbridge Hospitals NHS Trust
Barts Health NHS Trust
Chelsea and Westminster Healthcare NHS Trust
Croydon Health Services NHS Trust
Epsom And St Helier University Hospitals NHS Trust
Homerton University Hospital NHS Foundation Trust
Imperial College Healthcare NHS Trust
King's College Hospital NHS Foundation Trust
Kingston Hospital NHS Trust
Lewisham and Greenwich NHS Trust
Royal Free Hampstead NHS Trust
South London Healthcare NHS Trust
The Hillingdon Hospital NHS Trust
The Whittington Hospital NHS Trust
University College London Hospitals NHS Foundation Trust
West Middlesex University Hospital NHS Trust
Whipps Cross University Hospital NHS Trust
61-80%
Barnet and Chase Farm Hospitals NHS Trust
Ealing Hospital NHS Trust
Guy's and St Thomas' NHS Foundation Trust
North West London Hospitals NHS Trust
St George's Healthcare NHS Trust
The Princess Alexandra Hospital NHS Trust
The Royal Marsden NHS Foundation Trust
<61%
North Middlesex University Hospital NHS Trust

Overview: The National Oesophago-Gastric (O-G) Cancer Audit 2014 was published on 15th January this year. This report focuses on patients managed with curative intent considering both treatment options and outcomes, including management of early cancers and cancers in the elderly. This complements the 2014 Progress Report which focused on palliative treatment of O-G cancer.

The results presented in this report are based on data collected on cancers diagnosed between 1st April 2011 and 31st March 2013.

Overall Performance:

The results for each trust is grouped into network and St George's is in the London Strategic Clinical Network.

Trust level data in the report focuses on the outcome of surgery, which is not performed at St George's. The only trust level results provided for us are case ascertainment. Our score is between 61 and 80%, which is below the national target of 80%. The number of tumour records submitted to the audit is 64, while our expected number of cases based on HES data is 101-150.

The team acknowledges the poor data submission for this audit round and following action plans are in progress:

- a) In February 2015, retrospective data (from Mar 2013 to Sept 2014) was entered by a temporary member of staff with support from the Clinical Audit Team and reviewed by the new clinical lead in order to optimise data quality. This process is now complete and the team is confident results for the next audit round would reflect a better outcome for the Trust.
- a) With support from the new clinical lead, the team needs a dedicated data entry member of staff to ensure that there will be on going improvement for the next audit round. Funding for a new Band 5 data co-ordinator to assist in data entry for all national cancer databases is being worked through.

6. Clinical Audit and Effectiveness

- National Audits

Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRACCE-UK, 2015)

Table 1 - Recommendations

	Met
a) Commissioners, service planners and policy makers should consider the establishment of clinical networks that manage the care of babies with CDH. This would include focusing the acute care of these babies on a limited number of centres in order to facilitate the development of:	
i) Multidisciplinary teams capable of providing care focussed on both the mother and the baby;	Yes
ii) A collaborative approach to R&D allowing care to become more evidence based;	Yes
iii) Sub-specialty expertise in the management of all aspects of care;	Yes
iv) An agreed 'national information sheet' to provide consistency of information about the condition;	Yes
v) Consistent counselling throughout the care pathway;	Yes
vi) Quality improvement and the sharing of best practice;	Yes
vii) Collaboration with the proposed national congenital anomalies register to ensure complete case ascertainment;	Yes
viii) Consensus on the optimal management of the care and treatment for babies diagnosed with CDH and the management of late termination of pregnancy in this group of women.	Yes
b) Commissioners, service planners and policy makers should consider the development of a service specification for CDH to ensure the service becomes focussed on the needs of the family with, for example:	
i) Access to psychological support where applicable;	Yes
ii) Adequate follow-up arrangements;	Yes
iii) Organisation of care during the antenatal period in a way that minimises the need for travel.	Yes
c) There is a continuing need to highlight the importance of documentation to the whole multidisciplinary team involved in the care of women and babies following a diagnosis of CDH.	Yes

Overview

MBRACCE-UK is a collaboration led from the National Perinatal Epidemiology Unit at Oxford University. This report is based on the findings of first perinatal Confidential Enquiry process run by the MBRRACE-UK team and focusses on the care of fetuses and babies with congenital diaphragmatic hernia.

The aims of this confidential enquiry were:

1. To assess the quality of care provision across the UK for pregnancies affected by CDH;
2. To assess the quality of care provision across the UK for babies presenting antenatally or postnatally with a diagnosis of CDH;
3. To identify aspects of sub-optimal care and excellent practice;
4. To review how closely the care provided across the UK mapped to consensus views of best practice (in 2009/2010) identified by the Topic Expert Group;
5. To identify any recurring themes for potential improvement in relation to the care provided.

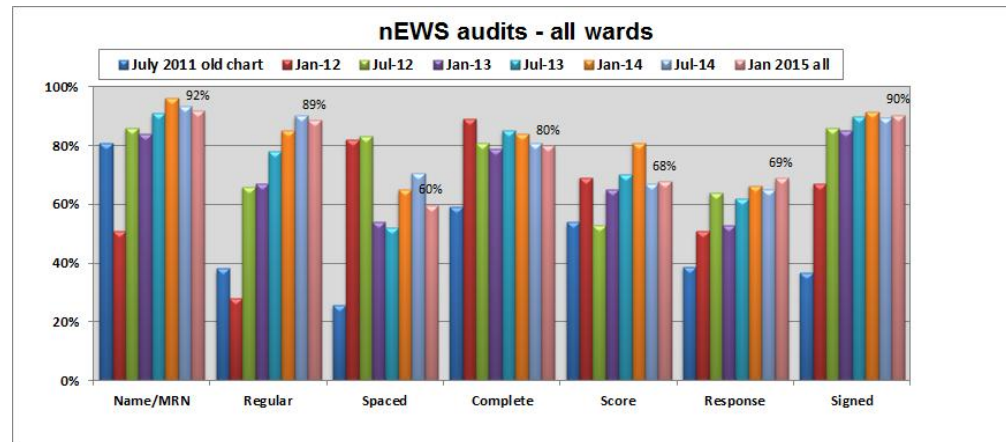
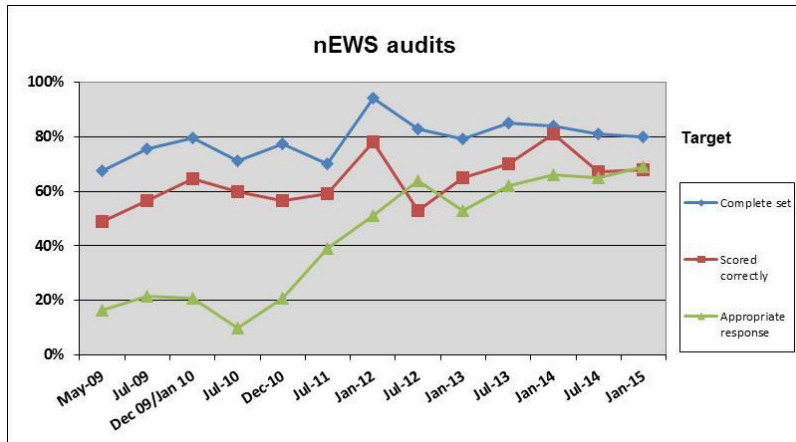
Confidential Enquiry Process and national results: A stratified random sample of cases (in UK between 2009 and 2010) was selected and reviewed by confidential enquiry panels using a standardised methodology. As there were no national or international standards that related to the whole care pathway for CDH, criteria to judge the quality of care were established by consensus with the help of a Topic Expert Group (TEG). 66 cases were selected but 57 were received in a timely fashion. For the remaining 9 cases the notes arrived too late to be considered by the panel but were reviewed internally to ensure the case contained no new issues or themes. In more than two thirds of cases it was felt that any deficiencies in care did not affect the overall outcome.

Trust Results: On receipt of the report, the recommendations were extracted and a questionnaire prepared to guide self assessment of practice. The questionnaire was completed through a multi-disciplinary team meeting involving Consultant/Director for Fetal Medicine, Consultant Fetal Medicine, Consultant Neonatologists, Neonatal Surgical Nurse, Sonographer, and Senior Administrator. Table 1 indicates that the trust is compliant with all the recommendations for best practice. In addition the service has contributed to the BAPS-CASS 2011 national audit which is included in the current MBRACCE Confidential Enquiry. Further audit is planned for the coming year which will support measurement of practice against these recommendations, including a local audit on surgical outcomes of neonatal CDH repair based on the BAPS-CASS 2011 report for cases delivered between 2010 and 2014.

6. Clinical Audit and Effectiveness

- Local Audits

Use of nEWS (National Early Warning Score) re-audit , January 2015 (#DB1133)



Overview

This audit is part of our response to the NICE requirement for trusts to have a graded response strategy for patients identified as being at risk of clinical deterioration. The latest cycle of audit took place in January 2015 and included 29 wards (n=283) at St George's and Queen Mary's hospitals. Results for the four remaining wards which currently record observations electronically will be fed back when achievable.

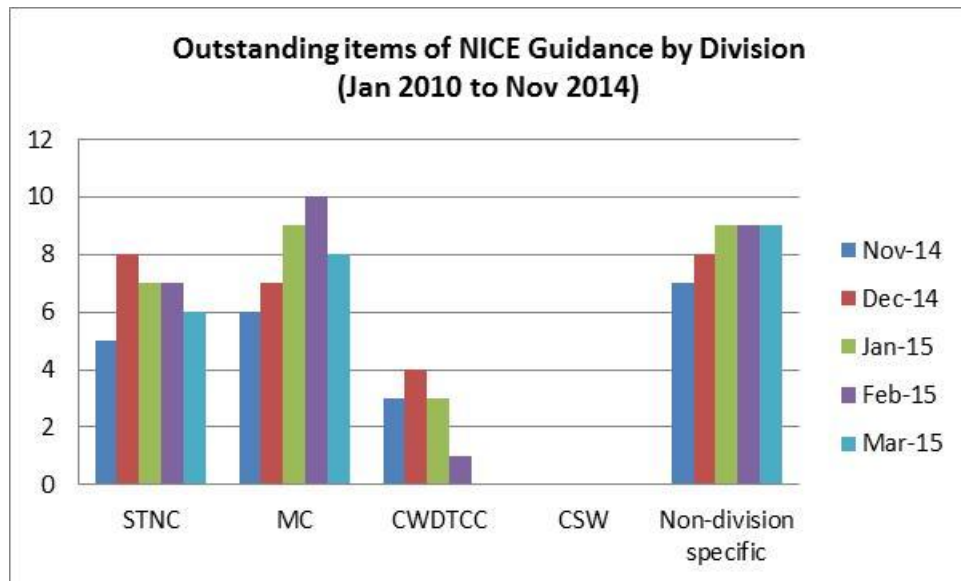
Three principal standards are measured (recording a complete set of observations; scoring nEWS correctly; and appropriate response to nEWS trigger), with a target for compliance of 80%. Recording a complete set of observations met this standard. The audit demonstrated little change since the last audit in complete set of observations and scoring nEWS correctly, however there was improvement in an appropriate response to triggers, which is encouraging. It is concerning that scoring correctly has not improved and it is hoped that the implementation of electronic documentation will help with this, as the scores are automatically completed. As yet it is not possible to audit areas using Cerner to understand if this is improving scoring, although considerable effort has been employed in trying to access the information. We are also concerned by the poor spacing of observations especially during the night. Nursing board has been requested to identify an action plan to improve this, to assure the Trust that omissions of care are not occurring.

Ongoing actions include education for registered nurses on the Harm Free Care days, Nurse Induction, HCA training and other nEWS training events. nEWS assessment is also included as a part of the Band 5 assessment centre. Six-monthly re-audit is included in the annual programme for 2015/16.

A new device called VitalsLink has been purchased by the IT department. This may impact positively on the recording of observations electronically as the device sends the observations directly to CERNER (electronic documentation) via WiFi. Unfortunately this device and CERNER system are not yet fully compatible. The plan will be to pilot on Buckland as soon as the IT problems can be addressed.

6. Clinical Audit and Effectiveness

- NICE (National Institute for Health and Care Excellence) Guidance



Items of NICE Guidance with Compliance Issues (Jan 2010 to Nov 2014)

Division	Number
STNC	n=7
M+C	n=17
CWDTC	n=13
CSW	n=0
Non-division specific	n=6

Overview

There were 22 items of NICE guidance released in December 2014 and January 2015 and we have already received 11 responses. For guidance issued between January 2010 and November 2014 there are currently 23 items of guidance outstanding; a decrease of 4 from the previous report with an additional month's guidance included.

Guidance that has been outstanding for a considerable time continues to be followed up and will be escalated to Divisional Chairs. A meeting is scheduled with the chair of the Clinical Effectiveness and Audit Committee to review non-division specific guidance in order to assess applicability to the trust and identify appropriate leads.

Our commissioners have proposed that implementation of NICE appraisals and guidance should be a key performance indicator for the Trust in 2015/16. This would require us to provide quarterly reports demonstrating that risk assessments have been carried out within 3 months of publication for all guidelines and interventional procedure guidance. These risk assessments would need to address applicability, compliance gaps, action plans and reasons for non-implementation as applicable. For technology appraisals the KPI would monitor risk assessment and implementation within 3 months. We already have systems and processes in place that would help us to meet this KPI, but application and compliance would need to be strengthened in order to fully meet commissioners' requirements.

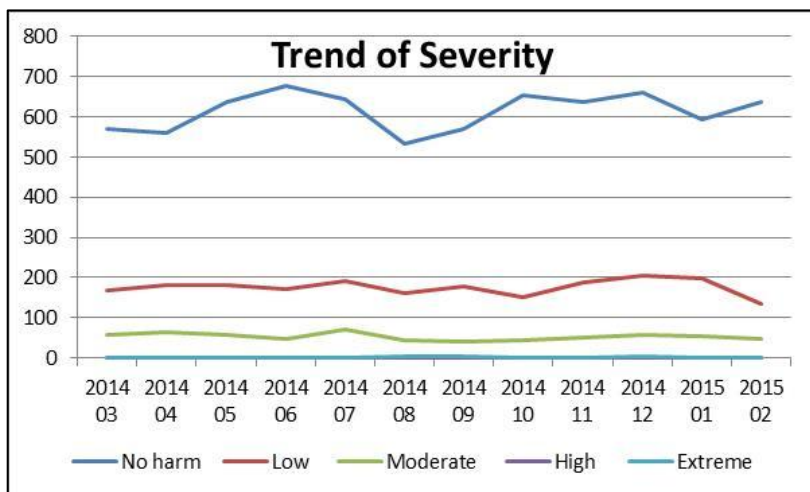
Patient Safety

7. Patient Safety

- Incident Profile: Serious Incidents and Adverse Events

Closed Serious Incidents (not PUs)					
Type	Nov	Dec	Jan	Feb	Movement
Total	8	10	8	3	✓
No Harm	5	6	8	1	✓
Harm	3	4	0	2	✓

Table 1



Overview:

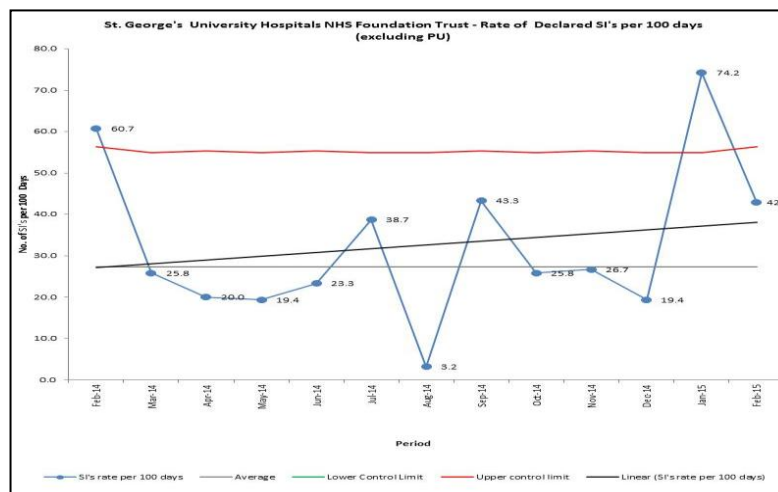
The numbers of general reported incidents in Table 1 show that numbers of low and no harm incidents have been lower in January and February 2015 than in the previous three months. This trend should be observed carefully as high reporting of these lower level incidents is seen to denote a good reporting culture.

The annual trend for new serious incidents excluding pressure ulcers shown in Table 2 above has reduced since January but is still showing an increasing trajectory. There were 12 SIs reported in February and they related to:

S	Q1 SIs Declared by Division (Inc. Pus)				
	Med & Card	Surgery & Neuro	Community	Children's and Womens	Corporate
Dec	1	5	5	4	0
Jan	20	8	3	8	0
Feb	9	1	6	8	0

NB- Some shared SIs so the total numbers are 22 for the month

Table 2



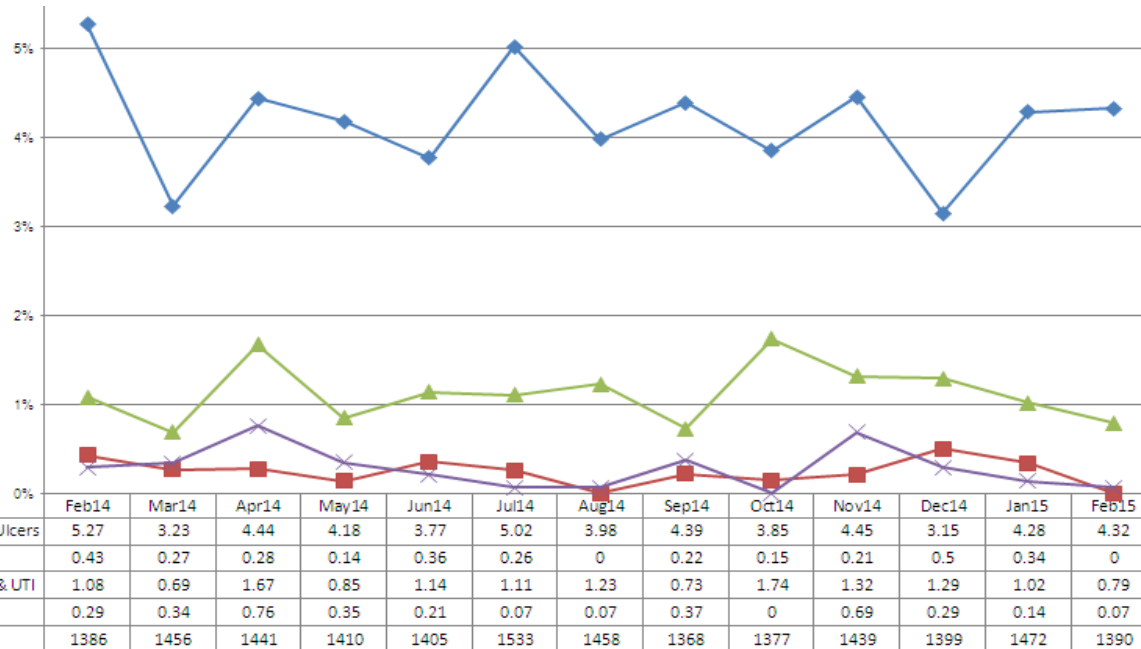
- 4 unexpected admissions to the neonatal unit
- 4 delays to London Ambulance Service handover
- 2 failure to assess
- 1 unforeseen complications
- 1 retained vaginal swab

There were a low number of closed SIs in February but the increase in declarations in January and February will show an increase in closed SIs over the next couple of months.

7. Patient Safety

- Safety Thermometer

% Harm Free Care							
Lead Director	December 2014	January 2015	February 2015	Movement	2014/2015 Target	National Average February 2015	Date expected to meet standard
J Hall	95.00%	94.43%	94.89%	↑	95.00%	93.72%	March 15



Pressure ulcers

- 35 grade 2 (14 new, 21 old)
- 24 grade 3 (6 new, 18 old)
- 1 grade 4 (0 new, 1 old)

CAUTI

- 8 new
- 3 old

Falls

- Zero falls resulting in harm

VTE

- 1 new DVT

This point prevalence audit shows that in February 2015 the proportion of our patients that received harm free care was 94.89%. This is better than the national average for the month of 93.72%, and although just below our target it represents a slight improvement from the previous month (94.43%). This rate represents 72 harms to 71 patients; 70 patients experienced one harm and 1 patients had 2 harms. 29 harms were new and 43 were old, which compares positively to the harms observed last month of 36 and 49 respectively. Details of harms are provided above.

The level of harms reported in all categories other than pressure ulcers fell. For pressure ulcers our rate increased slightly, however the number of patients affected was slightly lower this month. As in previous months the majority of pressure ulcers are old, meaning they are not attributable to the care provided by the trust. Over the 13 month period presented our average number of pressure ulcers is 59.62 (4.18). On average 20.15 of these are new harms, representing an average rate of 1.42%.

It was observed that a number of community areas submitted data beyond the agreed deadline this month, resulting in a number of harms not being validated. A message has been sent to all heads of nursing and team leaders explaining the importance of timely processes in ensuring we have an accurate picture of harm free care.

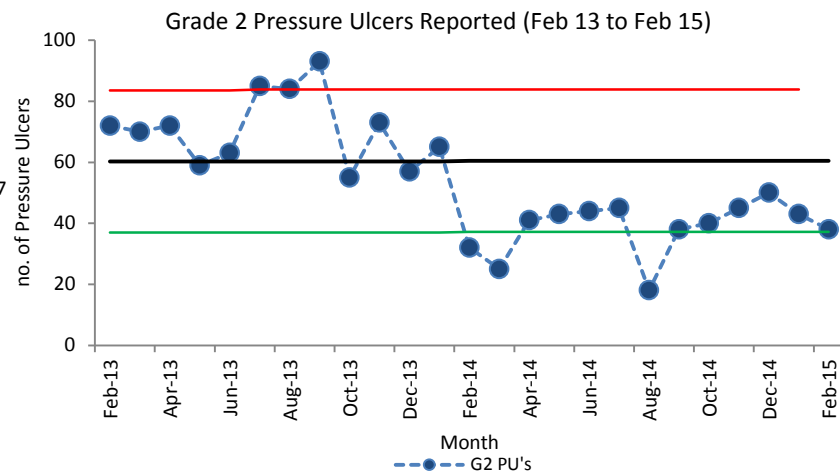
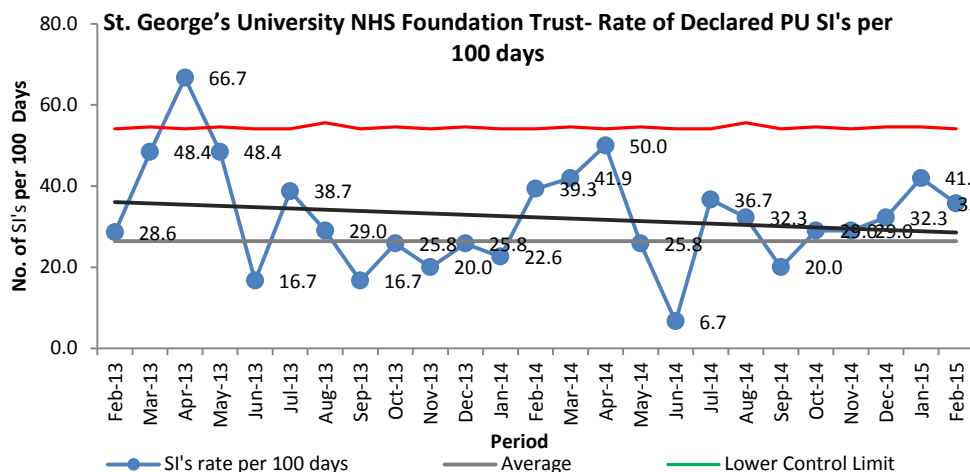


7. Patient Safety

- Incident Profile: Pressure Ulcers

Serious Incident – Grade 3 & 4 Pressure Ulcers										
Type	Oct	Nov	Dec	Jan	Feb	YTD	Movement	2014/2015 Target	Forecast Mar 2015	Date expected to meet standard
Acute	3	5	6	10	5	60	✓		G	-
Community	6	4	4	3	5	43	▲		G	-
Total All	9	9	10	13	10	103	✓		G	-
Total Avoidable	6	8	6	TBA	TBA	44		40		-

Grade 2 Pressure Ulcers					
Oct	Nov	Dec	Jan	Feb	Movement
19	26	33	22	18	✓
21	19	17	21	20	✓
40	45	50	43	38	✓



Overview:

As predicted February saw a reduction in the number of acquired pressure ulcer serious incidents, reflecting the hard work across the trust in raising awareness and preventing harm. There was also a further reduction in the number of acquired Grade 2 pressure ulcers, it is hoped that this trend will continue with further reductions in SI numbers in the coming months.

Actions:

- Pressure Ulcer in-house study day for May is now fully booked, further dates planned for August and November- Excellent attendance and evaluations continue to be received.
- 5 training days delivered to Nursing homes across Wandsworth with approximately 60 members of staff attending- well evaluated
- Review and development of Pressure Ulcer prevention policy is underway to include more extensive preventative measures
- Meeting with SWL network of trusts to review implementation of new EPUAP guidelines.
- Review of mattress provision has led to the introduction of a high specification foam being introduced to replace the current mattress stock, this ensures all patients will be receiving pressure ulcer prevention in the future.
- Mary Seacole ward continue to sustain 'no serious incident declarations' – now 127 days free of serious incidents

7. Patient Safety: February 2015

- Infection Control

MRSA						
Lead Director	January	February	Movement	2014/2015 Threshold	Forecast Mar-14	Date expected to meet standard
JH	1	0	▼	0	G	-

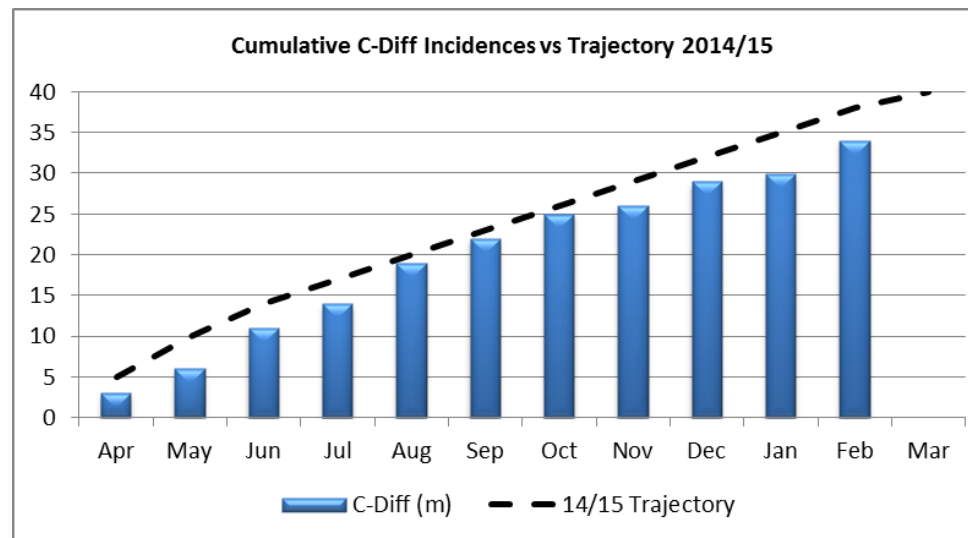
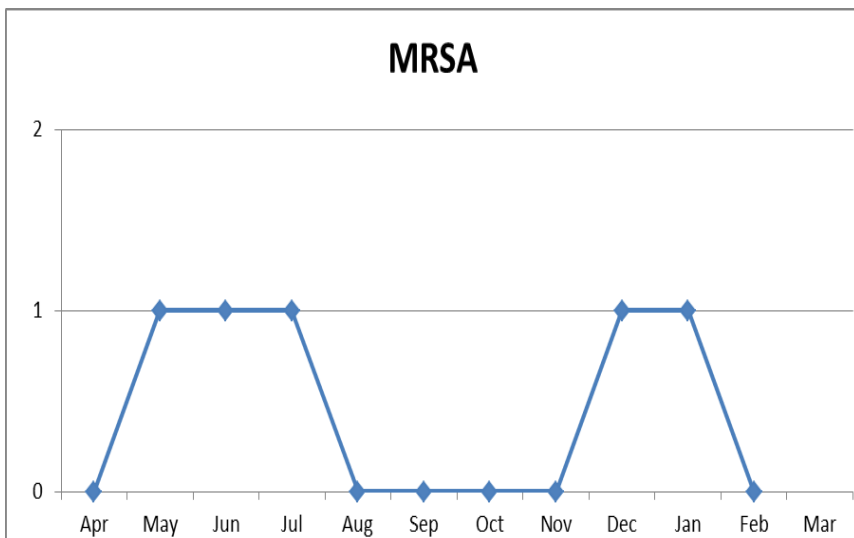
Peer Performance – YTD February 2015				
STG	Croydon	Kingston	King's College	Epsom & St Helier
5	1	0	6	5

C-Diff						
Lead Director	January	February	Movement	2014/2015 Threshold	Forecast Mar - 14	Date expected to meet standard
JH	3	4	▲	40	R	-

Peer Performance – YTD February 2015 (annual trajectory in brackets)				
STG	Croydon	Kingston	King's College	Epsom & St Helier
34(40)	13(17)	14(24)	70(58)	42(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 0 incidents in February and 5 incidents year to date. 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 February there was 4 C. diff incidents, a total of 34 for the period April to February. This is against a trajectory of 37 and an annual threshold of 40. We remain close to the threshold.



7. Patient Safety

- VTE

VTE Risk Assessment

1. Overview: The target for patients being assessed for risk of VTE **during** admission is set at 95%. Data is extracted from electronic records following discharge from the Trust, measuring the number of patients where a record of risk assessment has been made (either on Merlin discharge summary or via electronic assessment on iClip) against the total number of admissions.

Data Source	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unify2	96.31%	96.40%	97.33%	97.28%	96.60%	96.84%	94.91%	93.18%	93.51%	95.94%		

2. Overview: Nursing staff collect data monthly across a range of safety indicators, including completion of VTE risk assessment, 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 total number of complete VTE risk assessments at the point of audit against the total number of beds occupied.

Data Source	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Safety Thermometer (SGH)	86.67%	86.05%	85.22%	89.94%	86.51%	86.44%	85.39%	86.56%	75.92%	79.08%	83.89%	
National average	85.57%	84.83%	84.83%	84.62%	90.87%	85.50%	85.04%	84.19%	83.98%	84.69%	84.82%	

Comparison of data streams:

The methodology applied to collect data and the standard being assessed differs for the above two data streams contributing to the differences in the results observed. Data submitted to UNIFY2 is generated automatically from electronic records for every patient admitted to the Trust (that meet the inclusion criteria for VTE risk assessment as outlined by NICE). The data is retrospective and records whether an assessment has been completed at any point during the patient's admission.

The Patient Safety Thermometer is a snapshot audit conducted once a month looking at every patient in the Trust at a certain point in time. A different nurse records the data on each ward which may introduce auditor variability. This audit is carried out against the standard that a patient has had a risk assessment completed on admission. If there is no risk assessment documented at the point of audit the patient is non-compliant. The data includes patients who may have been in care for less than 24 hours (who should therefore be excluded from analysis if an assessment has not been completed) which could therefore explain why these results are lower than the UNIFY2 submission.

Despite these differences, trends in data are reflected across both data streams. A dip in results was observed over quarter 3 during the launch of the iClip electronic prescribing system across half the Trust. The RAG ratings represented on this data sheet are as follows: **Green** >95%, **Amber** >80-<95%, **Red** <80% (this may differ to RAG ratings used in other reporting tools).

Current and Future developments:

- Thrombosis clinical nurse specialists (accompanied by iClip champion users in live areas) routinely attend ward rounds across the Trust to support the Trust's VTE prevention programme.
- An electronic prompt is in development to alert physicians if an admission VTE assessment has not been completed when a patient record is opened (there will be a second prompt for the follow up assessment).
- The representation of the RAG ratings for each data stream will be discussed at the next HTG to review the different RAG ratings in use for different sets of data on different reports.

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

Year		2014	2015
HAT cases identified to date (attributable to admission at SGH)		98	38
Mortality rate	Total	15.3% (15/98)	5.2% (2/38)
	VTE primary cause of death	4.1% (4/98)	2.6% (1/38)
Initiation of RCA process		100%	100%
RCA pending	<28 days since notification	-	22
	>28 days since notification (notes requested)	20	3
RCA complete		79.6% (78/98)	34.2% (13/38)

HAT case finding has significantly improved since the start of 2015 resulting in an observed increase in frequency of HAT. This increase brings incidence of HAT at SGH in line with rates observed at other Trusts in London that are of a similar size and status.

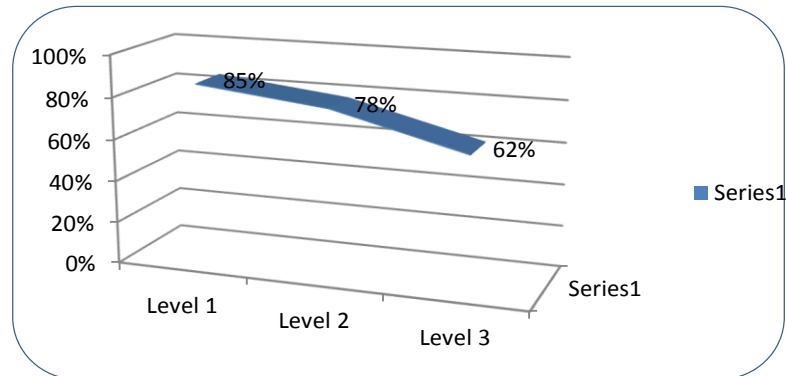
Trends identified (findings from 91 cases for whom RCA is complete):

- General breakdown includes:
 - 37.4% (34/91) – 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 65.9%(60/91) –Examples of contributing factors to failure of prophylaxis:
 - 19 patients - malignancy +/- complications arising from malignancy
 - 11 patients – pharmacological prophylaxis contraindicated
- Inadequate prophylaxis received 23.1% (21/91) – Examples of reasons for inadequate prophylaxis:
 - 9 patients - Prophylaxis not offered in high risk patients
 - 7 patients - Dose of LMWH not escalated appropriately in obesity
 - 4 patients – no evidence of risk assessment

7. Patient Safety

- Safeguarding Children

Training Profile For February + January Figures



Target areas: FGM is still a current targeted area both nationally and locally, and raising awareness among all staff is being facilitated by a series of training sessions. The Named Nurse for Community attended a DOH/Home Office event which clarified that the DOH will be issuing further guidance on the referral process and risk assessment by the end of March. This is currently an area of uncertainty for staff so clarification will be welcomed. A event to raise awareness with staff has been postponed pending this guidance. The FGM prevalence data collection is due to be changed by the DOH in April 2015 and will become an enhanced dataset, further details on these changes are awaited.

Safeguarding Children training compliance is a constant agenda item which is being tackled by a variety of approaches. The named professionals met with the T&O lead to drill down to individual roles in the various divisions in order to review the individual training requirement levels (level 1,2, or 3) some adjustments were made. The data for March 2015 has the highest level of Level 3 compliance to date at 62%

The Prevent agenda is now a priority area for the Trust and this is relevant to both child and adult safeguarding. The safeguarding adults lead and the acute service named nurse for child safeguarding are taking part in a series of meetings led by the Chief Nurse in order to establish the Trust's approach to the raising awareness, training and the management of the process (identifying vulnerable individuals and referring on). Within this remit staff and Trust security will also be considered. There will be further feed back as the work in this area progresses.

Serious Case Reviews and Internal Management Reviews: The number of SCR's currently involving St George's staff both hospital and community based continues to remain high. Action plans are progressing. Since the last QR there have no new cases raised.

Other: 1. The safeguarding review lead by the Chief Nurse is on-going

2. The safeguarding supervision arrangements and guidelines in the community division are currently being reviewed .

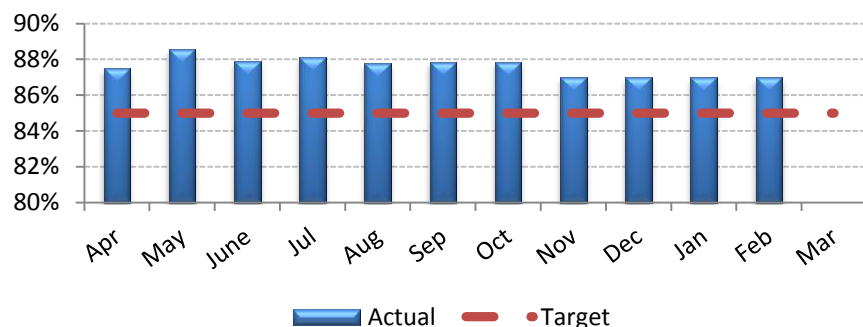
7. Patient Safety

- Safeguarding: Adults

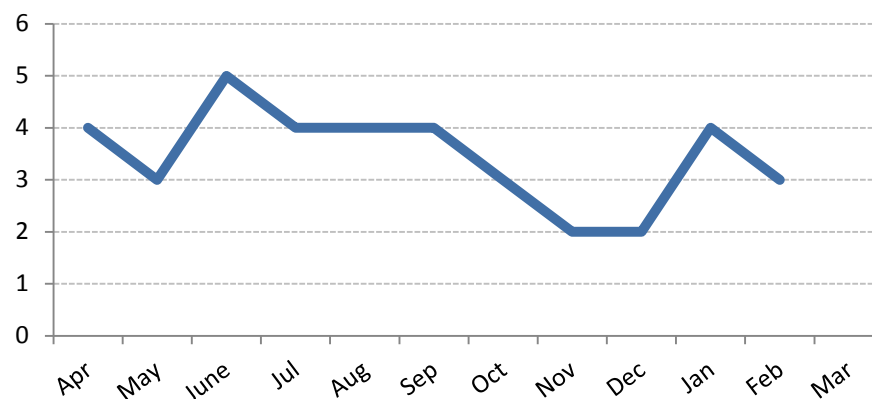
Safeguarding Training Compliance - Adults										
Lead Director	Sep	Oct	Nov	Dec	Jan	Feb	Movement	2014/2015 Target	Forecast July - 14	Date expected to meet standard
JH	87.86%	87.86%	87.5%	87.3%	87%	86.2%		95%	A	-

Safeguarding Adults Training Compliance by Division – Feb 15				
Med & Card	Surgery & Neuro	Community	Children's and Women's	Corporate
81%	85%	91%	89%	85%

Safeguarding Training Compliance by Month 2014/15



DOLS 2014/15



Overview:

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

April – 74, May 76, June 77, July 84, Aug 45, Sep 74 Oct 76, Nov 75, Dec 68, Jan 77, Feb 70

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

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

Actions:

Continue to monitor safeguarding training via WIRED

Review procedures following implementation of Care Act - Awaiting revision of Pan London Procedures due July 2015

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 Spring2015 Revised briefing paper with legal team was presented to EMT In November indicating current position, impact on resources and future options to manage the governance and workload.. New DOLS paperwork circulated Jan 15. New procedure in draft to ensure reporting of those subject to DOLS are reported to the coroner

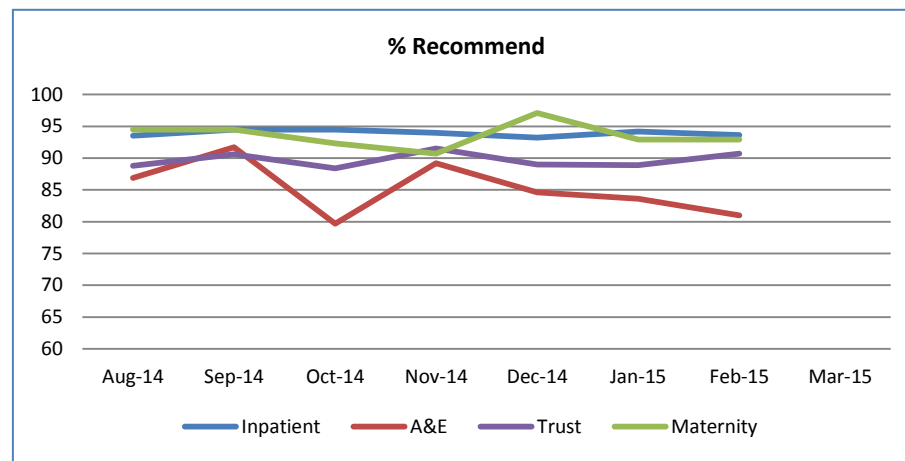
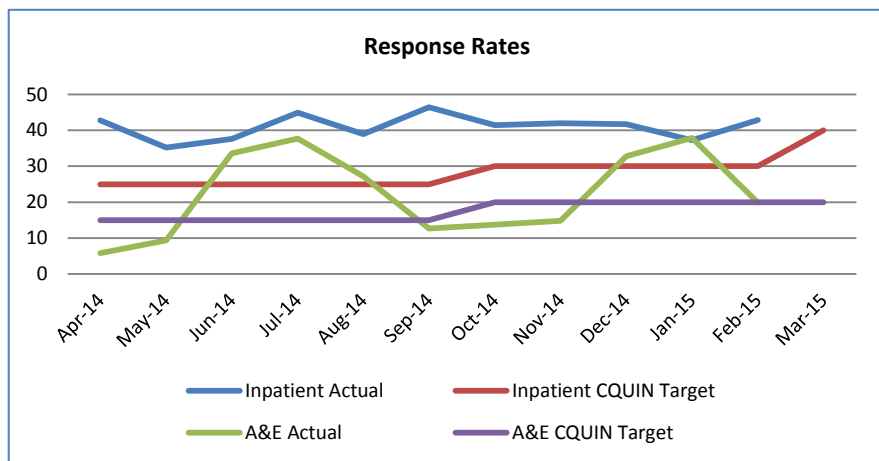
Patient Experience

8. Patient Experience

- Friends and Family Test

FFT Response Rate							
Domain	Dec-14	Jan-15	Feb-15	Movement	2014/2015 Target	Forecast	Date expected to meet standard
Trust	32.3	34.9	26.5	▼	-	G	-
Inpatient	41.7	37.3	42.9	▲	30%	G	-
A&E	32.8	37.9	19.9	▼	20%	G	-
Maternity	12	16.8	19.5	▲	-		-

FFT Response Score			
Dec-14	Jan-15	Feb-15	Movement
89	88.9	90.7	▲
93.2	94.2	93.6	▲
84.6	83.6	81	▼
97.1	92.9	92.9	



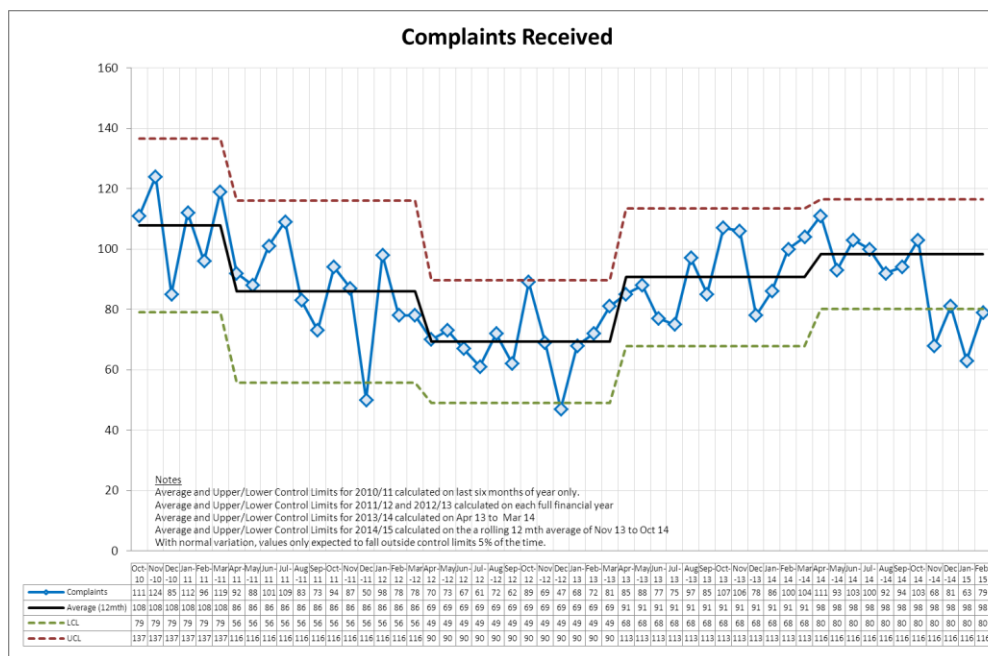
Overview: Response rates dipped in A&E and overall. Inpatient response rates have increased, and we are on target for the Q4 average of 30%. An extra push is needed in March to achieve the 40% response rate.

Action: Close monitoring of response rates in A&E to sustain improvements to achieve Q4 CQUIN trajectory of 20% for A&E and 30% for inpatient services, with a drive to achieve 40% for inpatients in March 2015.

- Identify and share key themes from responses at various fora and committees
- Focussed attention this year on action planning to improve scores
- Continue to monitor performance in maternity at the 4 touch points; antenatal, birth, postnatal ward and postnatal community
- An accessible version of the survey is being trialled and will be rolled out in April. This will use simplified English and “smiley” faces to make the surveys more accessible to children, people with LDs and people who may not have English as a first language.

8. Patient Experience - Complaints Received

Complaints Received												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Movement
Total Number received	111	92	100	99	92	94	107	68	81	63	79	▲



Overview:

This report provides a brief update on complaints received since the last board report (so in February 2015) and information on responding to complaints within the specified timeframes for complaints received in January of 2014/2015. It also includes some posts made on NHS Choices and Patient Opinion. The board will receive more detailed information about complaints received in the whole of quarter 4 with divisional breakdowns, analysis of the data to provide trends and themes with actions planned and a severity rating report and once quarter 4 has closed.

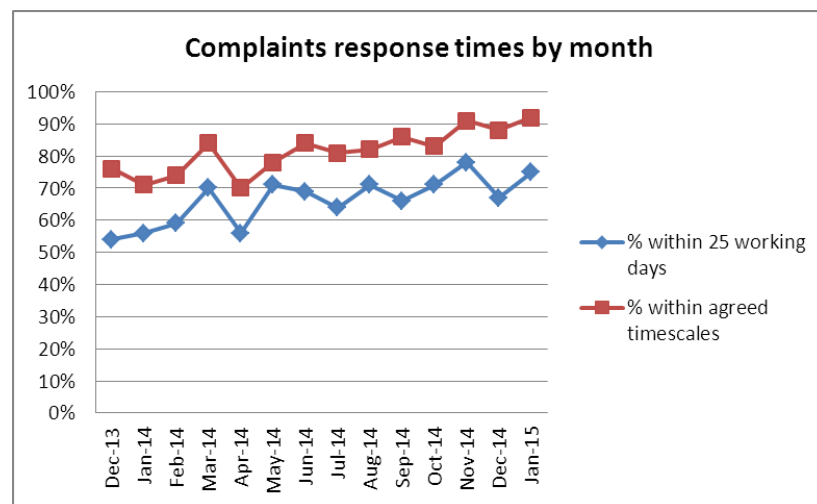
Total numbers of complaints received in February 2015

There were 79 complaints received in February of 2015, a significant increase when compared to January 2015 when 63 complaints were received. Of note complaints about the Obstetrics and Gynaecology care group increased from 2-10 and complaints about the Outpatients and Medical Records care group rose from 2-7. There were 3 complaints received about the Therapies care group compared to 0 in January. There were no complaints received for the Neurosurgery or CSW – Adult Services care groups compared to 4 and 3 in January.

8. Patient Experience

- Complaints Performance against targets

Performance Against Targets quarter 3				
Division	Total number of complaints received	Number within 25 working days	% within 25 working days	% within 25 working days or agreed timescales
Children's & Women's	10	6	60%	(2) 80%
Medicine and Cardiovascular	18	14	78%	(3) 94%
Surgery & Neurosciences	23	18	78%	(3) 91%
Community Services	9	7	78%	(2) 100%
Corporate Directorates	1	1	100%	(0) 100%
Totals:	61	46	75%	(10) 92%



Overview:

For complaints received in January of 2015, 75% were responded to within 25 working days, an improvement when compared to December 2014 when 67% of complaints were responded to within this timescale.

For the same period 92% of complaints are planned to be responded to within 25 working days or agreed timescales, an improvement when compared to December 2014 when 88% 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:

All divisions have committed to reaching the trust targets of 85% and 100% respectively in quarter 4. Currently it would seem that this will not be realised by all divisions although there has been an improvement in all divisions except for Children's, Women's, Diagnostics and Therapeutics. The position can be improved further as there are still two months left in the quarter.

8. Patient Experience

- Service User comments posted on NHS Choices and Patient Opinion

Overview:

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

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

Anonymous gave Colorectal cancer services at St George's Hospital (London) a rating of 5 stars

The endoscopy unit

Marvellous from start to finish. Nurse was fantastic. Examining doctor explained procedure throughout and had introduced them self earlier to ask if any questions. Fast and efficient. The adherence to procedures when dealing with patients is tantamount although it does make things feel a little impersonal somehow... but the dignity of patients is well considered. The nurse should be paid more... was an angel... even fanning me and holding my hand when the pain got too much. Long live the NHS .

Visited in February 2015. Posted on 24 February 2015

Anonymous gave Breast cancer services at St George's Hospital (London) a rating of 5 stars

Breast screening at the Rose clinic

So impressed by my recent visit to The Rose Clinic at St Georges. I was in and out in 10 minutes. Kind, gentle and efficient staff. No waiting in cold corridors half naked like I have experienced before. Thank you!

Visited in February 2015. Posted on 27 February 2015

Anonymous gave Gynaecology at St George's Hospital (London) a rating of 1 stars

No one ever answers the phone!

It is impossible to get through to make your colposcopy appointment and the contact on the letter is wrong. Even the hospital operator doesn't answer. Very frustrating.

Visited in March 2015. Posted on 12 March 2015

suzanne gave Queen Mary's Hospital a rating of 1 star

Minor injuries level of care very poor

Turned up in excruciating sciatic pain on a Sunday morning after having had two consecutive nights of no sleep. Wasn't examined in any way. Instead the nurse told me to take 2 extra paracetamols and I was given some crutches. The promised physio referral at my local GP surgery arrived 5 days later for me to make an appointment (so I may get to see one next week if I'm lucky, 8-10 days after this started). All of that gave me another sleepless night till I could get some proper care from an acupuncturist and my excellent GP surgery. I was treated like a time waster who just had to pull herself together. I wasn't but my visit to QM was definitely a waste of time I won't repeat again.

Visited in March 2015. Posted on 14 March 2015

Workforce

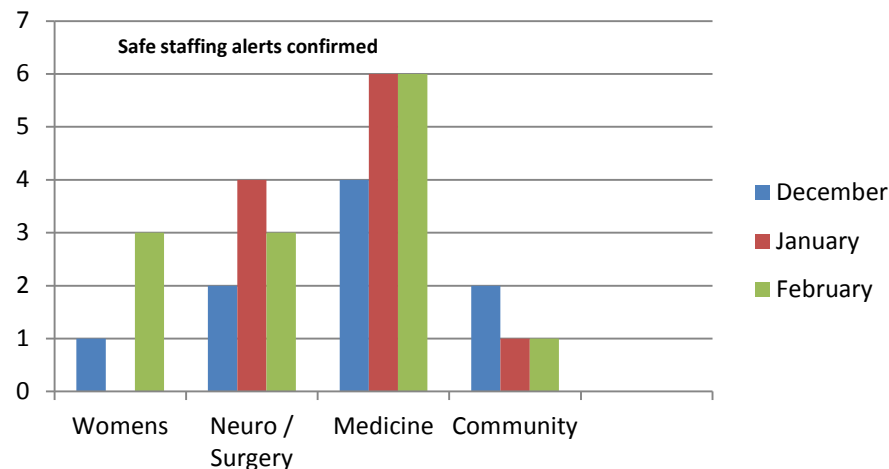
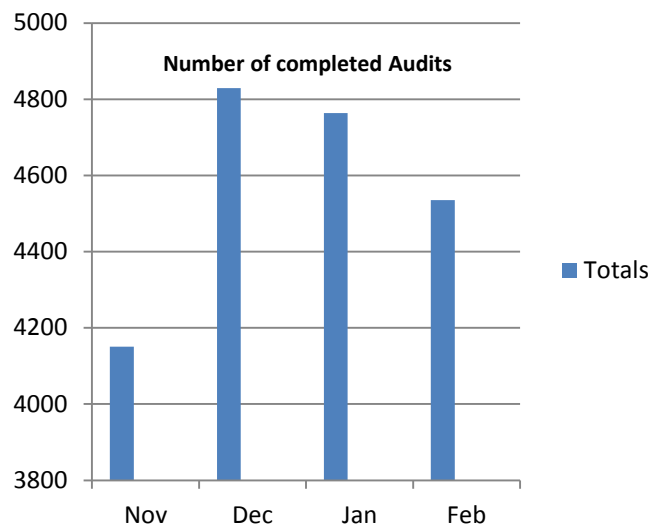
9. Workforce: February 2015

- Safe Staffing profile for inpatient areas

Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night		Overall %
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
	Speciality 1	Speciality 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours					
Cardiothoracic Intensive Care Unit	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	6633.48	6020.26	0.00	0.00	6168.25	5941.75	287.50	287.50	90.8%	#DIV/0!	96.3%	100.0%	93.58%
Carmen Suite	501 - OBSTETRICS		1359.00	1280.01	312.00	281.50	1260.50	1260.50	272.00	261.00	94.2%	90.2%	100.0%	96.0%	96.24%
Champneys Ward	502 - GYNAECOLOGY		1552.50	1527.00	588.00	691.50	924.00	913.00	327.50	327.50	98.4%	117.6%	98.8%	100.0%	101.98%
Delivery Suite	501 - OBSTETRICS		3370.50	3447.76	661.50	591.00	3146.00	3366.00	636.00	624.50	102.3%	89.3%	107.0%	98.2%	102.75%
Fred Hewitt Ward	420 - PAEDIATRICS		1862.50	1755.30	365.00	398.50	1518.00	1518.00	46.00	34.50	94.2%	109.2%	100.0%	75.0%	97.75%
General Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6511.50	5693.76	90.00	90.00	6060.50	5913.00	57.50	57.50	87.4%	100.0%	97.6%	100.0%	92.41%
Gwillim Ward	501 - OBSTETRICS		1775.00	1989.02	616.50	655.50	1293.50	1351.00	636.00	636.00	112.1%	106.3%	104.4%	100.0%	107.19%
Jungle Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	842.50	868.00	0.00	0.00	0.00	0.00	0.00	0.00	103.0%	#DIV/0!	#DIV/0!	#DIV/0!	103.03%
Neo Natal Unit	420 - PAEDIATRICS	192 - CRITICAL CARE MEDICINE	7373.5	6984.02	0	0	6523	6404	0	0	94.7%	#DIV/0!	98.2%	#DIV/0!	96.34%
Neuro Intensive Care Unit	192 - CRITICAL CARE MEDICINE	150 - NEUROSURGERY	4383.00	3971.26	274.50	241.00	4197.55	4028.80	317.00	294.50	90.6%	87.8%	96.0%	92.9%	93.06%
Nicholls Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2218.50	2236.26	177.00	175.50	1564.00	1563.75	154.00	154.00	100.8%	99.2%	100.0%	100.0%	100.39%
Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE	420 - PAEDIATRICS	3186.25	3067.46	446.75	458.75	2967.00	2970.25	322.00	318.00	96.3%	102.7%	100.1%	98.8%	98.45%
Pinckney Ward	420 - PAEDIATRICS		2031.00	2236.50	324.00	318.00	1598.50	1587.00	0.00	23.00	110.1%	98.1%	99.3%	#DIV/0!	105.34%
Dalby Ward	300 - GENERAL MEDICINE		1764.50	1454.00	1814.50	1917.00	966.00	954.50	1630.00	1618.50	82.4%	105.6%	98.8%	99.3%	96.26%
Heberden	300 - GENERAL MEDICINE		1454.00	1178.00	2180.00	2300.26	989.00	908.50	1644.25	1655.75	81.0%	105.5%	91.9%	100.7%	96.41%
Mary Seacole Ward	400 - NEUROLOGY	314 - REHABILITATION	2508.00	2135.00	2367.50	2337.16	1678.50	1586.50	1678.00	1644.50	85.1%	98.7%	94.5%	98.0%	93.58%
A & E Department	180 - ACCIDENT & EMERGENCY		8803.50	8316.75	2258.50	1953.92	8300.00	7878.00	828.00	839.50	94.5%	86.5%	94.9%	101.4%	94.05%
Ailingham Ward	100 - GENERAL SURGERY		2083.50	1842.50	981.50	1076.16	1345.50	1299.50	1138.50	1138.50	88.4%	109.6%	96.6%	100.0%	96.53%
Amyard Ward	300 - GENERAL MEDICINE		2535.50	2025.97	1143.00	1059.00	1714.50	1678.50	1022.50	1023.00	79.9%	92.7%	97.9%	100.0%	90.20%
Belgrave Ward AMW	320 - CARDIOLOGY		2346.00	1925.50	1263.50	1040.00	1598.50	1564.00	333.50	322.00	82.1%	82.3%	97.8%	96.6%	87.55%
Benjamin Weir Ward AMW	320 - CARDIOLOGY		2312.00	2242.00	589.50	529.00	1610.00	1612.00	379.50	332.00	97.0%	89.7%	100.1%	87.5%	96.40%
Buckland Ward	361 - NEPHROLOGY		1759.83	1503.58	562.25	566.26	966.00	966.00	516.00	515.00	85.4%	100.7%	100.0%	99.8%	93.34%
Caroline Ward	170 - CARDIOTHORACIC SURGERY		1783.50	1376.50	707.50	574.50	1288.00	1207.08	11.50	11.50	77.2%	81.2%	93.7%	100.0%	83.62%
Cheselden Ward	100 - GENERAL SURGERY		1681.50	1459.00	343.25	316.26	966.00	931.50	264.50	264.50	86.8%	92.1%	96.4%	100.0%	91.28%
Coronary Care Unit	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	2439.00	2128.75	42.25	42.25	2231.00	1955.00	138.00	138.00	87.3%	100.0%	87.6%	100.0%	87.91%
James Hope Ward	320 - CARDIOLOGY		1371.00	1306.50	153.00	153.00	460.00	460.00	0.00	0.00	95.3%	100.0%	100.0%	#DIV/0!	96.75%
Mamham Ward	300 - GENERAL MEDICINE		2070.50	1961.00	932.50	992.00	1794.00	1805.50	644.00	621.00	94.7%	106.4%	100.6%	96.4%	98.87%
McEntee Ward	300 - GENERAL MEDICINE		1547.48	1378.73	748.00	749.50	1062.00	1050.50	644.00	644.00	89.1%	100.2%	98.9%	100.0%	95.53%
Richmond Ward	300 - GENERAL MEDICINE		4858.98	4005.23	2733.00	2348.50	4025.00	3810.08	2507.00	2484.00	82.4%	85.9%	94.7%	99.1%	89.55%
Rodney Smith Med Ward	302 - ENDOCRINOLOGY		1748.75	1452.50	1090.50	1012.75	966.00	920.00	805.00	805.00	83.1%	92.9%	95.2%	100.0%	90.89%
Ruth Myles Ward	303 - CLINICAL HAEMATOLOGY		1290.00	1187.60	403.50	413.00	920.00	885.50	80.50	80.50	92.1%	102.4%	96.3%	100.0%	95.27%
Trevor Howell Ward	370 - MEDICAL ONCOLOGY		1703.00	1512.00	808.00	749.00	954.50	908.50	747.50	747.50	88.8%	92.7%	95.2%	100.0%	92.97%
Winter Ward (Caesar Hawkins)	300 - GENERAL MEDICINE		1745.00	1418.00	942.50	1014.50	1345.50	1265.00	785.00	785.00	81.3%	107.6%	94.0%	100.0%	93.04%
Brodie Ward	150 - NEUROSURGERY		1164.00	1108.50	663.00	618.00	966.00	954.50	46.00	46.00	95.2%	93.2%	98.8%	100.0%	96.05%
Cavell Surg Ward	100 - GENERAL SURGERY		2030.92	1685.84	765.00	556.10	966.00	920.00	322.00	322.00	83.0%	72.7%	95.2%	100.0%	85.31%
Florence Nightingale Ward	120 - ENT		1874.50	1717.67	701.50	587.25	1288.00	1253.25	0.00	11.50	91.6%	83.7%	97.3%	#DIV/0!	92.38%
Gray Ward	100 - GENERAL SURGERY		2493.00	2200.50	1125.50	802.50	1301.00	1279.00	616.00	561.00	88.3%	71.3%	98.3%	91.1%	87.49%
Gunning Ward	110 - TRAUMA & ORTHOPAEDICS		2498.12	2084.20	931.00	879.06	1516.50	1482.00	892.00	847.00	83.4%	94.4%	97.7%	95.0%	90.66%
Gwynne Holford Ward	400 - NEUROLOGY		1172.00	1185.00	1194.00	1189.00	644.00	644.00	895.50	872.50	101.1%	99.6%	100.0%	97.4%	99.62%
Holdsworth Ward	110 - TRAUMA & ORTHOPAEDICS		1883.75	1443.50	774.50	824.50	1104.00	1011.50	907.50	894.50	76.6%	106.5%	91.6%	98.6%	89.38%
Keate Ward	160 - PLASTIC SURGERY		1599.00	1458.50	548.00	503.00	966.00	954.00	126.50	126.50	91.2%	91.8%	98.8%	100.0%	93.90%
Kent Ward	400 - NEUROLOGY		2046.83	1642.25	1289.25	1261.44	1332.75	1227.00	1138.50	1126.50	80.2%	97.8%	92.1%	98.9%	90.53%
McKissock Ward	150 - NEUROSURGERY		1921.00	1542.50	982.50	965.50	1311.00	1299.50	529.00	529.00	80.3%	98.3%	99.1%	100.0%	91.42%
Vernon Ward	101 - UROLOGY		2502.00	2248.13	699.00	586.50	1331.00	1298.00	319.00	308.00	89.9%	83.9%	97.5%	96.6%	91.54%
William Drummond HASU	400 - NEUROLOGY		2763.00	2431.32	664.50	538.50	2553.00	2462.83	621.00	611.50	88.0%	81.0%	96.5%	98.5%	91.56%
Wolfson Centre	400 - NEUROLOGY	314 - REHABILITATION	1500.00	1309.00	1732.00	1666.50	644.00	609.50	1161.50	1161.50	87.3%	96.2%	94.6%	100.0%	94.22%
Gordon Smith Ward			1332.00	1309.50	615.50	662.00	885.50	874.00	425.50	448.50	98.3%	107.6%	98.7%	105.4%	101.09%
Nightingale Step Down, Off Site Facility			1366.25	1340	0	0	644	611	0	0	98.1%	#DIV/0!	94.9%	#DIV/0!	97.05%
Trust Total			119,051.14	107,592.13	38,604.75	36,685.12	89,853.55	87,343.29	26,852.75	26,553.75	90.37%	95.03%	97.21%	98.89%	94.10%

9. Workforce

February 2015 - Safe Staffing alerts



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

The total number of safe staffing audits completed over the past three months were: December 4829, January 4764 and February 4535. There was a slight increase in the number of final alerts reported from 11 in January to 13 in February. The number of alerts reduced to a concern (ward is safely staffed but some care needs will not be completed) has increased during the previous three months following on the day investigation (December 31, January 19, February 32).

10 nursing related safe staffing concerns were raised on Datix system compared to 19 in January. None of the Datix reports matched a similar entry on the RaTE system. The information contained in some of the Datix reports suggests that some of these could have been recorded as an alert (3), concern (3) or safe (4).

HMS prison Wandsworth did not complete safe staffing as agreed. This has been escalated to the Head of Nursing for the area.

Actions: Raise the link between Datix and the rate system with the nursing body with the aim to achieve greater consistency. Safe staffing posters have been displayed through out the trust identifying the process to follow for staff, patients and visitors in case they wish to raise a safe staffing alert.

9. Workforce: February 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 February 2015. In line with new national guidance this table shows the number of filled shifts for registered and unregistered staff during day and night shifts. In February the trust achieved an average fill rate of 94.1%, an improvement from 91.3% submitted in January. Data cleansing continues to ensure that the report is being run consistently and only relevant front line nursing roles are included. It is thought that this and a better fill rate overall has improved the February position.

An additional column has now be added to highlight and RAG rate wards with fill rates lower than 85% as red and under 90% as amber.

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

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

- The data does not take into account the on-going considerations for ward managers in ensuring that on each shift there is the right level of experience and expertise in the ward team.
- The nature of each ward varies. The number and type of patients seen on some wards will be relatively consistent. The number and type of patients seen on other wards will vary more dramatically, meaning that there could be greater change from the planned level and the average will be somewhere in the middle of the highs and lows of this variation.
- There needs to be the operational context of the reasons for staffing levels month on month, for example reduced demand.
- Higher than 100% fill rates relate to areas which require more staff than they are profiled for. This could be because the patients the team are looking after are exceptionally unwell or require one to one nursing or supervision called specializing.
- 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 Division of Medicine and Cardiac has carried out a review of its vacancies, triangulated with quality indicators and is taking forward a range of actions to improve staffing on the ward. Going forward Divisions have been asked to carry out a similar review of their staffing situation.
- The Trust wide Nursing/ Midwifery Workforce programme, chaired by the Chief Nurse continues including work-streams for recruitment, retention, temporary staffing, marketing and forward planning. Colleagues from HR, Finance and Divisional representation support the delivery of the programmes of work. the progress of this programme of work is reported to the Workforce and Education committee.
- The focused work on recruitment resulted in the trust employing 63 more Band 5 nurses in February than left.

Heatmap Dashboard Ward View

10. Ward Heatmap: Overview by Ward

		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)
Children & Women's	CARDIOTHORACIC..	1.0	0.0	0.0	87.5	100.0		6.4	1.0	0.0	2.0
	CARMEN SUITE	0.0	0.0	0.0	100.0		0.0	3.8	0.0	0.0	15.8
	CHAMPNEYS	0.0	0.0	0.0	93.3	93.3	11.2	-2.0	0.0	0.0	5.9
	DELIVERY	0.0	0.0	0.0	100.0		0.0	-2.8	0.0	5.0	3.0
	FREDDIE HEWITT	0.0	0.0	0.0	100.0		0.0	2.2	0.0	0.0	1.0
	GENERAL ICU/HDU	0.0	0.0	1.0	100.0	100.0	33.3	7.6	0.0	1.0	3.6
	GWILLIM	0.0	0.0	0.0	100.0	92.3	55.1	-7.2	0.0	0.0	2.9
	JUNGLE	0.0	0.0	0.0			0.0	-3.0	0.0	0.0	2.3
	NEONATAL ICU	0.0	0.0	0.0	0.0	100.0		3.7	0.0	0.0	4.0
	NEURO ICU	1.0	0.0	0.0	100.0		0.0	6.9	1.0	0.0	7.0
	NICHOLLS	0.0	0.0	0.0	100.0		0.0	-0.4	0.0	0.0	2.7
	PICU	0.0	0.0	0.0	100.0	100.0		1.6	0.0	1.0	3.4
	PINCKNEY	0.0	0.0	0.0	100.0	50.0	150.0	-5.3	1.0	0.0	0.6
Medicine & Cardiovascular	ALLINGHAM	1.0	0.0	0.0	100.0	87.0	45.1	3.5	2.0	0.0	1.5
	AMYAND	1.0	0.0	2.0	84.4	85.7	16.3	9.8	4.0	2.0	2.9
	BELGRAVE	0.0	0.0	0.0	100.0	85.7	64.1	12.5	11.0	0.0	0.7
	BENJAMIN WEIR	0.0	0.0	0.0	96.3	97.9	45.3	3.6	1.0	0.0	4.3
	BUCKLAND	0.0	0.0	0.0	100.0	96.0	75.0	6.7	9.0	0.0	2.4
	CAESAR HAWKINS	0.0	0.0	0.0	87.5	90.9	27.5	7.0	7.0	0.0	5.6
	CARDIAC CARE U..	0.0	0.0	0.0	100.0	83.3	75.0	12.1	1.0	0.0	7.4
	CAROLINE	0.0	0.0	0.0	100.0	95.9	46.7	16.4	4.0	0.0	3.2
	CHESELDEN	0.0	0.0	0.0	100.0	95.1	41.8	8.7	4.0	0.0	7.4
	DALBY	0.0	0.0	0.0	77.8	100.0	23.5	3.7	8.0	0.0	7.2
	EMERGENCY DEP..	0.0	0.0	1.0		75.0	19.9	6.0	2.0	5.0	3.4
	HEBERDEN	0.0	0.0	0.0	70.8	90.0	28.6	3.6	4.0	0.0	4.3
	JAMES HOPE	0.0	0.0	0.0	100.0	96.9	46.4	3.3	0.0	0.0	1.5
	MARNHAM	0.0	0.0	1.0	92.6	0.0	0.0	1.1	3.0	1.0	1.6
	MCENTEE	0.0	0.0	0.0	100.0	100.0	45.2	4.5	1.0	0.0	0.1
	RICHMOND	0.0	0.0	0.0	90.5	91.8	37.0	10.5	8.0	1.0	3.4
	RODNEY SMITH	0.0	0.0	0.0	75.0	100.0	22.4	9.1	6.0	0.0	6.1
	RUTH MYLES	0.0	0.0	0.0	91.7	100.0	64.7	4.7	0.0	0.0	1.2
	TREVOR HOWELL	0.0	0.0	0.0	100.0	96.0	52.1	7.0	2.0	0.0	3.8
Surgery & Neurosciences	BRODIE NEURO	0.0	0.0	0.0	96.6	100.0	18.5	3.9	1.0	0.0	4.3
	CAVELL	0.0	0.0	0.0	100.0	100.0	17.8	14.7	6.0	0.0	7.8
	FLORENCE NIGHTI..	0.0	0.0	0.0	100.0	93.7	93.3	7.6	1.0	0.0	5.2
	GRAY WARD	0.0	0.0	0.0	93.5	86.5	31.1	12.5	1.0	0.0	5.6
	GUNNING	0.0	0.0	0.0	91.7	105.4	64.5	9.3	2.0	0.0	2.0
	GWYN HOLFORD	0.0	0.0	0.0	96.3	100.0	61.5	0.4	3.0	0.0	4.8
	HOLDSWORTH	0.0	0.0	0.0	100.0	88.2	37.0	10.6	3.0	0.0	0.7
	KEATE	0.0	0.0	0.0	100.0	93.8	63.1	6.1	0.0	0.0	2.8
	KENT	0.0	0.0	0.0	93.5	86.7	25.9	9.5	4.0	0.0	1.7
	MARY SEACOLE	0.0	0.0	0.0	77.5	78.6	38.9	6.4	7.0	0.0	9.6
	MCKISSOCK	0.0	0.0	0.0	95.8	100.0	37.9	8.6	1.0	0.0	1.4
	VERNON	0.0	0.0	0.0	96.7	95.9	42.8	8.5	1.0	0.0	6.5
	WILLIAM DRUMMO..	0.0	0.0	0.0	100.0	96.2	23.0	8.4	3.0	0.0	3.0

10. Ward Heatmaps: MCV Division

Dalby

3 red flags allocated for HFC (2 new PUs and CAUTIs) falls and sickness. DDNG met with Matron & ward sister to review. Issues around documentation of care at night and use of turning charts. High use of agency staff. Actions taken around 1)change in handover and reinforcing expectations of agency staff. 2) increasing staff attendance at HFC study days. Study leave cancelled in Jan & Feb due to staffing problems. FFT – improvement seen but work continues to increase. Wards with higher percentage of elderly frail find it difficult to survey 30% of discharges and will be very challenged to achieve 40% by end of March. Matrons meeting to find a way forward. Sickness – great improvement from 14.5% in Jan. Monthly meeting with matron and HR continue.

Heberden

General improvement and first month that ward has not had 3 red flags. Work continues as above on increasing staff attendance at HFC and improving collection of FFT data.

Caesar Hawkins

3 red flags for HFC (1 acquired PU) falls and sickness. Other HFC was from patients admitted with PUs or CAUTIs. Level of falls remains fairly constant and all were of no or low harm. Sickness at 5.6% is being well managed.

Amyand

7 red flags - 3 flags attributed to the same harm of 2 acquired PUs. These raise flags under Acquired PUs, HFC and SIs. Other flags attributed to one C.Diff, low number (16%) return rate on FFT but good scores. 4 falls. The ward has serious staffing concerns with 35% vacancies and high use of B&A. Divisional action plan in place to address high levels of vacancy across the division and ensure safe staffing levels. Matron and HoN supporting the ward leader. Concerns escalated through divisional structure to Chief Nurse.

Rodney Smith

3 red flags for HFC (1 acquired grade 2 PU) falls and sickness. Improvement in FFT – 22.4% but still below target. Number of falls remains stable – all no / low harm. Sickness – 6.1% is great improvement on levels in previous months.

Marnham

3 red flags. 2 flags attributed to 1 acquired PU other flag for no FFT information. Ward confirm that information has been collected but wifi problems with uploading data. This problem continues. RCA not yet completed on the acquired PU.

10. Ward Heatmaps: STNC Division

The report focuses on areas with a red indicator and those with three or more indicators. Overall there has been a significant reduction in red indicators this month within the surgical division, so for this reporting period I have included amber indicators within the narrative.

Cavell-4 indicators - the only area with three red indicators- high vacancy factor with a number of new starters now in place but very junior and requiring significant supervision and support. Falls- 5 different pts no overall harm and all medical outliers- High medical outliers on this short stay surgical ward is increasing dependency and acuity of patient caseload to an extent which the ward establishment/skill mix is not set up to support. FFT response rates need to be resolved and the new senior sister is working on this and embedding a consistent process. Sickness relates to unwell pregnant staff on LTS- taking early mat leave so should improve imminently.

Gray – 3 indicators (2 being amber and 1 relating to harm free care is incorrect as at 100% for February)- Sickness relates to 2 pregnant staff off with hyperemesis, now on early mat leave. The unfilled shifts relates to vacancy factor/ sickness. All except 1 RN vacancy recruited into & in place by march.

Kent – 3 indicators (2 being amber)- Harm Free care issues relate to 1 acquired UTI and 2 VTE assessments, subsequently being audited daily and with improved medical engagement. FFT response rates low although satisfactions scores remain high- response rates compounded by high vacancy factor and many new starters. Many pts not able to complete FFT and increased scrutiny of the process by senior team. Falls- 1 pt fell twice and ten head injury patients which compound this. Numbers overall of fall lower and no associated harms.

Brodie – 1 red indicator – sickness relates to 3 staff on long term sickness (1 staff member now dismissed and 2 to return in March).

Gunning – 1 amber indicator – This relates to harm free care and more specifically 1 old grade 3 pressure ulcer and 1 new UTI.

William Drummond – FFT difficulty achieving response rates recently this is slowly improving although not yet meeting the target.

Overall the percentage of unfilled shifts is improving. In part due to slow but steady recruitment but the improved real time management of e roster, with support for the team is starting to impact.

10. Ward Heatmaps: WCDOP Division

Incidence of CDT

2 cases of CDT were reported in February 2015, 1 in CTICU and 1 in NICU. Both cases are being reviewed and root cause analysis completed. The CTICU case is being incorporated into a bigger piece of work to improve infection control within CTICU.

Trust Acquired Pressure Ulcers

1 grade 3 pressure ulcer reported in GICU in month. The root cause analysis is currently being completed for this, but initial findings suggest that this may have been previously inaccurately assessed as a grade 2 pressure ulcer.

% of harm free care

CTICU – 87.5%

1 patient harm was noted, this was 1 old grade 2 pressure ulcer.

Champneys – 93.3%

2 patient harms were recorded on the day of audit. These were 1 old grade 2 pressure ulcer and 1 new grade 2 pressure ulcer.

Friends and Family Response Rate

Champneys ward have reported a slight improvement in the response rate in month, however they are still not reaching the desired 30 % target. Technical problems contributed to this in the early part of February, with paper documentation being used to support this, however further work is planned in order to achieve compliance. This work will be facilitated the Matron and Ward sister.

Serious Incidents

5 reported in month, these all relate to delivery and the admission of babies to NNU. The incidence of such cases has been discussed at DGB and further analysis is being completed in addition to the respective root cause analysis.

Sickness

Three areas are reporting higher than average sickness rates. Bi -monthly rota management meetings continue within the division with the ward sisters and matrons which also includes a review of sickness absence rates and the overall management of sickness. This ensures that there is adequate support for staff in managing sickness and early escalation of any difficult cases.

11. Community Services

- CQR Scorecard – Feb 2015 Page 1 of 2

Domain	Patient Safety & Experience																Direction	Comments	
	Indicator	Frequency	2014/2015 Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15				
				Quarter 1 2014/15			Quarter 2 2014/15			Quarter 3 2014/15			Quarter 4 2014/15						
Patient Safety	SI's REPORTED	Monthly		3	7	2	9	3	4	7	5	5	3	8		A			
Patient Safety	Number of SI's breached	Monthly	0					0	0	0	0	1	0	0		>			
Patient Safety	Grade 3 Pressure Ulcers	Monthly		3	4	1	7	3	2(2 Grade 3), 1 grade 4 shared and being investigated	8	4	4	3	5		A			
Patient Safety	Grade 4 Pressure Ulcers	Monthly							1	0	0	1	0	1		A			
Patient Safety	Number of Fall of No Harm and Low Severity	Monthly		10	10	3	18	3	20	14	12	10	21	17		V			
Patient Safety	Number of moderate falls	Monthly	0	0	0	0	0	0	0	0	0	0	0	0		>			
Patient Safety	Number of major falls	Monthly	0	0	0	0	0	0	0	0	0	0	1	0		V			
Patient Safety	Number of falls resulting in death	Monthly	0	0	0	0	0	0	0	0	0	0	0	0		>			
Patient Safety	MRSA	Monthly	0	0	0	0	0	0	0	0	0	0	0	0		>			
Patient Safety	CDiff (cumulative)	Monthly	40	0	0	0	0	0	0	0	0	0	0	0		>			
Patient Safety	CAS ALERTS - Number ongoing-received (Trust)	Monthly		13	18	13	12	15	8	7	8	7	8			V			
Patient Safety	CAS ALERTS - Number not completed within due date (Cumulative) Trust	Monthly	0	1	1	1	1	1	1	1	1	1	1	2		A	Ongoing since 2009		
Patient Safety	Number of Quality Alerts	Monthly		8	3	8	5	3	7	10	5	2	4	4		A			
Safeguarding	% of staff compliant with safeguarding adults training	Monthly	95%	91.1%			92.01% as at 8th Sept 2014		91.21% as at 7th Oct 2014	92.81% as at 11th Nov 2014	92% as at 7th Jan 2015		92% Feb/Oct 15	91% Mar /Oct 15		A			
Safeguarding	% of staff compliant with safeguarding childrens training	Monthly	Level 1 95%	91.7%			92.82% as at 8th Sept 2014		91.97% as at 10th Oct 2014	92.85% as at 11th Nov 2014	91% as at 7th Jan 2015		90% Feb/Oct 15	89% Mar /Oct 15		V	changed to green because staff show an achievement		
			Level 2 95%	78.4%			80.91% as at 8th Sept 2014		81.27% as at 7th Oct 2014	83.88% as at 11th Nov 2014	84% as at 7th Jan 2015		84% Feb/Oct 15	85% Mar /Oct 15		A			
			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	78% as at 7th Nov 2014		70% Feb/Oct 15	74% Mar /Oct 15		A			
Patient Outcomes	Mortality SHMI ratio (Trust)	Monthly	<100	<100	<100	<100	<100	<100	<100	<100	<100	<100	<100	<100		>			
Patient Experience	Active Claims	Monthly		2	0	1	0	0	2	1	2	1	0	3		A			
Patient Experience	Number of Complaints received	Monthly		28 April (12), May (5) June (8)			17			11			10	7	9	3		V	
Patient Experience	Number of Complaints responded to within 25 days (reporting 1 month in arrears)	Monthly	85%	48% April (50%), May (40%) June (33%)			44%			73%			77%	87%	75.8%		A		

11. Community Services

- CQR Scorecard – Feb 2015 Page 2 of 2

Domain	Patient Safety & Experience																Direction	Comments
	Indicator	Frequency	2014/2015 Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15			
				Quarter 1 - 2014/15			Quarter 2 - 2014/15			Quarter 3 - 2014/15			Quarter 4 - 2014/15					
Patient Experience	Number of Complaints responded to within 25 days with an agreed extension	Monthly	95%	54%			50%			83%	82%	100%				>		
Patient Experience	FFT Score (Mary Seacole and MIU)	Monthly		Mary Seacole Score = 88							100%	81%	15%	39%	http://www.com.yobervatory.nhs.uk/index.php?option=com_content&view=article&id=28&cat_id=588			
Patient Outcomes	Catheter related UTI (Trust)			0.00	1.58	1.43	0.00	1.47	1.41	1.47	1.32	1.29					c.gov.uk/research/coblogue?g=88&f=3A%22info	
	Number of new VTE (Trust)		National 0.005	0.78	0.35	0.21	0.07	0.07	0.37	0.00	0.89	0.29						
Workforce	Number of DBS Request Made (Dec 14)	Monthly										199 year to date						
Workforce	Sickness Rate -	Monthly	3.50%	5.37%	5.08%	5.48%	3.82%	4.0%	4.2%	4.4%	5.1%	5.5%	6.0%	Data available mid Mar 2015		A		
Workforce	Turnover Rate-	Monthly	13%	14.87%	14.76%	14.98%	16.48%	17.1%	18.0%	19.9%	20.2%	20.4%	19.9%			V		
Workforce	Vacancy Rate-	Monthly	11%	12.45%	13.10%	14.61%	14.87%	15.7%	15.9%	17.9%	18.4%	20.4%	21.8%			A		
Workforce	Appraisal Rates - Medical	Monthly	85%	54.05%	82.07%	71.43%	78.57%	80.8%	78.3%	88.4%	88.4%	78.2%	80.0%			A		
Workforce	Appraisal Rates - Non-Medical	Monthly	85%	79.84%	77.38%	74.80%	77.80%	81.1%	79.5%	84.3%	81.3%	83.3%	82.1%			V		

11. Ward Heatmaps: Community Division

Exception Report for Community Dashboard:

Serious Incidents: Six Serious Incidents were reported in February, 4 grade 3 and 1 grade 4 within community Nursing services. One grade three within Nightingale House.

Falls: There were 17 no harm and low severity falls during this period

Complaints: Community services received three complaints during February, revised Divisional approach, review of the complaints process and senior oversight have seen an improvement in performance. The Complaints response time is improved however this is still not reflecting 85% within 25 working days for the Month.

FFT Score: This has improved on Mary Seacole ward, community services will be implementing FFT across all servicers from the 1st April 2015 in line with National and local requirements.

Human Resources: No Significant shift in workforce Metrics

Narrative for MS ward:

Trust acquired pressure ulcers: Mary Seacole ward incidents of pressure ulcers has significantly reduced. There has been no reported grade 3 or 4 pressure ulcer for more than 140 days. This is directly attributable to clear clinical leadership, implementation of senior nurse reviews, clear expectations of practice and staff commitment to care.

FFT: Patients are asked to complete the FFT. at times this is challenging due to capacity issues. However those patients that do respond report high level of patient satisfaction (78.6)

Harm free care: (77.5) the Length of stay for some patients is 6 weeks or more. Harms recorded the previous month will be in existence as old harms for the current month.

Ward staffing: There is a high level of Band 5 registered nurse vacancy. This is filled by bank and agency nurses who do regular shifts and long term lines, resulting in sufficient fill rate to staff the ward towards satisfactory ratio of 1RN: 7 patients (in line with RNC recommendations). We are continually marketing and hosting recruitment events and are currently offering a rotation for band 5s across community services. To date we have received limited response. Mary Seacole ward will be splitting into 2 wards Q1 2015/16. This will create 2 wards each of which will have 21 beds. It is anticipated that this will enable closer comparisons of quality indicators with other wards at St Georges Hospital, strengthen clinical leadership and patient flow management and assist with recruitment and retention of nurses.

Sickness (9.6%): It is acknowledged that sickness is higher than trust target and sickness levels are managed in accordance with sick leave policy. Staff on long term sick are expected to return shortly.

St George's University Hospitals

NHS Foundation Trust

Paper Title:	Trust Discharge Programme
Sponsoring Director:	Jennie Hall- Chief Nurse/ Director Infection Prevention and Control SRO Discharge Programme
Authors:	Jennie Hall- Chief Nurse/ DIPC Beverley Haworth: Service Improvement Programme manager. Helene Anderson- DDNG Dr Helen Jones Brendan McDermott- HON
Purpose:	To inform the Board the current
Action required by the board:	To note the report and key areas of risk noted.
Document previously considered by:	Operational Management Team Meeting
<p>Executive summary:</p> <p>Operational Capacity remains a key BAF risk for the Trust. The main SGH site is challenged potentially impacting on the delivery of safe and high quality services across both elective and non-elective pathways that involves range of clinical areas. There is a significant need to improve our current position to support a better experience for our patients but also our staff.</p> <p>In response to this position there is a significant coordinated programme of work being led by the Director of Delivery and Improvement to address the current capacity position. The discharge work being described in this paper feeds into the overarching programme.</p> <p>The discharge programme has been in place since October 2014 with phase 1 focusing on engagement, establishing work streams that addressed the key findings from an external report in July 2014, This included the establishment of a departure lounge, completing a pilot programme within 11 inpatient wards to improve early discharge and development of improved management information to support decision making . In addition establishing direct links with external partners to develop more streamline discharge processes for patients with complex discharge, including daily face to face meetings for patients whose have stayed longer than 10 days in hospital who are not acutely unwell.</p> <p>The programme has now moved into Phase 2 which is focusing on the flow of patients within the assessment unit, roll out of the pilot programme to support early discharge, increasing the use of departure lounge, reviewing the site team function, use of improved information to support decision making and planning and working with partners.</p> <p>The management information which is now available will be used to establish further key performance indicators to ensure there is understanding both of what the programme interventions will achieve in terms of flow and quality but to inform what impact should look like over the next 6 months in terms of overall capacity.</p> <p>The Trust is also participating in the “Breaking the Cycle” process from the 7th to the 14th April to make further progress in relation to the implementation of an electronic collection of the reasons that individual patients are n hospital, to test an approach regarding how patients are</p>	

reviewed on ward rounds and the changing the profile of site meetings to support the operational flow of the site.

This is a significant programme of work which needs to support a sustainable change in flow, something previous programmes had not managed to achieve.

It is imperative that the programme principally delivers the ability to ensure the safe discharge of patients earlier in the day and to ensure the effective working with all key partners.

The board is asked to note the current position and the future work that the programme will focus on.

Key risks identified:

Capacity Risk on the 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.

1.0 Introduction

Operational Capacity remains a key BAF risk for the Trust. The main SGH site is challenged potentially impacting on the delivery of safe and high quality services across both elective and non-elective pathways that involves range of clinical areas. There is a significant need to improve our current position to support a better experience for our patients but also our staff working hard to deliver services in sometimes challenged circumstances.

In response there is a significant coordinated programme of work being led by the Director of Delivery and Improvement to address the current position. The discharge work being described in this paper feeds into the overarching programme and in particular it aligns with the Emergency Department improvement work, the Capacity and the Frailty pathway work.

2.0 Background to Programme:

In the summer of 2014 a 2 day external review was carried out to look at the current approach and constraints to good quality discharge at St George's hospital (SGH). The findings were agreed with; the report contained a number of recommendations that were used as a platform to address the issues in a sustainable way going forward through a programme of work.

The programme has also been aligned with the good practice model "SAFER" which is a set of operational standards that are evidence based and support improved flow within a hospital site.

- **S-** Senior Review: All patients will have a consultant review before midday
- **A:** All Patients will have an expected discharge date (that patients are made aware of) based on the medically fit for discharge status agreed by clinical teams
- **F:** Flow of patients will comment at the earliest opportunity (10am) from assessment Units to inpatient wards. Wards (that routinely accept patients from assessment units) are expected to discharge their first patients by 10am) to accept the patients
- **E:** Early discharge, a third of patients will be discharged from base inpatient wards before midday. TTOs for planned discharges should be prescribed the day before and dispensed the day prior to discharge wherever possible.
- **R:** Review a systematic review of patients with extended lengths of stay to identify the issues and actions required to facilitate discharge. This is led by Clinical leaders with operational support to remove barriers to effective discharge.

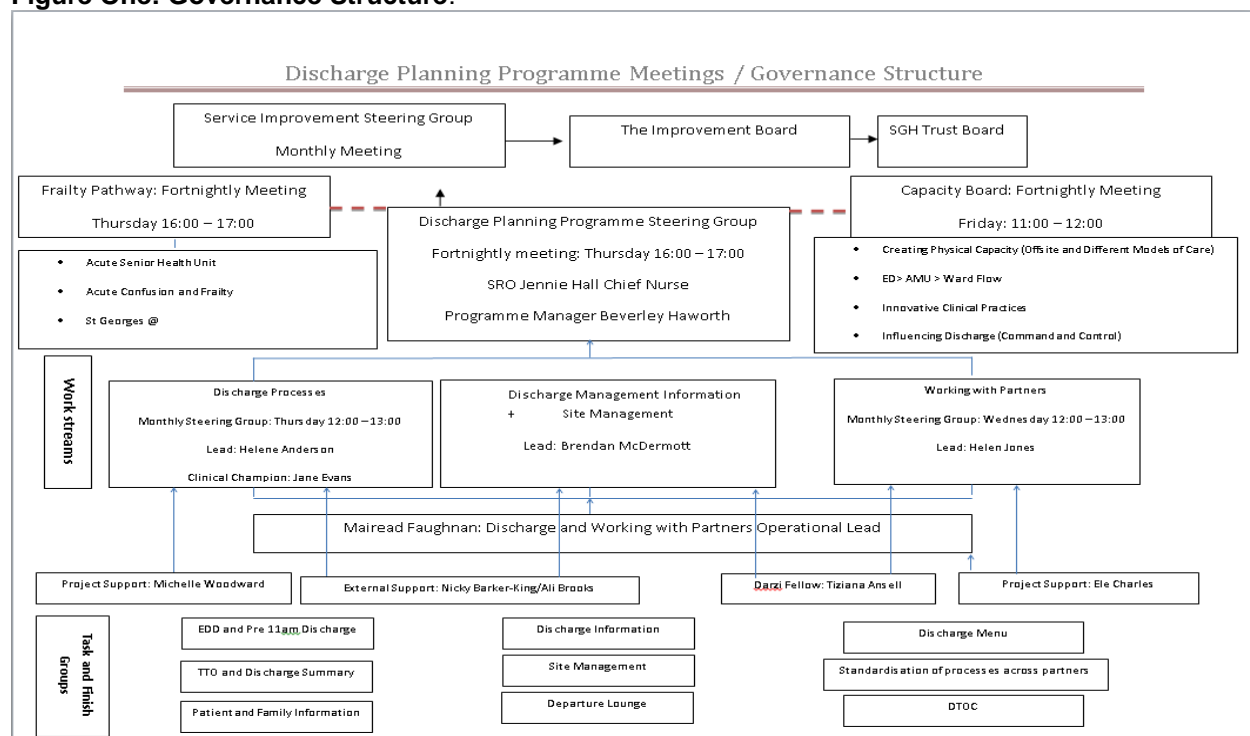
Elements of the SAFER tool have previously been used within the Trust however these do not appear to have been fully implemented through previous interventions and this has been picked up through the current programme.

3.0 Current Programme Structure:

An important objective of this programme is to achieve a sustainable solution going forward with previous initiatives having mixed impact. Staff engagement in the design phase of the was a key element so a series of engagement events took place including a "Listening into Action" evening, table top workshop with Divisional Directors of Nursing and Heads of Nursing and presentations to medical staff. This enabled the Trust to develop and take ownership of the extensive programme of work.

One of the key features of the Discharge programme is that it is iterative with a need to be responsive to issues as they emerge and to ensure that that all actions being taken are effective and delivering anticipated outcomes.

At the Time of writing this report there are a number of key elements of the programme. The Governance architecture of the programme described below in figure one demonstrates the links with the other work Trust streams i.e. capacity, frailty pathway to ensure that activity is coordinated and effective.

Figure One: Governance Structure:

The Discharge programme presently has 3 distinct Work streams aligned with the SAFER model: Discharge Processes, Discharge management Information and Site management, working with Partners.

Work Stream	Associated SAFER Standard
Discharge Processes <ul style="list-style-type: none"> - To strengthen the use of Estimated Dates of Discharge to ensure discharge planning - To secure greater numbers of patients being discharged before 11am discharge - To ensure TTO's are prescribed in a timely way. - Delivery of Patient and family information to support better communication. 	<ul style="list-style-type: none"> - Implement daily ward/board rounds - Agree EDD definition; implement improved data capture and a robust governance structure. - Do simple discharge well and increase pre 11am early discharge.
Discharge Management Information and Site Management <ul style="list-style-type: none"> - Use of management Information to support decision making and forward planning - Site Management: Clarity of Team and escalation functions within the Trust - Departure Lounge: Use of the lounge to support early planned discharge 	<ul style="list-style-type: none"> - Improve flow of patients from AAU/ED to the base wards earlier in the day - Early discharge facilitated by use of the departure lounge.
Working with Partners <ul style="list-style-type: none"> - Standardise discharge processes across partners - Develop and implement a discharge menu for all Boroughs - Agreed processes for Delayed 	<ul style="list-style-type: none"> - Early review of long stay patients on the ward and daily DTOC meetings in place. - Early discharge planning; improved awareness and processes for in reach from all available community services across Boroughs.

Transfer of Care Patients (DTCO and nDTCO in place across all partners.	
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Each workstream has a lead (Medical/ Nursing) and the programme is currently supported by a Programme manager and Darzi Fellow. Some focused management consultancy support has also been used.

The discharge programme has been in place since October 2014 with phase 1 focusing on engagement, establishing work streams that addressed the key findings from an external report in July 2014. This included the establishment of a departure lounge, completing a pilot programme within 11 inpatient wards to improve early discharge and development of improved management information to support decision making. In addition establishing direct links with external partners to develop more streamline discharge processes for patients with complex discharge, including daily face to face meetings for patients whose have stayed longer than 10 days in hospital who are not acutely unwell.

The programme has now moved into Phase 2 which is focusing on the flow of patients within the assessment unit, roll out of the pilot programme to support early discharge, increasing the use of departure lounge, reviewing the site team function, use of improved information to support decision making and planning and working with partners.

The Board will note there are other work streams represented in the governance framework. Reporting back from these programmes takes place in the Steering Group meeting to ensure that key discharge activity is coordinated.

4.0 Current Position within the Programme:

S - Senior Review. *All patients will have a Consultant Review before midday.*

Across the Trust a review of the ward round profile has been undertaken to understand the current structure of ward rounds, in terms of frequency and multi-professional representation. The outcome of this review has indicated a mixed picture and the information is now being used to support discussion and change in the ward round profile as required to support Senior Review for all patients before 12 midday.

Within the Surgical Division a baseline audit in October 2014 found that the surgical division showed full compliance for consultant ward rounds taking place with these running between 08:00 and 11:00 hrs.

The board round, however, is currently not fully implemented in the division. It should be noted, however, that multi-disciplinary team (MDT) meetings are held at a frequency appropriate to the patient group and specialty of the ward. ^a Board rounds are defined for the purpose of this audit as: daily consultant led rounds using the white board to prioritize the ward round, seeing patients that are unwell, discharges for that day and then the remaining patients.

There is a challenge for some areas where there is a lack of Consultant resource to carry out daily reviews before midday. In these areas we are working with teams to improve the decision making processes and use of criteria led discharge.

We are currently awaiting results from the audit of the remaining wards. The wards above are being re-audited the week commencing 9th March to understand the improvements to date.

A - All patients will have an Expected Discharge Date (EDD)

This work crosses the discharge processes and site management work streams. The key focus in this work stream is to ensure that the EDD is evidence based and used to support planning of discharge. A recent Trust wide snapshot audit using a tool that includes EDD and reasons for patients being in hospital (March 2015) indicated that 94% of patients had an EDD in place.

Work is currently being carried out with a clinical reference group to strengthen the definition for EDD and to improve the recording of this through iClip.

Phase 2 of the programme is now focusing on the roll out of this audit tool through an electronic solution in Cerner to understand the reasons why patients remain in hospital, if they are fit to go home or still require care. If fit to go home the reasons that they remain in hospital.

The tool will also highlight the estimated date of discharge (described within 24 hours of admission) and predicted date of discharge (understood post an MDT team review). The information will be collected daily and will be used to support management action to prevent internal delays in hospital e.g. access to diagnostic tests and also conversations with key external partners across the sector.

This will commence in April 2015 with use of a Breaking the Cycle week to focus on the implementation of this with follow up work to ensure it becomes imbedded in practice. This piece of work is a significant challenge requiring a large change in culture, and support from the IT team for a fully effective roll out.

In surgery, as part of the pre-admission process EDDs are linked to 'prescribed' pathways of care, focus is being placed on where appropriate this can be rolled out. The challenge is for the more complex, multi pathology patients. The linked use of EDD and Predicted Day of Discharge will hopefully facilitate this.

F - Flow of patients, E – Early discharge,

33% of our patients will be discharged from base inpatient wards before midday.

These elements of SAFER involve the discharge processes and site management work streams working closely together. In order for the organisation to feel the benefit of the increased number of early discharges work has commenced on improving both the movement of patients from short stay assessment unit beds to the base wards earlier in the day.

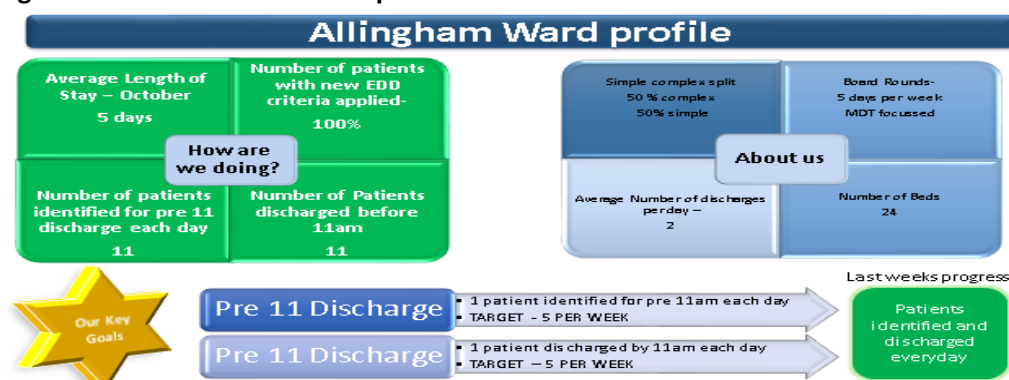
Work commenced in February 2015 to address the flow of patients through the Assessment Unit beds with focus on local processes within the Unit alongside the alignment with the pre 11am discharge work within the back inpatient wards. This work is important to support both flow out of the Unit to wards but also from the Emergency Department to the Unit. It is a busy fast turnover Unit which has a committed team who are fully involved in the work. Metrics will be around the timing of flow both out of and into the Unit and the use of EDD / PDD for short stay patients.

EDD and pre-11am discharge:

The initial focus has been on getting simple discharge (patients who do not require complex care/ support needs) done well. This work (October 14 to January 2015) began with 11 wards using scorecards (see Figure 2 below) to facilitate the early identification of patients for pre – 11am discharge. The aim ensuring beds were freed earlier in the day in order to relieve congestion in Assessment Unit.

It is anticipated that embedding the working practices associated with this will filter over to work with complex discharge. Individual wards areas agree local targets against three areas one of which had to be early discharge.

Figure 2: Ward Scorecard Example



The baseline position for the 11 pilot wards with scorecards was 12 per week. This has improved significantly with an average of 44 per week for the wards (see Figure 3 below). This is an average of 4 per ward; the target is 5 which would be 55 per week in total.

Figure 3: Number of Total Weekly Pre 11is Discharges

	24.11.14	01.12.14	08.12.14	15.12.14	22.12.14	29.12.14	05.01.15	12.01.15	19.01.15	26.01.15	02.02.15	09.02.15	16.02.15	23.02.15	Target	
Keate	7	10	10	9	9	14	14	20	19	16	17	13	15	11	14	↓
Florence Nightingale	3	3	8	14	5	5	0	6	6	11	8	8	8	6	8	↓
Gunning		0	0	1	3	0	2	3	5	3	2	0	4	4	5	↔
Rodney Smith	2	0	1	0	0	0	3	2	0	2	2	2	1	1	5	↔
Allingham		3	6	8	1	15	11	6	7	6	6	5	5	5	5	↔
Holdsworth				0	0	0	1	2	2	0	1	1	0	3	5	↑
Marnham			4	5	1	0	1	2	2	5	3	2	3	2	5	↓
Caesar Hawkins			2	6	0	0	5	5	4	4	4	3	1	2	5	↑
Amyand					4	4		0	0	0	0	0	0	0	3	↔
AMU				2	0	0	2	6	1	2	2	3	3	7	5	↑
Heberden								1	1	0	0	3	0	1	3	↑

The table indicates that wards responded in different ways in terms of time for implementation and the challenge of the sustainability of targets. The pilot has been successful across the majority of areas and also has provide insight as to success factors enabling lessons learned to be used for planning as this approach is rolled out across all inpatient wards. It is expected that roll out will be completed by the end of June at the very latest. This will secure a measureable target for pre 11am discharges across the Trust supporting earlier flow during the day.

TTOs and discharge summary:

There has been good engagement from colleagues in pharmacy.

A TTO prioritisation process is in place for all identified pre 11 am discharges.

A mapping exercise is being undertaken to scrutinize further the writing up and dispensing timelines and review the current safari process. The purpose will be to map the time between the review of an individual patient and when the TTO is prescribed. Presently this time can be a number of hours for some ward rounds as TTOs are not always being prescribed at the point of review as the clinical team will return to do this task once all patients have been reviewed on the ward round. In response we are also currently implementing consultants identifying junior doctors to be released from daily board round to complete TTOs for all patients for discharge. Pharmacy is also exploring linking pharmacists to specific team to expedite the prescription completion process.

A pop up pharmacy for Atkinson Morley Wing is being looked into to improve timely access to TTAs.

Looking forward the impact of the Iclip system needs to be understood regarding the turnaround times for TTOs.

Site Management

The roles and responsibilities for the site management team are being reviewed to ensure that they are clear and appropriate for the Operational running of the site. The working patterns for the staff on the team have been reviewed with twilight shifts for site management are in place to facilitate flow in the early evening.

Terms of Reference and Standard Operating procedures for escalation meeting are being reviewed to improve information flow and management/ Clinical response when in escalation. In addition action cards are being developed and implemented for when in surge.

The repatriation web-site is now operational and providing real-time information. This focuses on the patients who now longer need specialist care and need to be transferred to their local hospitals. We are now able to pull information from the web-site to report on performance against new operational standards for inter-hospital transfers.

Departure Lounge

On 1st December 2014 the Departure Lounge (DL) opened to support patients waiting for a short time prior to leaving the hospital, thereby supporting pre 11am discharge targets.

Weekly oversight of the DL indicates that currently a disproportionate amount of patients are being discharged to the lounge in the afternoon. In the early weeks the DL was in use this was 5 times the volume of discharges than in the morning

The profile of DL activity indicates that patient flow through A&E and acute medical units is supported with a high proportion of referrals to the lounge. In December 54% of DL referrals came from A&E and acute medical wards where the organisation encountered the highest level of bed pressure. A few surgical wards use the DL regularly. Senior Health Wards are currently unable to use the lounge DL due to the chair-only model.

There is significant focus on increasing the use of the DL to support the earlier flow within the day, with focused intervention with wards that are currently not using this facility. A business case for the Discharge Lounge has been prepared to support ability for bed bound patients to wait for transport in that area.

R – Review,

Working with Partners

Daily DTOC meetings are now in place with social services across Boroughs to support solution to blocks in the discharge of individual patients and wider system delays. The terms of reference are currently being reviewed to optimise the effectiveness of the meeting.

A wider task and finish group is looking at the internal processes for definition, reporting and management of DTOCs. This group will also look to embed the changes of the upcoming Care Act which comes into force in April 2015.

A draft discharge menu has been developed and is being finalised for Wandsworth. The aim of the menu to provide better sight of services that are available and an ability for staff to access those services. The agreed format will be used for other Boroughs and will require ongoing work to populate. This includes identifying the patient's needs, linking this to what services are available and the referral criteria and process associated with it.

Community Adult Health Redesign links have been established to embed the facilitated discharge function of care.

5.0 Next Steps

The profile of the project to date has been an improvement project which has some positive impact however a step change now needs to occur and the programme will be repositioned to ensure that it becomes a management priority for all Divisions in 2015/16. It is intended that the programme will be supported by an increased Service Improvement resource to increase both pace and Traction.

Work is being undertaken to develop a new set of KPI metrics to better understand the impact of the programme in the next 6 months.

Completion of the review and function of the site management and discharge coordinator teams to ensure effective use of resources, and links with operational teams.

Implementation of the Electronic Daily audit to support effective planning and intervention to reduce delays in discharge.

Use of the new management information to support forward planning of capacity and appropriate management intervention.

Strengthening medical engagement within the project.

The Key operational challenge remains the early discharge of patients to support the flow through the site. To improve this, the following key areas will be focused on:

- The early flow of patients from the assessment unit to the wards. The pre 11am work has created a platform for this work to be built on. There needs to be an increased push from AMU and pull from the wards.
- The Roll out the successful management of simple discharges to all wards. The change in behaviours and good practice will be built on with further work on criteria led discharge and management of complex patients.
- The discharge processes and site management work streams will also work together to improve the current gap in utilising the available bed space generated earlier in the day from the pre 11am discharge work.
- Working with partners work stream endeavouring to put the correct effective, efficient multi borough complex discharge processes in place.

The key to all of the above will be the on-going input and leadership from the wards and increased involvement of the medical teams.

Our systematic approach aims to embed and deliver all the separate elements of the SAFER bundle together to sustain improved patient flow.

Finance Report

February 2015 results – Month 11

Trust Board (26th March 2015)

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FINANCE AND ACTIVITY SUMMARY

Area of Review	Key Highlights	Month	Year End rating
Financial Position	<p>Although approved as a Foundation Trust from February 2015 onward we continue to report a full YTD position. As at Month 11, the Trust is showing a deficit YTD of £9.5m which is £14.75m adverse to the YTD target of £5.25m surplus. This is an adverse movement in month of £3.2m. The month 11 results have seen a worsening of the position as a result of under delivery of SLA inpatient income targets and excess costs of continuing operational pressures during February.</p> <p>In response, the Executive has taken further exceptional action to reduce expenditure in the fourth quarter. A detailed review of all budgets and costs centres was undertaken led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified were reviewed by the Chief Nurse and Medical Director to remove any measures that represent a material risk to patient or staff safety. The impact of these measures were filtering through towards the end of February.</p> <p>Income remains ahead of plan offset by overspends in Medical, Nursing and non pay. The Trust had amended its forecast with the TDA to be a £10.12m deficit and £17.0m adverse to plan to reflect the worsening position.</p>		
Activity / Income	Income was ahead of plan in month by £261k mainly due to exclusions and programme activity. Non elective activity improved although the impact of Emergency threshold reduces income. In-patient elective activity 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.		
Expenditure	Pay costs are overspending for the year to date primarily due to premium costs of Medical Junior Doctors cover especially in ED, Paediatrics and Surgery. Nursing now overspending in month due to agency/bank nursing cover for staffing escalation areas and maintaining safe staffing levels, covering vacancies and use of nurse specials still high. Non pay is overspent in drugs which are largely reclaimable. There are pressures in other non pay costs especially the use of private facilities for additional capacity and IT upgrading.		
EBITDA	This was behind plan in month by £3.407m mainly due to difficulties achieving income and expenditure CIPs and inpatient activity levels at suitable margins. Overall YTD was behind plan by £16.951m as total expenditure pressures exceed additional income received to date.		
Cash	<p>The cash balance was £10.8m at M11 (M10: £19.5m) a reduction of £8.7m in month. When the unexpended balance of the LEEF loan is excluded, the underlying cash balance is -£0.4m.</p> <p>There was a trading loss in February of £3.3m (IFRS) and debtors increased following the considerable reduction last month – caused to a large extent by the receipt of long-standing debts and also the Q4 LDA monies in one payment.</p> <p>NHS Debt Reduction Group comprising senior finance, credit management and contracts team staff continue to meet every week to expedite responses on data quality and to agree the ring-fencing of disputed values to maximise cash receipts from commissioners. Where appropriate this group escalates non-payment of SLA monies. Some long term CCG debts have been settled in March.</p> <p>As reported since M06, the cash balance includes approx £11m relating to the unexpended balance of the LEEF loan.</p> <p>The cash position will remain under severe pressure given the current income and expenditure performance and highly challenging trading outlook for 2015/16 and as a consequence the Trust is continuing to exert tight management of payments.</p> <p>The Trust will draw down the £15 working capital loan on 23rd March.</p>		

<p>Capital</p>	<p>Actual capital expenditure in month 11 was £3.4m. and YTD expenditure is £34.1m against the budget of £52.6m – an under spend of £18.6m.</p> <p>The IMT over spend is unchanged from M10 and the Head of Computing has implemented measures to ensure IMT capital spend for the year is contained within the control total of £10.656m.</p> <p><u>Overall forecast</u></p> <p>The updated M10 forecast indicates the Trust will generate an <i>under spend in terms of overall capital expenditure of £16.35m.</i></p> <p>The Trust has been informed that it will not be awarded the additional PDC capital of approx £1.5m that the DH indicated earlier this year would be allocated in March. The reductions in internally-financed capital expenditure to manage this risk and eliminate the overspend on capital cash have been successful and the capital <i>cash</i> position will be in surplus compared to budget by approx. £2m at year end.</p>		
<p>CIPs</p>	<p>The total CIP target for 14/15 is £45.2m, of which £39.0m has been identified. Year to date CIP performance is £5.8m adverse. This reflects overprogramming targets not being achieved and some adverse delivery requiring mitigation.</p>		

EXECUTIVE SUMMARY

The Trust's 2014/15 plan agreed with the Trust Development Agency (TDA) is to achieve a £6.99m surplus. Although St George's achieved Foundation Trust status from February 2015, it will continue to report full YTD results for the remainder of 2014/15.

For the YTD to February, the Trust is showing a £9.5m actual deficit compared to the YTD planned surplus of £5.25m, therefore the Trust showed a £14.75m adverse variance to plan.

In February, the Trust was ahead of its monthly income target by £261k. Overall SLA income improved having over-performed for the YTD by £12.02m. Activity in month underperformed for Elective and Daycases activity but overperformed for Emergency, Exclusions, Bed Day Outpatients and Programme activity. The YTD position includes £8.9m of systems resilience funding from local commissioners to support achievement of RTT 18 week's targets and winter pressures. Confirmed reductions in Project Diamond, HCAS and educational funding contributing to losses of £0.5m income in month.

Elective throughput continues to be affected by bed and theatres capacity shortages resulting in work being cancelled or sent to external facilities. Ongoing issues with 18 week target breaches and achieving A&E targets could result in fines. The Trust renegotiated Emergency activity thresholds to 2012/13 levels but excess activity is being paid at a 30% marginal rate.

Pay is overspent by £6.31m 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 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 11				Month 10		Movement by Division					
	YTD	YTD	YTD	YTD	YTD	Curr mth	CWDT	MedCard	SNT	CS	Corp	Other
	Plan	Actual	Variance	Variance	Variance	Mvt						
	£000s	£000s	£000s	%	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income												
SLA Income	539,623	551,644	12,021	2.2%	11,760	261	-805	1,044	-323	37	59	248
Other Healthcare	8,664	8,731	66	0.8%	201	-135	-32	144	-132	-3	-32	-79
Other Income	105,957	111,066	5,109	4.8%	4,609	500	-168	157	-36	96	-38	489
Operating income	654,245	671,440	17,196	2.6%	16,570	626	-1,005	1,346	-491	130	-11	658
Expenditure												
Pay	-398,554	-404,861	-6,307	1.6%	-4,818	-1,489	-122	-1,206	-223	-72	157	-23
Drugs	-39,010	-44,048	-5,037	12.9%	-4,424	-613	-150	-306	-198	26	0	14
Clinical supplies	-80,974	-84,778	-3,805	4.7%	-3,079	-726	-78	-256	156	-350	-7	-190
Other non pay	-101,991	-120,989	-18,998	18.6%	-17,793	-1,206	-245	-660	-683	-165	-110	658
Operating expenditure	-620,529	-654,676	-34,147	5.5%	-30,113	-4,034	-596	-2,428	-948	-561	40	459
EBITDA	33,715	16,764	-16,951	-50.3%	-13,544	-3,407	-1,600	-1,082	-1,439	-431	29	1,117
Depreciation	-19,842	-19,213	628	-3.2%	572	57	14	-8	5	0	-2	48
Dividend	-6,990	-7,056	-66	0.9%	-60	-6	0	0	0	0	-6	-1
Other	-2,907	-2,908	-1	0.0%	1	-2	147	0	-2	0	21	-168
Net I&E position	3,977	-12,413	-16,390	-412.1%	-13,032	-3,359	-1,439	-1,091	-1,436	-431	42	996
excl. IFRS/ donated assets	1,274	2,913	1,639	128.7%	1,482	157						157
Net NHS Performance	5252	-9500	-14751	-280.9%	-11,549	-3,202	-1,439	-1,091	-1,436	-431	42	1,153
CASH & CAPITAL												
Cash balance	18,480	10,841	-7,639	-41.3%	-1,091	-6,548						
Capital programme	-52,655	-34,017	18,638	-35.4%	15,006	3,632						

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

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

SECTION 1: OVERALL INCOME AND EXPENDITURE

Income and expenditure account February 2015

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

	CURRENT MONTH M11			CUMULATIVE YTD				FORECAST		
	Current Mth Budget £000	Current Mth Amount £000	Current Mth Variance £000	YTD Budget £000	YTD Amount £000	YTD Variance £000	% Variance	Previous Variance £000	Annual Budget £000	Forecast Outturn £000
Income										
SLA Elective	5,174	4,226	-948 A	57,483	52,773	-4,711 A	-8.2%	-3,763 A	63,175	58,037
SLA Daycase	2,172	2,157	-15 A	24,566	24,583	17 F	0.1%	32 F	26,953	26,972
SLA Non Elective	8,535	8,861	326 F	101,331	102,307	976 F	1.0%	650 F	110,780	111,845
SLA Outpatients	9,194	9,180	-14 A	101,815	105,030	3,215 F	3.2%	3,229 F	111,785	115,292
SLA A&E	1,187	1,202	15 F	14,112	14,193	81 F	0.6%	66 F	15,420	15,509
SLA Bed Days	4,740	5,112	372 F	54,519	54,287	-232 A	-0.4%	-604 A	59,712	59,459
SLA Programme	1,226	1,527	301 F	13,246	15,367	2,120 F	16.0%	1,819 F	14,707	17,020
SLA Exclusions	2,975	3,540	565 F	31,840	38,141	6,301 F	19.8%	5,736 F	35,426	42,299
SLA Other	13,593	13,146	-447 A	147,081	150,387	3,306 F	2.2%	3,753 F	160,942	164,497
SLA Provisions QiPP/KPIs & Y/E Settlement	-579	-474	105 F	-6,369	-5,422	947 F	100.0%	842 F	-6,949	-5,915
Subtotal - SLA Income	48,216	48,477	261 F	539,623	551,644	12,021 F	2.2%	11,760 F	591,952	605,015
Private & Overseas Patient	536	270	-266 A	5,032	4,525	-507 A	-10.1%	-241 A	5,569	5,016
RTAs	317	453	136 F	3,504	4,087	582 F	16.6%	446 F	3,821	4,457
Other Healthcare Income	12	7	-5 A	127	118	-9 A	-7.1%	-4 A	139	129
Levy Income	3,997	3,746	-252 A	44,304	44,266	-39 A	-0.1%	213 F	48,254	48,212
Other Income	5,628	6,380	752 F	61,653	66,800	5,147 F	8.3%	4,395 F	67,281	72,929
Total income	58,707	59,333	626 F	654,245	671,440	17,196 F	2.6%	16,570 F	717,016	735,757
Expenditure										
Pay Total	-36,445	-37,934	-1,489 A	-398,554	-404,861	-6,307 A	1.6%	-4,818 A	-434,185	-441,065
Drugs	-3,540	-4,153	-613 A	-39,010	-44,048	-5,037 A	12.9%	-4,424 A	-42,551	-48,046
Clinical Consumables	-7,190	-7,916	-726 A	-80,974	-84,778	-3,805 A	4.7%	-3,079 A	-88,166	-92,316
Other Total	-8,742	-9,948	-1,206 A	-101,991	-120,989	-18,998 A	18.6%	-17,793 A	-113,197	-135,831
Total expenditure	-55,918	-59,952	-4,034 A	-620,529	-654,676	-34,147 A	5.5%	-30,113 A	-678,098	-717,258
EBITDA (note 1)	2,789	-618	-3,407 A	33,715	16,764	-16,951 A	-2.6%	-13,544 A	38,918	18,499
Disposal of Assets	0	0	0 F	0	0	0 A	0.0%	0 A	0	0
Interest payable	-273	-269	3 F	-2,998	-2,977	22 F	-0.7%	18 F	-3,875	-3,619
Interest receivable	8	3	-6 A	92	69	-23 A	-24.9%	-17 A	100	75
PDC Dividend	-635	-642	-6 A	-6,990	-7,056	-66 A	0.9%	-60 A	-7,896	-7,697
Depreciation	-1,804	-1,747	57 F	-19,842	-19,213	629 F	-3.2%	572 F	-21,645	-20,959
Total interest, dividends & deprec'n	-2,703	-2,655	49 F	-29,738	-29,177	561 F	-1.9%	512 F	-33,316	-32,199
NET +Surplus /-Deficit	86	-3,273	-3,358 A	3,977	-12,413	-16,390 A	-412.1%	-13,032 A	5,602	-13,700
exc. IFRS/Donated Assets Adjustment	116	273	157 F	1,274	2,913	1,639 F	128.7%	1,482 F	1,390	2,988
TDA FIMS Report +Surplus /-Deficit	201	-3,000	-3,201 A	5,252	-9,500	-14,751 A	-280.9%	-11,549 A	6,992	-10,712

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 11, the Trust's YTD net I&E variance (comparing actual against budgeted income and costs) is showing an adverse variance of £14.75m compared to plan. The month end actual performance stands at £9.5m deficit against a planned surplus of £5.25m.

The Trust plan was to achieve a year end surplus of £6.99m but its current forecast is £17.7m adverse to this which would give a £10.7m deficit outturn position in NHS performance terms or a £13.7m deficit position under IFRS. Further action is being taken by the Executive team to control and reduce quarter 4 expenditure to minimise this deficit. A detailed review of all budgets and costs centres was undertaken led by a team of Senior Finance and Corporate Managers to identify areas where expenditure can be stopped. The detailed actions identified were reviewed by the Chief Nurse and Medical Director to remove any measures that represent a material risk to patient or staff safety.

The Trust made an actual deficit of £3m in month, which was £3.2m behind plan. The Trust profiled planned surplus increases for the remaining month of the year to reflect higher activity income profiled and the need to deliver additional savings.

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

For the year to date, Trust total income is £17.196m ahead of planned targets, and net expenditure is over-spent by £33.586m. Along with the favourable IFRS cost adjustment of £1.639m, this gave a net adverse position of £14.751m against the YTD plan.

In month, the Trust's clinical divisions showed an adverse variance of £4.454m which is partly offset by the use of contingency, other mitigations and benefits collectively gave an adverse position of £3.201m. There continue to be some 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 £626k Favourable in month (£17.196m Fav YTD) (Section 3)

The position includes additional income from commissioners and TDA funding for Systems resilience and RTT work but to date the Trust costs are greater than this funding. Divisions have improved marginally in their performance against in month SLA targets. There are under performances in Surgical, Neuro and Cardiac Elective inpatients due to significant cancellations from lack of beds and theatre capacity. Emergency inpatients have overperformed but have been heavily impacted by the Emergency threshold which has negated the financial benefits in month. Outpatients and excluded drugs & devices have over performed to date. Critical Care bed day activity has underperformed in month due to lower case mix of emergency medical patients compared to elective surgical patients and Paediatric activity is falling to achieve the higher seasonal targets. Within other income, private patient has improved but is underperforming overall. The Trust has been notified of a reduction of £2.5m YTD in its Project Diamond, HCAS and Educational funding.

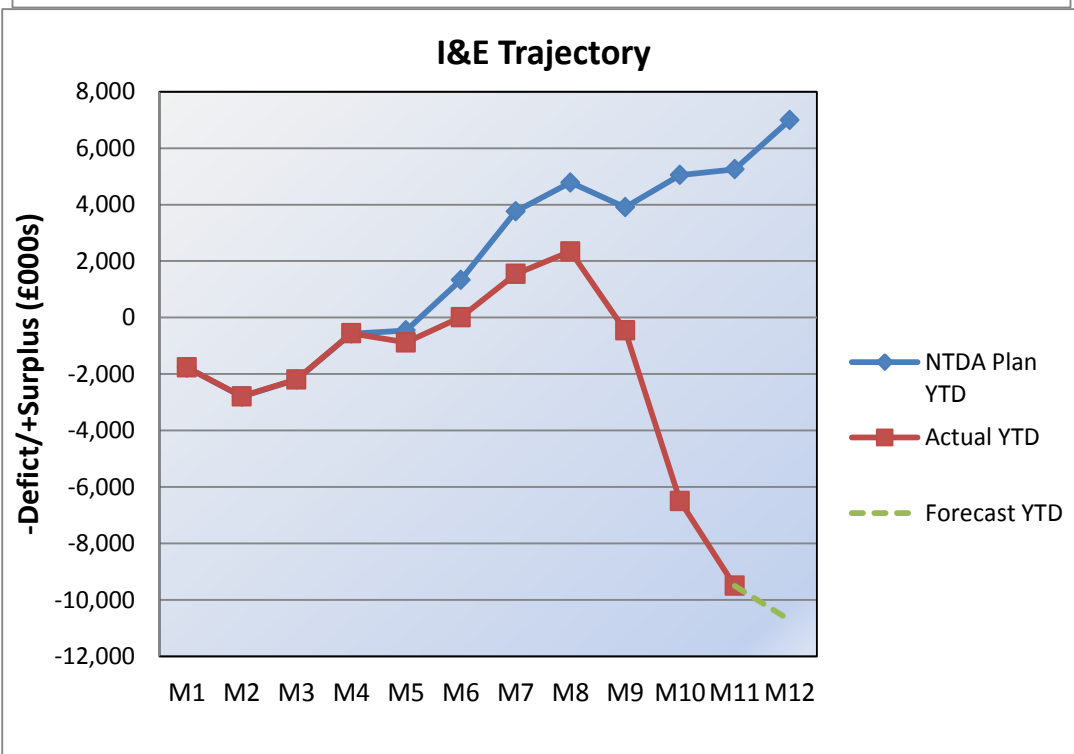
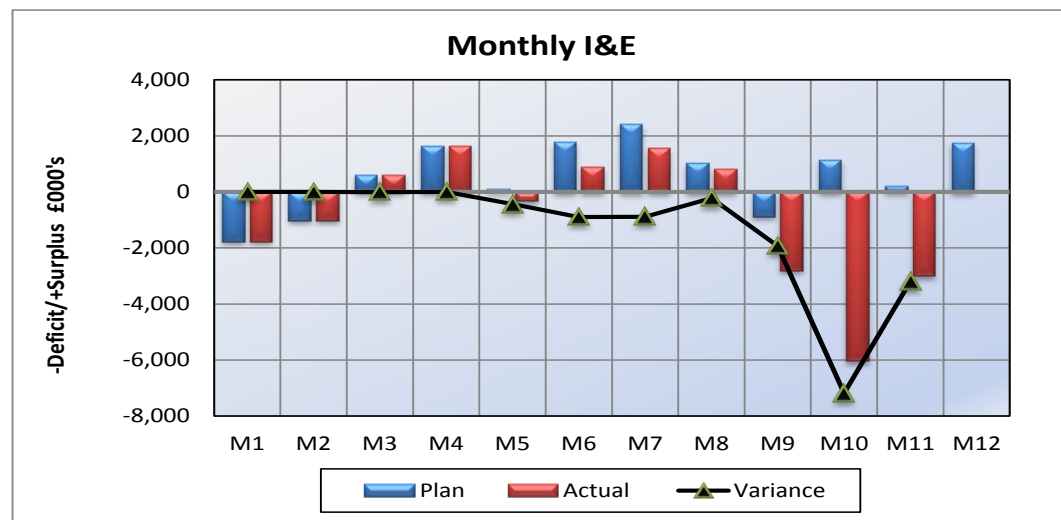
Pay £1.489m Adverse in month (£6.307m Adv YTD) (Section 4)

Pay is overspent in month by £1.489m. Across the Trust the operational pressures has seen significant increases in costs .YTD has seen pressures on Nursing due to staffing escalation areas and 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 but admin bank usage is increasing to help reduce agency use. Significant temporary Pay spend is associated with various schemes funded from System Resilience monies which are funded on a non recurrent basis this year.

Non Pay £3.98m Adverse in month (£27.28m Adv YTD) (Section 5)

In the current month costs of drugs and clinical consumables are over plan but are largely offset by SLA income on exclusions and programme activity. There is significant expenditure on external healthcare facilities to help achieve RTT targets and on IT upgrading costs which can not be capitalised. There are significant CIP targets not allocated to specific budget lines within Non pay. The position was helped by application of another month of contingency budgets. The Trust's CIP performance was showing £1.0m adverse variance in February and £5.8m 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 February 2015

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

Responsible	Directorate	CURRENT MONTH M11			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	514	-13	-528 A	5,053	1,370	-3,683 A	-72.9%	-3,156	5,920
	Womens Services	1,346	932	-414 A	14,525	13,509	-1,015 A	-7.0%	-602	16,069
	Diagnostics	-1,334	-1,641	-307 A	-14,456	-16,525	-2,069 A	14.3%	-1,763	-15,656
	Critical Care	744	358	-386 A	5,317	3,665	-1,652 A	-31.1%	-1,266	6,074
	Outpatients	-856	-782	74 F	-9,475	-9,879	-404 A	4.3%	-477	-10,331
	Therapies	-708	-760	-51 A	-7,809	-8,116	-307 A	3.9%	-256	-8,491
	CWDT Division Management	-190	-110	80 F	-2,084	-1,062	1,022 F	-49.0%	942	-2,274
	Pharmacy	-442	-349	93 F	-4,927	-5,160	-233 A	4.7%	-326	-5,365
	Total - Division	-926	-2,365	-1,439 A	-13,857	-22,199	-8,341 A	60.2%	-6,902	-14,054
	Southwest London Pathology	251	194	-57 A	-252	-252	0 F	0.0%	57	0
	<u>Medicine and Cardiac</u>									
	Acute Medicine	395	345	-49 A	6,937	6,856	-81 A	-1.2%	-32	7,703
	Emergency Department	453	203	-250 A	5,353	4,446	-907 A	-16.9%	-657	5,940
	Cardiothoracic & Vascular Services	2,019	1,423	-596 A	23,103	19,552	-3,550 A	-15.4%	-2,954	25,640
	Specialist Medicine	834	912	77 F	10,203	11,056	852 F	8.4%	775	11,580
	Renal & Oncology	1,019	747	-272 A	9,125	7,549	-1,576 A	-17.3%	-1,304	10,698
	Total - Division	4,721	3,630	-1,091 A	54,720	49,459	-5,261 A	-9.6%	-4,171	61,561
	<u>Surgery, Neuro, Theatres and Anaes</u>									
	Surgery	3,893	3,049	-844 A	44,732	36,056	-8,676 A	-19.4%	-7,832	49,434
	Neuro	2,352	1,669	-683 A	24,935	19,973	-4,962 A	-19.9%	-4,279	27,766
	Theatres and Anaesthetics	-2,985	-2,873	112 F	-32,075	-32,065	10 F	0.0%	-102	-35,023
	Cancer	-39	-60	-21 A	-462	-635	-173 A	37.4%	-151	-501
	Total - Division	3,221	1,784	-1,436 A	37,130	23,329	-13,801 A	-37.2%	-12,364	41,676
Community COO	<u>Community Services</u>									
	Adult + Diagnostic Svcs	1,757	1,160	-598 A	19,223	15,809	-3,413 A	-18%	-2,816	21,103
	Provider Management	-65	-63	2 F	-776	-1,182	-406 A	52%	-408	-770
	Children+FamilyServices	369	521	152 F	4,039	4,684	644 F	16%	493	4,408
	Community PLD	48	96	48 F	532	738	207 F	39%	159	579
	GU Medicine	522	723	201 F	5,846	7,564	1,718 F	29%	1,517	6,419
	Provider Older Services	65	16	-49 A	368	-1,661	-2,029 A	-551%	-1,980	374
	Prison Services	157	61	-96 A	1,205	477	-728 A	-60%	-632	1,138
	Senior Health (See* Note 1 below)	0	0	0 A	0	0	0 A		0	0
	Provider Overheads	-1,120	-1,211	-91 A	-12,474	-12,624	-150 A	1%	-59	-13,594
	Total - Division	1,734	1,303	-431 A	17,963	13,807	-4,156 A	-23%	-3,725	19,657
	Total - Clinical Directorates	9,001	4,547	-4,454 A	95,704	64,145	-31,560 A	-33.0%	-27,106	108,840
	<u>Overheads</u>									
Chief Executive	Chief Executive, Governance	-998	-971	27 F	-10,973	-11,011	-38 A	0.3%	-66	-11,971
Director of Finance	Finance, Info, Procurement, Computing	-1,880	-1,798	82 F	-19,847	-22,062	-2,215 A	11.2%	-2,297	-21,529
Director of Operations	Operations & Service Improvement	-370	-286	83 F	-4,054	-3,602	452 F	-11.1%	369	-4,424
Director of Nursing	Nursing Directorate	-239	-252	-13 A	-2,662	-2,508	153 F	-5.8%	167	-2,901
Director of HR	HR, Ed & Training	-385	-442	-56 A	-4,301	-4,067	234 F	-5.4%	291	-4,686
Other	Other	-1	41	43 F	-16	-79	-63 A	399.1%	-106	-17
Director of Estates	Estates & Facilities	-3,402	-3,521	-119 A	-38,031	-40,005	-1,975 A	5.2%	-1,856	-41,152
Director of R&D	Research & Development Total	-12	-13	-1 A	-211	-211	0 F	-0.1%	1	-223
Others	Trust Income	-299	-636	-337 A	-2,470	6,229	8,699 F	-352.2%	9,036	-2,768
	Disposal of Assets - Central	0	0	0 A	0	0	0 A	0.0%	0	0
	Central Budgets	-547	714	1,262 F	-565	6,197	6,762 F	-1196.5%	5,500	-3,312
	Contingency Funds	-250	0	250 F	-2,750	0	2,750 F	0.0%	2,500	-3,000
	Interest Payable Loans	-2	-17	-14 A	-25	-55	-30 A	0.0%	-16	-631
	Interest Receivable	8	3	-6 A	92	69	-23 A	-24.9%	-17	100
	Central Capital Charges (PDC/Deprc'n)	-538	-644	-106 A	-5,914	-5,452	463 F	0.0%	569	-6,723
Total - Non Clinical		-8,915	-7,820	1,095 F	-91,727	-76,558	15,170 F	-16.5%	14,075	-103,238
		86	-3,273	-3,358 A	3,977	-12,413	-16,390 A	-412.1%	-13,032	5,602
exc. IFRS Adjustment		116	273	157 F	1,274	2,913	1,639 F	128.7%	1,482	1,390
TDA FIMS Report +Surplus / -Deficit		201	-3,000	-3,201 A	5,252	-9,500	-14,751 A	-280.9%	-11,549	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 11, the Trust is reporting a £14.75m adverse variance to the planned YTD surplus of £5.25m. Within this the clinical divisions are showing an £31.6m adverse variance to plan. Taking the corporate areas, estates and central capital charges, and the IFRS adjustment into account generates an adverse £1.4m variance to plan. This leaves £18.2m 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 11/12ths (£5.5m) of the £6m of the contingency was allocated to offset in year pressures. Of this £2.75m was reallocated to Divisions to offset legacy cost pressures. There has been £2.4m of balance sheet/fighting funds released and a further £3.3m of other mitigations and benefits (VAT/Balance Sheet) and other central expenditure reductions reflected. There is a central adjustment of £1.6m 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	2.8
	Share of Remaining contingency released following allocation to Divisions
Fighting Fund	2.4
	Non recurring benefits identified
Inflation Releases	0.0
	Inflation to be allocated to divisions
VAT & Other benefits	3.3
	Continuing review of VAT and other accruals
Agreed Divisional Reprofiles	1.6
	Timing difference to original plan
TOTAL	9.9

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 funding of FT bid costs £2.7m, a one off benefit finalising 13/14 Q4 patient activity data £0.7m and additional £1.3m systems resilience and RTT funding. There are £3.1m 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 £3.2m. The aim is to get as much of this to be embedded into SLAM reporting processes in each month.

Trust Income

	£m
Cdiff Fine	0.0
	Trust below fine level
CQUINS Provision	1.8
	Provision offset in Divisions
Central review of challenges	1.3
	Challenges held in Divisions
Donated Income	-1.4
	Timing difference offset by IFRS adjustment
Non recurrent benefits	3.1
	TDA FT & Other funding
System Resilience RTT Income	1.3
	Funding for 18 weeks RTT & Systems resilience
VV Income Timing	0.7
	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	2.5
	Activity which was not yet on Cerner at reported date
Other	-1.3
	Other Contract adjustments not attributed to Divisions.
TOTAL	8.7

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 £6.3m, 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	304	176	1,536	1,386	2,137	751 F
Surgery and Neurosciences	677	902	225	7,844	6,989	8,625	1,637 F
Medicine and Cardiovascular	1,866	2,147	281	22,394	20,119	22,805	2,685 F
Community Services	16	83	67	198	180	533	353 F
Overheads	288	311	23	3,454	3,166	3,294	128 F
Trust Income	0	-206	-206	0	0	746	746 F
Grand Total	2,975	3,540	565	35,426	31,840	38,141	6,301 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 £2.685m over-recovery on SLA exclusions but within their overspend of £3.24m on non pay clinical supplies, £2.685m will relate to spend on high cost drugs and devices.
- In month, £746k is accrued centrally for items not yet recorded within SLAM, mainly due to the reporting cut-off date. When the exact usage is known these are allocated to divisions in the following month.

CHILDREN'S, WOMENS, DIAGNOSTICS & THERAPIES

I&E Summary

Type	Cat	Current Month Budget £ks	Current Month Amount £ks	Current Month Variance £ks	Annual Budget £ks	YTD Budget £ks	YTD Amount £ks	YTD Variance £ks	
Income	SLA Healthcare Income	11,661	10,856	-805	135,536	123,182	122,219	-964	A
	Other Healthcare Income	89	57	-32	1,040	951	1,000	50	F
	Other Income	2,106	1,938	-168	25,069	22,963	22,668	-295	A
Income Total		13,856	12,851	-1,005	161,645	147,096	145,887	-1,209	A
Expenditure	Pay	-10,652	-10,774	-122	-126,074	-115,831	-116,973	-1,142	A
	Clinical Supplies	-1,494	-1,722	-228	-17,963	-16,469	-17,733	-1,264	A
	Other	-2,014	-2,259	-245	-24,205	-21,817	-26,702	-4,885	A
Expenditure Total		-14,160	-14,756	-596	-168,242	-154,118	-161,408	-7,290	A
Post Ebitda	Post Ebitda	-621	-460	161	-7,457	-6,836	-6,678	158	F
Post Ebitda Total		-621	-460	161	-7,457	-6,836	-6,678	158	F
Grand Total		-926	-2,365	-1,439	-14,054	-13,857	-22,199	-8,341	A

COMMENTARY

Current Position

The Division is overspent by £8.3m (60%) YTD M11 and £1.4m overspent in month. The main issues are:

Children Services reported £3.6m (73%) adverse YTD Activity levels have not performed as forecast against the higher profiled target for the winter period in bed day and day case activity. Emergency activity recoding issues have been resolved but this activity is also underperforming. However Non-elective transfers in activity is over performing. Pay overspend is due to agency cover for medical staff and nursing to cover unfilled deanery post on rota and staff beds for non-elective activity.

Critical Care £1.6m (31%) adverse YTD. The case mix of activity in Q04 is lower than projected (£283k in M11) resulting in an underperformance on bed day income for this service. Expenditure overspend mainly on nursing is less than earlier in the year but is above average this month.

Women £1m (7%) adverse YTD. FMU move to come under the maternity pathway has reduced income expectations compared to plan including achieving CIP schemes for 14-15. Deliveries activity has reduced in Q04 reducing forecast income. Diagnostics is £2.1m adverse YTD (14%). Pathology overspend includes £1.5m YTD cost pressure for the impact of SWLP on the Trust. This includes a planning gap (£2.2m), the StG YTD share of SWLP deficit which is increasing (£336K) the net benefit of Gynae Cytology income transferred to StG (£0.5m) and investment income contributions from KHT and CHS (£0.3m). Medical Physics income is down £100k this month.

Pharmacy £232k (5%) YTD This service has benefited from non-recurrent resilience funds to support winter/7day working. income has improved for PP activity and Production income from Harley Street. Nonpay is incurring a significant cost pressure partly due to the increasing cost of the Chemotherapy service which is funded from the Cancer HRGs but not resourced in the Pharmacy budget.

Corporate Outpatients £403k (4%) adverse YTD. This service is now charging specialties for the cost of supporting additional activity for over performance in normal working hours and the premium cost of OOH clinics to meet RTT and other activity demands.

Forecast

The M11 forecast is £10.1m of which £1.7m is due to the cost pressure for SWLP. The position worsened £892k mainly due to Critical Care bed day income, SWLP cost pressure and Womens Obstetrics income. The position is being supported by over £1m of non-recurrent resilience and RTT funding.

Improvements from CIPs

The Division has developed recovery plans for each directorate and hold fortnightly meetings with GM's to review forecasts and proposals to bridge gap between forecast and control total. The focus of these meeting is now on the planning for 15-16 CIP programmes and delivery of 14-15 programme going into next year. Approved recovery plans have are being in the remaining months of the year. A number of schemes in the Divisions original plan have not been achievable (eg Critical Care bed capacity) or have slipped (eg Womens Champneys scheme) resulting in a significant CIP gap which will need to be replaced by new schemes or non-recurrent savings until they come online.

Other Factors and Actions Planned

Support services can only cross charge to mitigate cost pressure create from increased demand for their services by the Specialties and encourage spend control eg charge for adhoc clinics. Agency spend is a key focus but is impeded by recruitment delays and unattractive bank rates.

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

The implemented recovery plans and spend controls will improve the financial position for the Division for 2014-15. The focus is now to plan for 15-16 in order to improve financial control and identify the schemes to meet the CIP programme for the coming year. The Tariff decision has raised risks in delivering the CQUIN funded services, particularly Maternity. The issues of reporting of pathology cost of test from SWLP in CWDT needs to be resolved in order to provide better clarity in reporting the finances for the Division in 2015-16.

CHILDREN'S, WOMENS, DIAGNOSTICS & THERAPIES

CIP Summary

	2014/15
DIVISIONAL TARGET	10.2
TOTAL FORECAST TO DATE	6.4
TOTAL FORECAST GAP	3.8
% ASSURANCE	52%
	36%
	12%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
CHILDRENS	50	933	466	1,449	1,417	2,866
CRITICAL CARE	119	65	715	899	212	1,111
DIAGNOSTICS	84	189	585	858	743	1,601
OUTPATIENTS	50	23	175	248	304	552
PHARMACY	90	93	305	489	220	709
THERAPIES	0	158	575	733	282	1,015
WOMENS	371	855	490	1,716	670	2,386
C&W OVERHEADS	0	0	0	0	0	0
TOTAL	764	2,317	3,310	6,391	3,849	10,240

SWL PATHOLOGY	400	700	1,100	0	1,100
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14/15 PERF	IN MONTH (M11)			YEAR TO DATE (M11)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CHILDRENS	287	-51	337	2,579	1,268	1,312 A
CRITICAL CARE	111	72	39	1,000	800	199 A
DIAGNOSTICS	160	-25	185	1,441	724	717 A
OUTPATIENTS	55	16	39	497	228	269 A
PHARMACY	71	51	20	638	438	201 A
THERAPIES	102	71	30	914	657	256 A
WOMENS	239	97	141	2,147	1,536	612 A
C&W OHEADS	0	0	0	0	0	0 A
TOTAL	1,024	232	792	9,216	5,651	3,565 A

SWL PATHOLOGY	110	55	55	990	1,045	-55 F
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Performance Overview

The Division has a deficit of £8.3m for YTD M11. Main issues are SLA income underperformance in Paeds. Pay overspends in ward nursing and support services. Nonpay has the impact of the SWLP development on StG Pathology finances (£2m YTD) .

The operational performance has impacted on the CIP Programme. The underperformance on SLA income has affected many schemes. This has also limited the ability to mitigate schemes that have not delivered in 2014-15 including Outpatients EDM, Critical Care bed expansion, and Childrens post PICU ward stays and Womens Champneys service improvement.

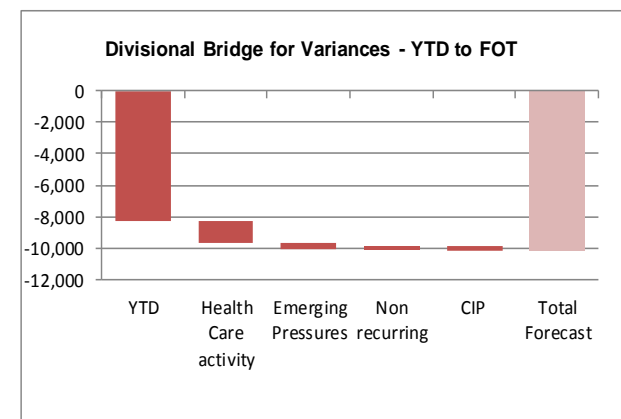
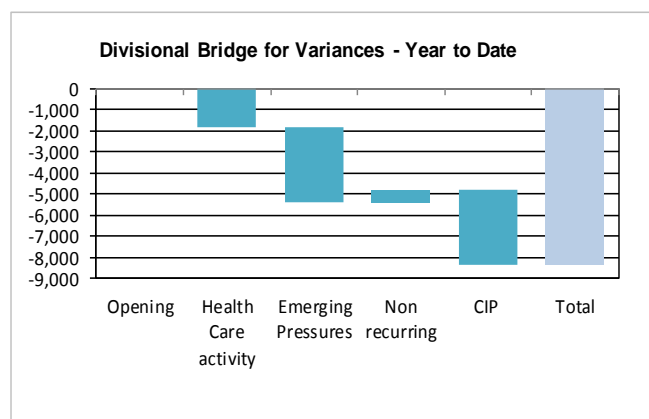
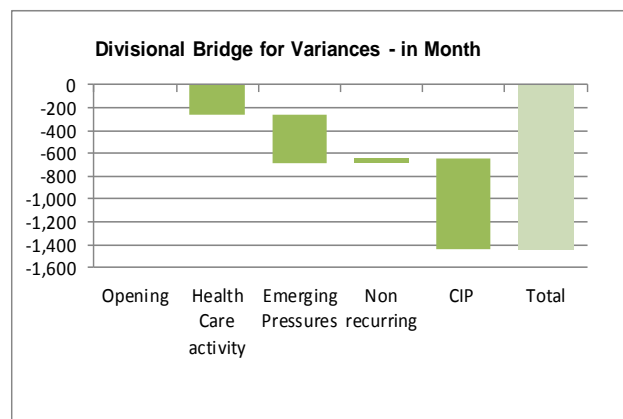
Forecast

The forecast shows that the Division plan of £10.2m has £6.4m of schemes that are forecast to deliver and a gap of £3.8m in 2014-15. Recovery plans that have been approved recently by the Trust are now being implemented and the focus is on the delivery of the CIP programme going into 2015-16.

Risks and Opportunities

The Division is implementing the approved recovery plans. The Division reviews the recovery plans and opportunities to close the 14-15 gap and to develop schemes for 15-16 in fortnightly meetings with GMs. The PMO meet GM's to update the schemes ratings. Work will continue to find efficiencies to meet the CIP programme targets.

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

BRIDGE ANALYSIS OF VARIANCES

DIVISION NAME CWDT

CURRENT MONTH M11

NOTE THIS IS IN TRUST REPORT FORMAT

+ve = Favourable and -ve = Adverse Variance

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	-729	0	75	-82	-736	-215	-294	1,027	-900	-382	-2,034	-321	1,104	-976	-2,227	-1,819	-27	77	-76	-1,845
OTHER INCOME	-268	0	0	0	-268	-826	0	0	0	-826	-287	0	0	0	-287	539	0	0	0	539
Total INCOME	-997	0	75	-82	-1,004	-1,041	-294	1,027	-900	-1,208	-2,321	-321	1,104	-976	-2,514	-1,280	-27	77	-76	-1,306
															0					
PAY	229	-219	0	-134	-124	1,452	-1,767	0	-823	-1,138	718	-1,927	0	-981	-2,189	-733	-161	0	-158	-1,051
DRUGS	-147	0	0	0	-147	-603	0	0	0	-603	-1,203	0	0	0	-1,203	-600	0	0	0	-600
CONSUMABLES	308	42	0	0	350	-528	248	-249	0	-529	436	-607	-249	0	-420	964	-855	0	0	109
OTHER NON PAY	348	-250	-35	-576	-513	-1,092	-1,769	-160	-1,842	-4,863	-741	-1,173	-12	-1,893	-3,818	351	596	148	-51	1,045
Total EXPENDITURE	738	-427	-35	-710	-434	-772	-3,288	-409	-2,665	-7,133	-790	-3,706	-261	-2,873	-7,631	-18	-419	148	-208	-498
Total I&E	-260	-427	40	-792	-1,438	-1,813	-3,582	618	-3,565	-8,341	-3,111	-4,027	843	-3,849	-10,144	-1,298	-446	225	-284	-1,803

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	15,851	16,895	1,044	197,927	180,283	188,468	8,185	F
	Other Healthcare Income	524	669	144	6,312	5,787	6,653	866	F
	Other Income	1,036	1,193	157	12,421	11,385	11,540	155	F
Income Total		17,411	18,757	1,346	216,660	197,455	206,661	9,206	F
Expenditure	Pay	-7,966	-9,172	-1,206	-94,457	-86,700	-90,603	-3,902	A
	Clinical Supplies	-4,600	-5,162	-562	-56,997	-52,396	-55,636	-3,240	A
	Other	253	-408	-660	876	506	-6,729	-7,236	A
Expenditure Total		-12,314	-14,742	-2,428	-150,577	-138,590	-152,968	-14,378	A
Post Ebitda	Post Ebitda	-377	-385	-8	-4,521	-4,145	-4,235	-90	A
Post Ebitda Total		-377	-385	-8	-4,521	-4,145	-4,235	-90	A
Grand Total		4,721	3,630	-1,091	61,561	54,720	49,459	-5,261	A

COMMENTARY

Current Position

The Division is reporting an in month adverse variance of £1.091m and £5.261m YTD. Though the variance is adverse, actuals performance is better by £476k compared to month 10 but worse by £952k compared to year to date trend. The in month adverse position is driven by an increase in pay cost in medical and nursing staff, due to on call shifts, winter pressures, out of hours extra clinic lists, vacancies, sickness and maternity leave which led to locums, out of hours rates, agency and bank usage to maintain patients safety. Renal and Oncology is reporting a considerable improvement in actual performance compare to month 10, but still under performing against YTD target. The on-going income issue is being dealt with and gradually being resolved more reported in month 11. CVT directorate is reporting a deterioration in actual performance mainly due to pay overspend in medical staffing, and admin staff. Medical staff overspend is due to backlog invoices from external providers which were previously disputed by the service but could no longer be disputed because of clinical reasons. There are significant pay costs which relate to extra lists, weekend and Monday evening clinics. Income over performed by £187k but is offset by pay and non pay overspend as the base line activity is delivered at premium costs out of hours or in the private sector, due to lack of theatre capacity and beds pressure. Emergency dept continues to report an adverse performance for the third consecutive month, due to reduced CDU income and low acuity of patient attendances. The income lost through CDU is reported in other services while the cost stays with ED. There are still delays in DTA's which also impact on the department performance as patients need to be nurses in ED. This was mitigated by an over performance in RTA income this month of £136k. Pay expenditure remains high in response to winter pressures, specifically an additional float nurse in majors and for CDU2 (4 shifts a day total), as well as dedicated admin support in majors and paediatrics along with high sickness absence rate requiring higher bank and agency usage. Specialist Medicine performance is slightly worse than month 10 and YTD trend. This due to Rheumatology unbundled chemo drug income high accrual in month 10 that didn't materialised in month 11. There has been an increase in nursing cost in Endoscopy. The manager is reviewing to confirm the accuracy. The non pay spend is also slightly higher than trend. The directorate is still over performing against the target in month as well as year to date by £77k and £852k respectively. Acute Medicine is reporting an adverse variance of £49k in month and £81k YTD, the in-month actual performance has deteriorated compared to month 10 and YTD, this is as a result of emergency threshold impact where activity above threshold is paid at 30% marginal rate. The pay spend also reports an adverse variance in medical staffing due to usage of locum doctors and on call shifts to respond to winter pressure demand. The nursing overspend is driven by use of bank and agency staff to cover the escalation areas, provide specials and also includes 10 x band 5 nurse posts to Amyand and Allingham not funded for.

Forecast

The Division is forecasting £5.941m deficit at year end. The Control Totals given to the division is now £5.191m projected based on month 9 outturn. The Division is working with the Strategic Finance Manager to put in action to mitigate the proposed control total gap of £750k. The reason for the increase in the forecast deficit is due to Renal, Haematology and Oncology activity recording and coding issues £681k and ED deterioration due to lower income through put of £240k and staffing overspend beyond month 1 to 9 trend due to delays in DTA's of £300k An action plan is in place to address both of these issues.

Improvements from CIPs

The Division has delivered CIP's of £9.3m against £10.3m YTD CIP target. The profiling of the target is 89.95% year to date of £11.5m full year target. There is an YTD shortfall in the CIP of the division of £1.026m. The shortfalls are mainly within the directorates of Cardiovascular (£975k), Senior Health (£297k), and ED (£210k) slightly offset by over achievement in Specialist Medicine. Further opportunities of £538k (Trench 1&2) have been submitted to PMO office for implementation in the last quarter of the year.

Other Factors and Actions Planned

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 delivery of the small but highly profitable BMT and kidney transplants. The Division has prepared a recovery plan which is reviewed on an on-going basis, and weekly recovery meetings have been implemented to monitor these plans within the Cardiac and Renal Oncology directorates. The division continues to explore further opportunities to close the CRP as well as deliver a balanced budget.

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

The key risks relate to the availability of beds and utilisation of the additional beds that will be available to cope with the medical workload and protect elective access. 16

MEDICINE AND CARDIOVASCULAR

CIP Summary

	2014/15
DIVISIONAL TARGET	11.5
TOTAL FORECAST TO DATE	10.3
TOTAL FORECAST GAP	1.1

% ASSURANCE	50%
	7%
	42%

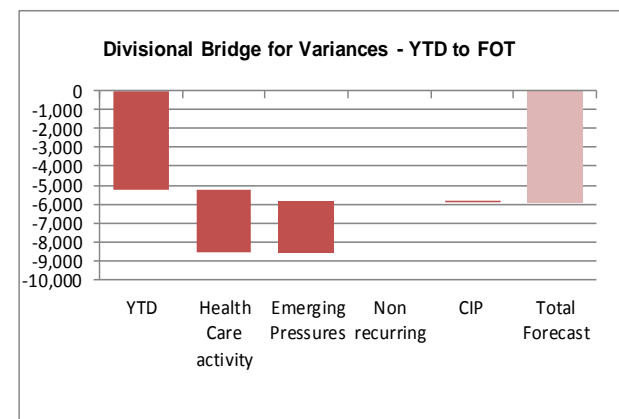
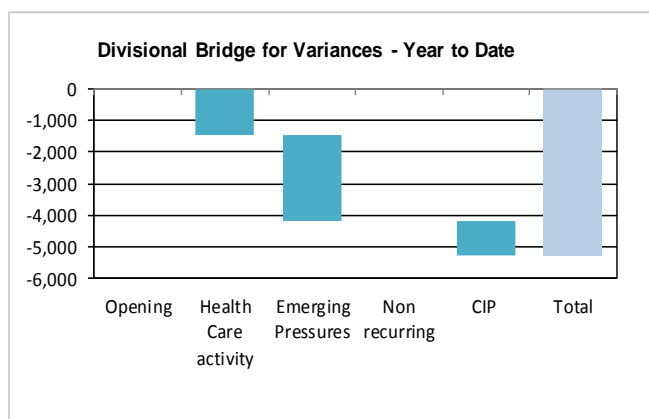
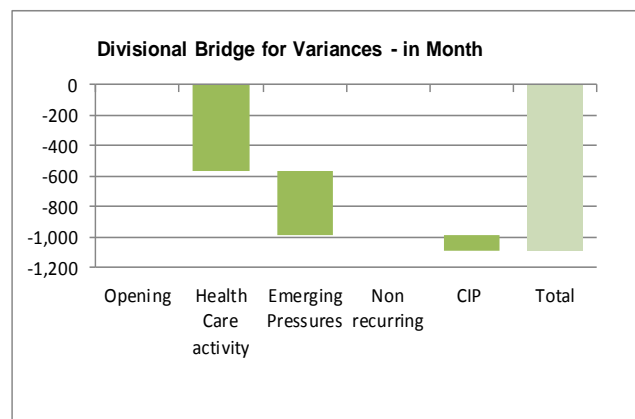
14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ACUTE MED	1,338	170	333	1,841	6	1,847
CARDIOVASCULAR	1,325	83	634	2,043	1,122	3,165
ED	241	113	1,017	1,371	288	1,659
RENAL & ONCOLOGY	1,033	42	1,468	2,543	-12	2,531
SENIOR HEALTH	17	8	4	29	329	358
SPECIALIST MED	106	313	1,545	1,964	-252	1,712
MED OHEADS	334	0	222	556	-334	222
TOTAL	4,394	729	5,223	10,347	1,147	11,494

14/15 PERF	IN MONTH (M11)			YEAR TO DATE (M11)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ACUTE MED	185	165	20	1,662	1,677	-14 F
CARDIOVASCULAR	317	177	139	2,849	1,873	975 A
ED	166	110	56	1,493	1,259	234 A
RENAL & ONCOLOGY	253	274	-21	2,278	2,174	103 A
SENIOR HEALTH	36	3	33	322	25	297 A
SPECIALIST MED	171	246	-74	1,541	1,796	-255 F
MED OHEADS	22	74	-52	200	490	-290 F
TOTAL	1,149	1,049	100	10,345	9,294	1,050 A

The Division of Medcard has delivered CIP's of £9.3m against £10.3m YTD CIP target. The profiling of the target is £88% year to date of £11.5m full year target. There is an YTD shortfall in the CIP of the division of £1.026m. The shortfalls are mainly within the directorates of Cardiovascular (£975k), Senior Health (£297k), and ED (£210k) further opportunities of £538k (Tranche 1&2) have been submitted to PMO office for implementation in the last quarter of the year.

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

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

BRIDGE ANALYSIS OF VARIANCES

DIVISION NAME Med Card

CURRENT MONTH M11

NOTE THIS IS IN TRUST REPORT FORMAT

+ve = Favourable and -ve = Adverse Variance

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	1,307	0	0	0	1,307	9,769	0	0	0	9,769	10,657	0	0	544	11,201	888	0	0	544	1,432
OTHER INCOME	38	0	0	0	38	-563	0	0	0	-563	-614	0	0	100	-514	-51	0	0	100	49
Total INCOME	1,346	0	0	0	1,346	9,206	0	0	0	9,206	10,043	0	0	644	10,687	837	0	0	644	1,481
PAY	-1,206	0	0	0	-1,206	-3,902	0	0	0	-3,902	-4,257	0	0	-141	-4,398	-355	0	0	-141	-496
DRUGS	-306	0	0	0	-306	-4,172	0	0	0	-4,172	-4,552	0	0	0	-4,552	-379	0	0	0	-379
CONSUMABLES	-429	0	0	0	-429	-2,922	0	0	0	-2,922	-3,188	0	0	0	-3,188	-266	0	0	0	-266
OTHER NON PAY	29	-425	0	-100	-496	313	-2,734	0	-1,050	-3,471	-2,841	0	0	-1,650	-4,491	-3,154	2,734	0	-600	-1,020
Total EXPENDITURE	-1,912	-425	0	-100	-2,436	-10,684	-2,734	0	-1,050	-14,468	-14,837	0	0	-1,791	-16,628	-4,153	2,734	0	-741	-2,160
Total I&E	-566	-425	0	-100	-1,091	-1,477	-2,734	0	-1,050	-5,261	-4,794	0	0	-1,147	-5,941	-3,316	2,734	0	-97	-679

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	12,107	11,784	-323	147,730	134,349	133,986	-363	A
	Other Healthcare Income	244	112	-132	2,085	1,841	1,006	-836	A
	Other Income	1,420	1,384	-36	17,073	15,655	15,599	-56	A
Income Total		13,771	13,280	-491	166,888	151,845	150,590	-1,255	A
Expenditure	Pay	-8,368	-8,591	-223	-98,289	-89,965	-92,038	-2,073	A
	Clinical Supplies	-2,085	-2,127	-42	-25,135	-23,049	-26,419	-3,371	A
	Other	228	-455	-683	2,111	1,874	-5,272	-7,146	A
Expenditure Total		-10,225	-11,174	-948	-121,313	-111,140	-123,729	-12,589	A
Post Ebitda	Post Ebitda	-325	-322	3	-3,900	-3,575	-3,531	44	F
Post Ebitda Total		-325	-322	3	-3,900	-3,575	-3,531	44	F
Grand Total		3,221	1,784	-1,436	41,676	37,130	23,329	-13,801	A

COMMENTARY

Current position

The Division is reporting a YTD M10 deficit of £13.9m, a deterioration of £1.5m from the YTD M10 deficit of £12.4m. The M11 £1.5m over spend comprises: £0.6m income under performance, £0.2m pay over spend, £0.3m non pay overspend & £0.4m unmet CIP / business planning gap.

Income YTD M11 is a deficit of £1.3m [1% under performance]. The month 11 £0.6m deficit [4% under performance] is mainly due to SLA under performance in electives for Neurosurgery [assumed additional activity from TY / Wolfson bus case], General Surgery [high no of cancellations] and Neurosurgery private patient income.

The overall income position is reporting a surplus on recharging CCGs expensive drugs / devices, excess bed days and Neuro bed days, offset by under performance on electives [mainly Bariatric], loss of CQUINs, Neuroradiology tests for other NHS Trusts and private patient income.

The Pay YTD M11 position is over spent £2.0m [2% unfavourable]. This is due to medical staffing costs £1.4m & high agency / bank spend for RMN specials £0.6m.

The Nonpay YTD M11 overspend £7.1m includes drugs over spends recharged to CCGs, additional costs of providing healthcare in the private sector, unfunded cross charges for OP adhoc clinics, cross charges for estates / facilities and high consumable / equipment spend in T&O and Neurosurgery. The YTD M11 unmet CIP / business planning gap is £2.9m & nursing pay adjustment £0.6m.

YE Forecast

The Division is forecasting a YE deficit of £16.2m, compared to the £14.4m forecast at M10 a deterioration of £1.8m. This is due to the M11 actual position being £1.1m worse than forecast [£1.0m SLA income and pay £0.1m], with the deterioration in income of £0.7m to continue into M12.

Improvements from CIP's

Y/E CIP forecast is £7.7m, with the majority of this from additional SLA income of £3.3m. The division has saved £6.7m YTD M11 and is forecasting to save £1.0m in March on increased SLA income, reduced nursing agency / bank spend as recruitment improves to substantive posts, reduce junior doctor agency spend, theatres pay efficiency and reducing the number of patients being treated in the private sector.

Other factors and actions planned - N/A

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	7.7
TOTAL FORECAST GAP	2.3

% ASSURANCE

60%
28%
12%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
CANCER, HEAD & NECK	79	139	977	1,195	338	1,533
GEN SURG & UROLOGY	93	361	403	857	1,027	1,884
NEUROSCIENCES	469	1,663	790	2,922	640	3,562
THEATRES	0	10	629	639	67	706
T&O, PLAST	161	0	1,794	1,954	43	1,998
SURG OHEADS	143	0	0	143	136	278
TOTAL	944	2,173	4,593	7,709	2,251	9,960

14/15 PERF	IN MONTH (M11)			YEAR TO DATE (M11)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
CANCER, HEAD & NECK	153	72	82	1,380	1,123	256 A
GEN SURG & UROLOGY	252	124	128	2,268	731	1,537 A
NEUROSCIENCES	356	432	-76	3,206	2,466	740 A
THEATRES	71	21	49	635	567	68 A
T&O, PLAST	136	200	-63	1,225	1,751	-527 F
SURG OHEADS	28	23	5	250	115	136 A
TOTAL	996	871	125	8,964	6,754	2,210 A

Performance Overview

The Division achieved £0.9m of savings in M11 mainly on income contribution schemes, pay productivity and stopping 18 week activity in the private sector.

Performance Forecast

The Division is forecast to save £7.7m this year with the majority of this from additional SLA income £3.3m and is working on identifying specific schemes to reduce the "unmet" gap, by drawing down on central schemes or initiatives within the Division.

The Division has saved £6.8m YTD M11 with schemes to save £1.0m in March on SLA income £0.4m, pay £0.3m, nonpay £0.2m and non SLA income £0.1m.

Key risk issues

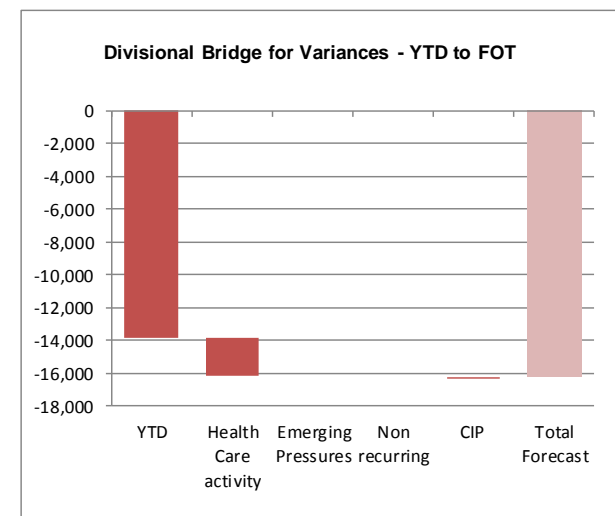
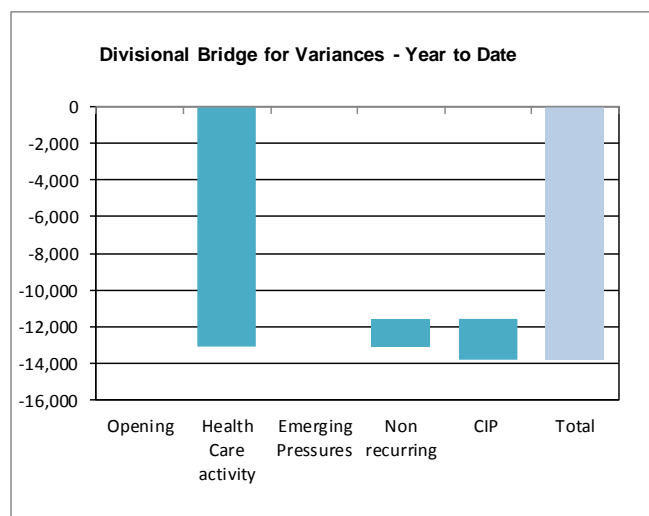
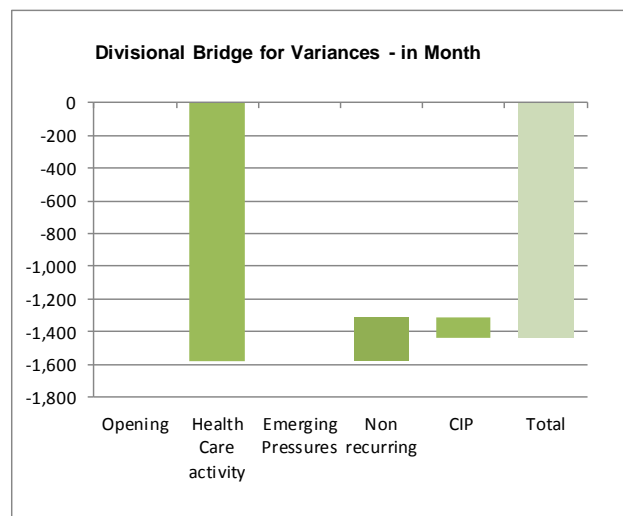
Not having enough staffed theatre sessions to deliver the elective SLA income CIPs and having to resort to increased use of private sector capacity. Delays to the completion of additional Neurosurgery & Neurology bed capacity to deliver extra private patient and SLA income.

Incurring additional pay costs such as RMN nurse specials and not achieving productivity savings.

Future opportunities

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

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

BRIDGE ANALYSIS OF VARIANCES

DIVISION NAME DIVSCNT
CURRENT MONTH M11

NOTE THIS IS IN TRUST REPORT FORMAT

+ve = Favourable and -ve = Adverse Variance

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	-595	0	271	0	-323	-1,902	0	1,539	0	-363	-3,014	0	1,539	0	-1,475	-1,111	0	0	0	-1,111
OTHER INCOME	-167	0	0	0	-167	-983	0	91	0	-892	-1,135	0	91	0	-1,044	-152	0	0	0	-152
Total INCOME	-762	0	271	0	-491	-2,885	0	1,630	0	-1,255	-4,149	0	1,630	0	-2,518	-1,263	0	0	0	-1,263
PAY	-223	0	0	0	-223	-1,979	0	-94	0	-2,073	-2,152	0	-94	0	-2,246	-173	0	0	0	-173
DRUGS	-198	0	0	0	-198	-1,724	0	0	0	-1,724	-1,864	0	0	0	-1,864	-139	0	0	0	-139
CONSUMABLES	169	0	0	0	169	-1,594	0	-40	0	-1,634	-1,679	0	-40	0	-1,719	-85	0	0	0	-85
OTHER NON PAY	-568	0	0	-125	-693	-4,892	0	-13	-2,210	-7,115	-5,614	0	-13	-2,251	-7,877	-721	0	0	-41	-762
Total EXPENDITURE	-821	0	0	-125	-946	-10,189	0	-146	-2,210	-12,546	-11,308	0	-146	-2,251	-13,705	-1,119	0	0	-41	-1,160
Total I&E	-1,583	0	271	-125	-1,436	-13,075	0	1,484	-2,210	-13,801	-15,457	0	1,484	-2,251	-16,224	-2,382	0	0	-41	-2,423

COMMUNITY SERVICES

I&E Summary

Type	Cat	Current Month Budget £ks	Current Month Amount £ks	Current Month Variance £ks	Annual Budget £ks	YTD Budget £ks	YTD Amount £ks	YTD Variance £ks	
Income	SLA Healthcare Income	9,090	9,127	37	108,855	99,652	98,003	-1,648	A
	Other Healthcare Income	8	5	-3	93	85	24	-61	A
	Other Income	218	314	96	2,463	2,246	2,595	349	F
Income Total		9,315	9,445	130	111,411	101,982	100,622	-1,360	A
Expenditure	Pay	-4,094	-4,166	-72	-48,998	-44,974	-46,352	-1,378	A
	Clinical Supplies	-1,573	-1,896	-323	-18,873	-17,300	-17,685	-385	A
	Other	-1,898	-2,063	-165	-23,679	-21,556	-22,590	-1,033	A
Expenditure Total		-7,564	-8,125	-561	-91,549	-83,830	-86,627	-2,796	A
Post Ebitda	Post Ebitda	-17	-17	0	-206	-189	-188	0	F
Post Ebitda Total		-17	-17	0	-206	-189	-188	0	F
Grand Total		1,734	1,303	-431	19,657	17,963	13,807	-4,156	A

COMMENTARY

Current Position

Community Services Division reflects a month 11 position of £4.1m deficit YTD and an in month adverse movement of £431k. The reason for this adverse movement is mainly around income variables in month.

The QMH SLAM activity in Month 11 for Adults & Diagnostics showed an under performance of £939k. There was a significant drop in activity in PbR including OP and Hardware income. In Older Services there was an over performance in outpatients/unbundled Diagnostics income.

Consultants and other staff cost increased in month on the use of ad hoc consultants at QMH had a £215k deficit impact in month. Gastro consultant recharges from Med Card for additional clinics resulted in an £18k deficit.

A number of the initial recovery scheme proposals have not progressed as forecasted in the Division's initial recovery plan. This coupled with some unexpected costs have contributed towards the deteriorating position.

The non-pay recovery plan in the forecast did not achieve neither the impact of this was £99k adverse in month.

Forecast

Based on current assumptions the forecast for Community Services Division is likely to be a deficit of £5.4m. This includes two additional cost pressure items £450k relating to Nelson Healthcare in Adults in addition to this £900k for HIV Homecare drugs in GU Medicine.

Improvements from CIPs

There is a revised CIP total in place and the likelihood of achieving a planned delivery of £6.9m position by March 2015 is improbable as the current YTD actuals are £3.6m.

Other Factors and Actions Planned

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

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

There are still uncertainties around Bank & Agency spend. Any vacant posts will need to be filled and usage reduced, which may have an impact on Nightingale step down beds facility with the current spend at £599k YTD. In addition to the above, Nelson Healthcare leasing equipment costs being funded through the appropriated channels is crucial to maintaining the forecast.

COMMUNITY SERVICES

CIP Summary

	2014/15
DIVISIONAL TARGET	6.9
TOTAL FORECAST TO DATE	4.0
TOTAL FORECAST GAP	3.0
% ASSURANCE	35%
	48%
	17%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ADULT & DIAG	18	169	460	647	1,961	2,608
CHILD & FAM	0	85	177	263	967	1,230
COMM LEARN	0	2	67	69	80	149
GUM	34	1	251	287	283	570
OFFENDER HEALTH	0	312	117	430	62	492
OLDER PEOPLE	358	138	280	777	995	1,772
PROV MANAGEMENT	250	1,198	32	1,480	-1,391	89
PROV OHEADS	2	0	1	3	-3	0
Grand Total	662	1,906	1,386	3,954	2,956	6,910

14/15 PERF	IN MONTH (M11)			YEAR TO DATE (M11)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ADULT & DIAG	261	88	173	2,347	615	1,732 A
CHILD & FAM	123	37	86	1,107	252	855 A
COMM LEARN	15	6	9	134	63	71 A
GUM	57	30	27	513	255	258 A
OFFENDER HEALTH	49	38	11	443	391	52 A
OLDER PEOPLE	177	71	106	1,595	706	889 A
PROV MANAGEMENT	9	164	-156	80	1,311	-1,231 F
PROV OHEADS	0	0	-0	0	1	-1 F
Grand Total	691	435	256	6,219	3,593	2,626 A

Performance Overview

Community Services Division has delivered a saving of £3.6m year to date and this has resulted in an adverse movement of £2.6m against plan. As a result of the removal of the marginal cost resource scheme 14-15-5640 of £1.5m within Provider Management this has had a significant impact on the overall achieved target for the division. In addition to this QMH income CIP targets are not likely to achieve this financial year.

Performance Forecast

Adult QMH Income schemes: The additional activity in relation to these schemes have not crystallised. This has now been 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.

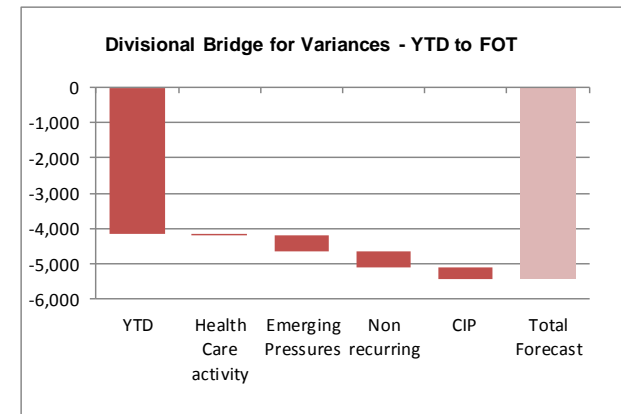
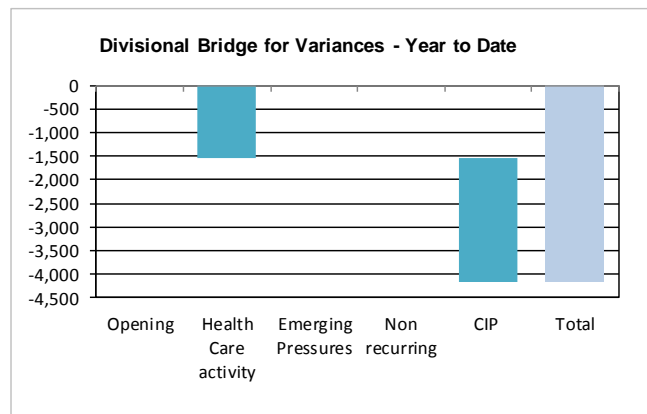
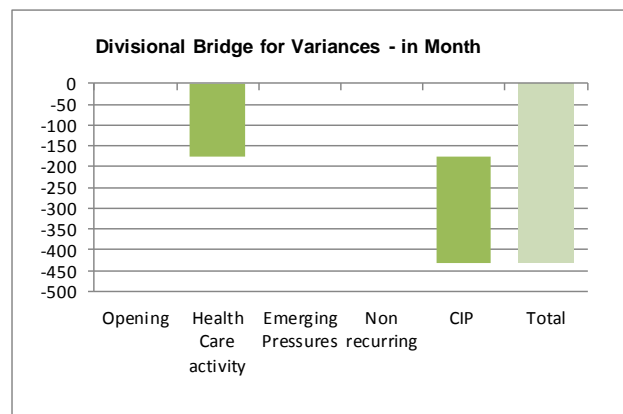
Older People

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

Future opportunities

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

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

BRIDGE ANALYSIS OF VARIANCES

DIVISION NAME CS
CURRENT MONTH M11

NOTE THIS IS IN TRUST REPORT FORMAT

+ve = Favourable and -ve = Adverse Variance

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	-181	0	0	0	-181	-944	0	0	0	-944	-1030	0	350	0	-680	-86	0	350	0	264
OTHER INCOME	311	0	0	0	311	-416	0	0	0	-416	-454	0	286	0	-168	-38	0	286	0	248
Total INCOME	130	0	0	0	130	-1360	0	0	0	-1360	-1484	0	636	0	-848	-124	0	636	0	512
PAY	-73	0	0	0	-73	-1376	0	0	0	-1376	-1501	0	-202	0	-1703	-125	0	-202	0	-327
DRUGS	27	0	0	0	27	1498	0	0	0	1498	1634	0	-900	0	734	136	0	-900	0	-764
CONSUMABLES	-550	0	0	0	-550	-2992	0	0	0	-2992	-3264	-450	0	0	-3714	-272	-450	0	0	-722
OTHER NON PAY	291	0	0	-256	35	2700	0	0	-2626	74	3037	0	0	-2956	81	337	0	0	-330	7
Total EXPENDITURE	-305	0	0	-256	-561	-170	0	0	-2626	-2796	-94	-450	-1102	-2956	-4602	76	-450	-1,102	-330	-1,806
Total I&E	-175	0	0	-256	-431	-1530	0	0	-2626	-4156	-1578	-450	-466	-2956	-5450	-48	-450	-466	-330	-1,294

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	362	59	3,636	3,333	3,568	235	F
	Other Healthcare Income	0	-32	-32	0	0	46	46	F
	Other Income	1,135	1,097	-38	13,067	11,978	12,199	221	F
Income Total		1,438	1,427	-11	16,703	15,311	15,812	501	F
Expenditure	Pay	-3,368	-3,211	157	-39,314	-36,025	-34,907	1,118	F
	Clinical Supplies	-10	-17	-7	-115	-106	-321	-215	A
	Other	-4,505	-4,615	-110	-53,978	-49,919	-54,814	-4,896	A
Expenditure Total		-7,882	-7,842	40	-93,407	-86,050	-90,042	-3,993	A
Post Ebitda	Post Ebitda	-823	-810	13	-9,876	-9,053	-9,036	18	F
Post Ebitda Total		-823	-810	13	-9,876	-9,053	-9,036	18	F
Grand Total		-7,267	-7,225	42	-86,580	-79,792	-83,266	-3,474	A

COMMENTARY

Current Position

Corporate Services performance showed a ytd deficit of £1.5m, but an in month surplus of £140k. The main factors which causing the ytd deficit are in Computing where CIP targets totalling £281k are not met. The Danwood contract is causing a ytd deficit of £413k. Costs in ICLIP reduced in month by £9k to a ytd deficit of £530k. Telecommunications also showed a ytd deficit of £351k. This was due to high telephone costs. HR are overspending due to unmet cip targets and high defence costs.

The Estates and Facilities service showed a ytd deficit of £1.97m and an in month deficit of £118k. Engineering Services showed a surplus in month by £147k due to recharges to capital and other areas (£874k ytd). Postage showed a ytd deficit of £116 and waste showed a ytd deficit of £56k. Car park income for February showed an in month surplus of £4k. SLAM income for Transport increased by £23k in month. CIP target gap contributed to a ytd deficit of £666k (£107k in month). NHSP Income target has been reduced and will show a deficit of £220k at year end.

Forecast

The forecast for Estates & Facilities is a deficit of £2.8m and Corporate Services is a deficit of £1.78m. The main concern for 14/15 is work required for compliance issues. The risk register for Estates & Facilities is currently showing £3-4m. This discussion is continuing. The forecast variance for Overheads is a deficit of £4.5m (excluding the risk register). The Q4 savings target in month 12 is set at £428k. If this does not achieve, the likelihood is a year-end deficit of £5m.

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

Expenditure has reduced and it is expected that the Q4 savings scheme will improve expenditure in M12.

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

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. There is also the possibility of capital to revenue transfers for IT trainers (£480k) which has yet to be finalised.

OVERHEADS

CIP Summary

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

% ASSURANCE	70%
	21%
	8%

14/15 FOT	PMO PROCESS RAG					
DIR	RED	AMBER	GREEN	TOTAL	GAP	TARGET
ESTATES	200	23	1,556	1,779	1,114	2,893
CORPORATES:						
FINANCE & IT	0	510	363	873	663	1,535
GOVERNANCE & CEO	0	317	1,190	1,506	-1,282	224
HR & EDUCATION	5	93	245	342	157	499
DON & OPS	200	83	0	283	61	344
Grand Total	405	1,026	3,353	4,783	713	5,496

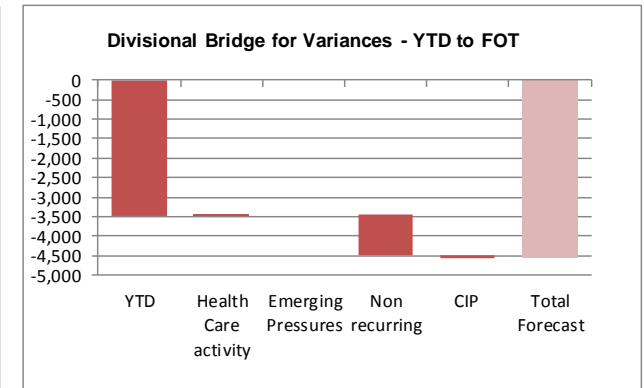
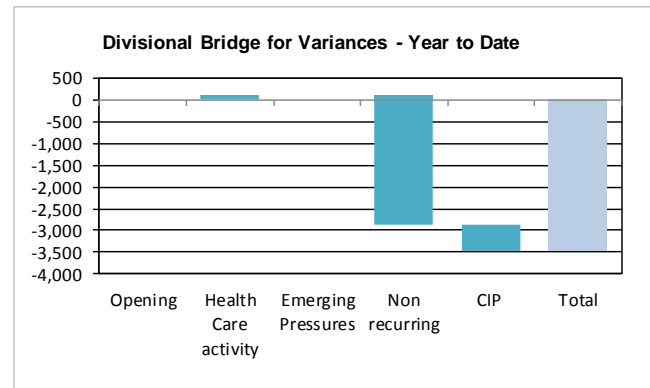
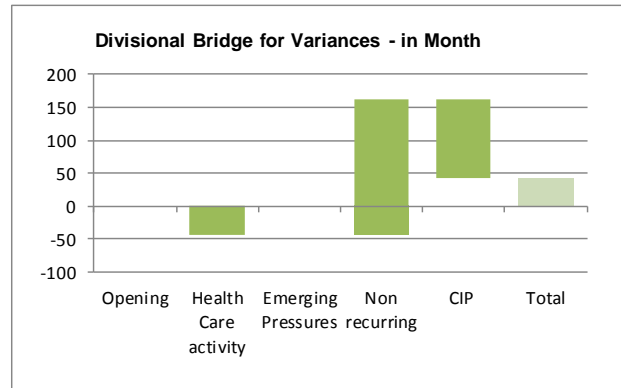
14/15 PERF	IN MONTH (M11)			YEAR TO DATE (M11)		
DIR	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
ESTATES	289	124	165	2,604	1,647	956
CORPORATES:						
FINANCE & IT	154	216	-62	1,382	1,904	-522
GOVERNANCE & CEO	22	24	-2	201	231	-30
HR & EDUCATION	50	6	44	449	102	348
DON & OPS	34	59	-25	310	458	-148
Grand Total	550	431	119	4,946	4,342	604

Estates & Facilities showed a ytd deficit of £956k against a plan of £2.6m. 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 £229k. The next scheme is Estates Maintenance efficiencies (£200k) and to date this has achieved £183k. Property related changes / rates had a ytd target of £52k and to date achieved £124k. Procurement draw down has to date achieved £110k.

The car parking income scheme made a total ytd saving of £204k. 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 £352k and an in month surplus of £46k against a ytd target of £2.3m. Consultancy reduction contributed a ytd saving of £180k. Run rate savings from vacancies have made a contribution of £189k ytd. Corporate Productivity using Growth Funding contributed £851k of savings. VAT reduction from business activities contributed to £238k of savings. The total target for this scheme is £260k and a Preceptorship fund annual savings target of £150k contributed to £137k ytd. Now that the Trust has been given FT status, this has benefitted in a saving of £300k (£240k ytd).

Bridge Analysis



DIVISIONAL SUMMARY REPORT 2014/15

BRIDGE ANALYSIS OF VARIANCES

DIVISION NAME Overheads

CURRENT MONTH M11

NOTE THIS IS IN TRUST REPORT FORMAT

+ve = Favourable and -ve = Adverse Variance

CATEGORY	CURRENT MONTH VARIANCE					YTD VARIANCE					FORECAST OUTTURN VARIANCE					BRIDGE YTD TO FORECAST OUTTURN				
	In month - Healthcare Activity	in month - Emerging Cost pressures	In month - Non recurring	In month - CIP performance	In Month	YTD - Healthcare Activity	YTD - Emerging Cost pressures	YTD - Non recurring	YTD - CIP performance	Year to Date	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	FOT	FOT - Healthcare Activity	FOT - Emerging Cost pressures	FOT - Non recurring	FOT - CIP performance	YTD to FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
SLA INCOME	-45	0	0	0	-45	103	0	0	0	103	112	0	0	0	112	9	0	0	0	9
OTHER INCOME	0	0	207	0	207	0	0	320	0	320	0	0	349	0	349	0	0	29	0	29
Total INCOME	-45	0	207	0	162	103	0	320	0	423	112	0	349	0	461	9	0	29	0	38
PAY	0	0	42	0	42	0	0	961	0	961	0	0	1,049	0	1,049	0	0	87	0	87
DRUGS	0	0	3	0	3	0	0	-10	0	-10	0	0	-11	0	-11	0	0	-1	0	-1
CONSUMABLES	0	0	-25	0	-25	0	0	-198	0	-198	0	0	-216	0	-216	0	0	-18	0	-18
OTHER NON PAY	0	0	-21	-119	-140	0	0	-4,046	-604	-4,650	0	0	-5,156	-712	-5,868	0	0	-1,110	-108	-1,218
Total EXPENDITURE	0	0	-1	-119	-120	0	0	-3,293	-604	-3,897	0	0	-4,335	-712	-5,047	0	0	-1,042	-108	-1,150
Total I&E	-45	0	206	-119	42	103	0	-2,973	-604	-3,474	112	0	-3,986	-712	-4,585	9	0	-1,013	-108	-1,111

SECTION 3: INCOME & ACTIVITY

Income Summary SLA income

	CURRENT MONTH M11			CUMULATIVE YTD				FORECAST		
	Current Mth Budget £000	Current Mth Amount £000	Current Mth Variance £000	YTD Budget £000	YTD Amount £000	YTD Variance £000	% Variance	Previous Variance £000	Annual Budget £000	Forecast Outturn £000
Income										
SLA Elective	5,174	4,226	-948 A	57,483	52,773	-4,711 A	-8.2%	-3,763 A	63,175	58,037
SLA Daycase	2,172	2,157	-15 A	24,566	24,583	17 F	0.1%	32 F	26,953	26,972
SLA Non Elective	8,535	8,861	326 F	101,331	102,307	976 F	1.0%	650 F	110,780	111,845
SLA Outpatients	9,194	9,180	-14 A	101,815	105,030	3,215 F	3.2%	3,229 F	111,785	115,292
SLA A&E	1,187	1,202	15 F	14,112	14,193	81 F	0.6%	66 F	15,420	15,509
SLA Bed Days	4,740	5,112	372 F	54,519	54,287	-232 A	-0.4%	-604 A	59,712	59,459
SLA Programme	1,226	1,527	301 F	13,246	15,367	2,120 F	16.0%	1,819 F	14,707	17,020
SLA Exclusions	2,975	3,540	565 F	31,840	38,141	6,301 F	19.8%	5,736 F	35,426	42,299
SLA Other	13,593	13,146	-447 A	147,081	150,387	3,306 F	2.2%	3,753 F	160,942	164,497
SLA Provisions QiPP/KPIs & Y/E Settlement	-579	-474	105 F	-6,369	-5,422	947 F	100.0%	842 F	-6,949	-5,915
Subtotal - SLA Income	48,216	48,477	261 F	539,623	551,644	12,021 F	2.2%	11,760 F	591,952	605,015

SLA Activity

	CURRENT MONTH M11			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	9,869	10,050	181	117,710	124,587	6,877	0	6,936	128,635	136,137
SLA Elective	1,373	1,268	-105	15,237	14,344	-893	-5.9%	-592	16,746	15,773
SLA Daycase	3,504	3,607	103	39,640	41,325	1,685	4.3%	1,219	43,492	45,330
SLA Other Non Elective	142	115	-27	1,697	1,672	-25	-1.4%	18	1,854	1,827
SLA Emergency	3,412	3,552	140	40,638	41,081	443	1.1%	541	44,416	44,899
SLA Deliveries	392	350	-42	4,680	4,397	-283	-6.0%	-213	5,114	4,806
SLA Outpatients	44,522	41,962	-2,560	499,950	501,099	1,149	0.2%	-156	548,651	549,905
SLA Bed Days	4,406	5,397	991	47,838	46,650	-1,188	-2.5%	-771	52,522	51,226
SLA Others	15,327	16,759	1,432	183,923	195,906	11,983	6.5%	13,820	201,944	215,016
Total SLA Activity	82,948	83,060	112	951,312	971,061	19,750	2.1%	20,802	1,043,374	1,064,919

COMMENTARY

SLA Performance

SLA income is £12.021m ahead of plan (agreed SLA's + local targets) year to date and £261k ahead of plan in the month.

The current YTD position includes recognition of £5.4m of additional national funding to achieve 18 weeks RTT targets and £3.4m of additional Systems resilience funding to support additional costs. There is also £0.5m of additional one off benefit from the submission of the final Q4 patient data for 13/14 SLA contracts for non local and specialist commissioners. Of the remaining YTD over performance the majority relates to Outpatients, contract exclusions and programme activity.

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

There are currently discussions on a year end settlement with the local commissioners and the NHSE to include resolving data challenges have been received from commissioners. These are being validated but total more than the estimates currently being made and will need to be robustly repudiated where they are deemed inappropriate. The Trust's quarterly performance on CQUIN schemes is being collated and impact quantified, an estimated performance provision has been made of 90%. The position has included a reduction in its project diamond and HCAS funding causing an impact of £1.7m YTD.

Electives and Day cases

To date the Trust is £4.69m behind its Elective and DC target (6.1%) and is up on DC and down on EL vs activity targets. The main factor in month continues to be significant levels of cancelled activity in Surgery, Neuro and Cardiac due to the winter pressures resulting in high emergency bed admissions and also a ongoing fall in Bariatric surgical patients.

Where activity performed has been expedited to achieve RTT targets, these have removed and separately attributed to the discrete commissioner funding. Allowing for this impact there has been a underperformance of £963k in the month. The RTT work is separately funded by local commissioners and needs to be monitored carefully to prevent double counting of income. Across the Trust the case mix being seen is lower than the plan. The main underperforming specialties YTD have been Cardiac Surgery, General Surgery, Neurosurgery, ENT and Renal Medicine. There continues to be an ongoing shortage of internal Theatre slots and beds available necessitating work to be sent out to external facilities.

Non elective

Non Elective activity was £976k (1.0%) ahead of YTD plan in financial terms and £326k ahead 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 overperformed by £570k and YTD Emergency activity is £1.045m over performing mainly in Acute Medicine (including Senior Health), T&O and CIU. While Paed Medicine, Neurology and Cardiology have underperformed. Non elective activity now includes a revised process of attributing patients from Acute Medical patients to Paediatrics.

Out Patients

The Trust is £3.22m favourable to YTD plan (3.2%) and £14k adverse in month. It is underperforming on attendances YTD due to the casemix. 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 over performed in month by £15k and is £81k above the target levels based on 13/14. However the complexity of cases is higher.

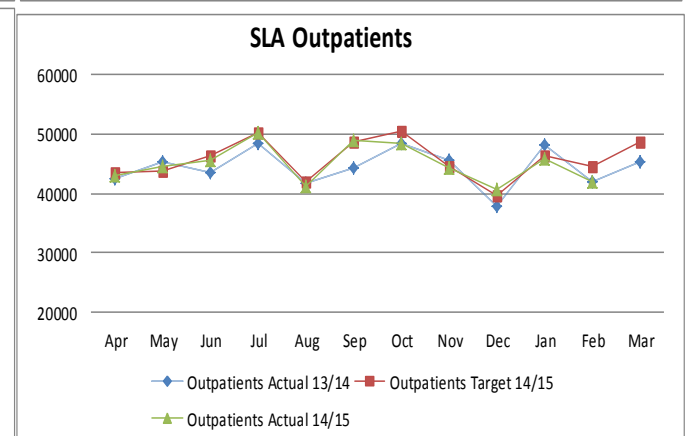
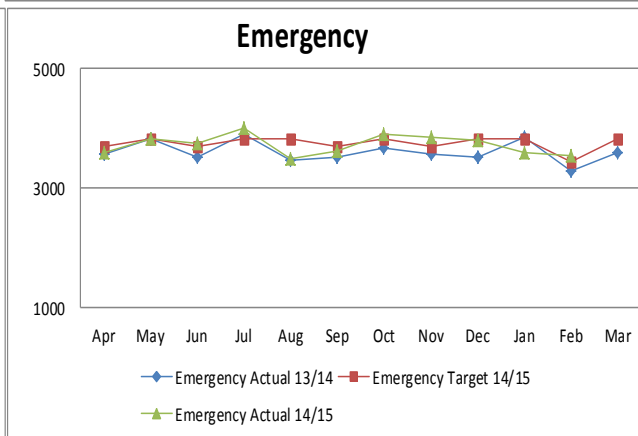
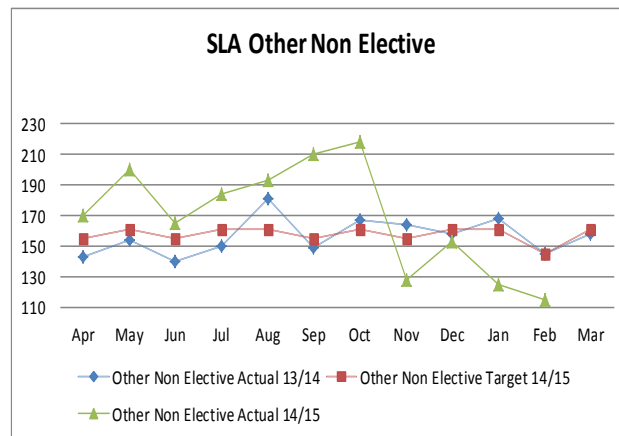
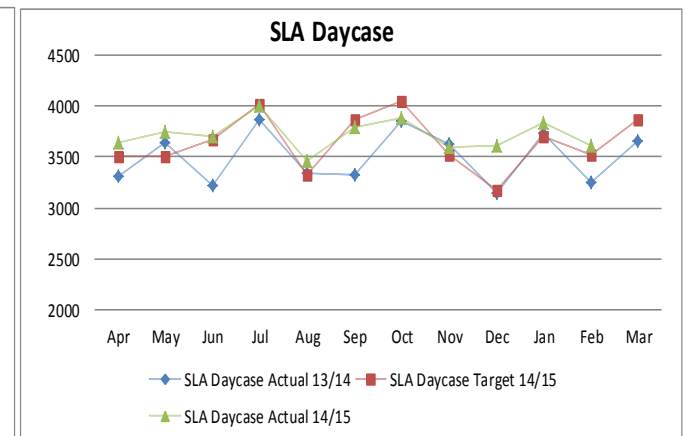
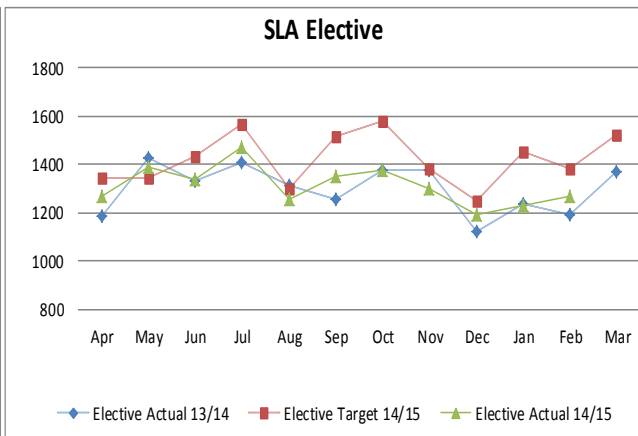
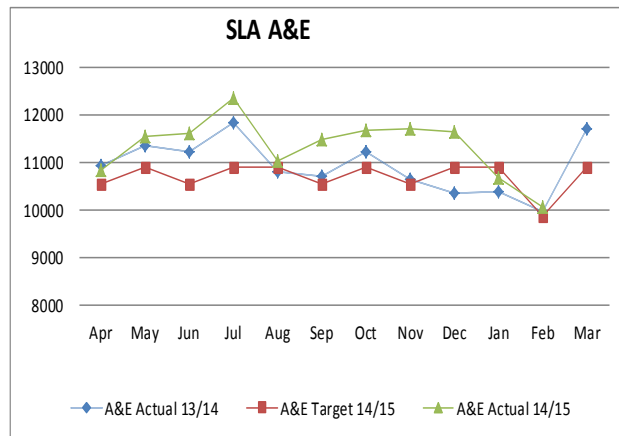
Bed Days/Other

Bed-days adverse YTD £232k. Adult Critical Care activity has underperformed in month largely due to lower complexity of patients admitted as medical emergencies. Paed ICU and Neonatal income were also below plan in month and have higher activity targets to reflect the seasonal nature of the demand. Critical Care Capacity for Elective activity remains an issue due to delays in expanding bed numbers. Excess bed days are over target in month due to more discharges of longer stay patients.

Other Income

Private patient and overseas visitor income has under-performed by £266k in month and is adverse by £507k YTD. This now includes work provided to Gibraltar. RTA income exceeded target in month by £136k and is showing an over-performance of £582k YTD but is volatile on a monthly basis. The surplus on Other Income of £5.147m YTD includes recognition of Central FT costs funding of £2.73m and also Sale of Land rights, external funding of equipment and transitional costs from SWL Pathology partners, one off VAT recovery benefits and some educational funding bids.

Activity Tables



COMMENTARY ON ACTIVITY TABLES

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

- February saw a similar trend as the past few months
- Emergency activity remains slightly higher than plan and at a similar level as January
- Electives were slightly higher than in January but continued to underperform against the trust's internal plan
- ED attendances are on target and February was the lowest month in the year to date
- Outpatients were below plan in the month especially in Obstetrics and T&O
- Variable Value (excluded drugs and devices) continue to over perform strongly at nearly 20% above plan

SECTION 4: PAY COSTS

As at February 2015

		CURRENT MONTH M11			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	-5,931	-6,108	-178 A	-62,697	-62,342	355 F	-1%	533 F	-68,415	-68,027
	Pay Jnr Drs	-3,884	-4,377	-494 A	-44,009	-46,712	-2,703 A	6%	-2,209 A	-47,956	-50,904
	Pay Non Clinical	-6,114	-5,981	132 F	-66,593	-65,209	1,384 F	-2%	1,251 F	-72,634	-71,125
	Pay Nursing	-13,743	-14,302	-559 A	-149,137	-149,345	-207 A	0%	352 F	-162,784	-163,010
	Pay Other	628	0	-628 A	6,040	-17	-6,058 A	-100%	-5,430 A	7,162	554
	Pay Sci, Techs, Therap	-7,403	-7,165	237 F	-82,159	-81,237	922 F	-1%	685 F	-89,559	-88,553
	Pay Total	-36,445	-37,934	-1,489 A	-398,554	-404,861	-6,307 A	2%	-4,818 A	-434,185	-441,065

Analysis of Pay Costs by Type

DIVISION	In Month			Year To Date		
	In Post	Bank	Agency	In Post	Bank	Agency
CWDT	85.7%	5.1%	9.1%	85.6%	4.7%	9.7%
Med/card	82.0%	5.5%	12.5%	84.9%	6.2%	8.9%
SNT	91.6%	4.0%	4.4%	91.2%	3.7%	5.1%
CSW	85.4%	4.8%	9.8%	84.7%	4.3%	11.0%
Corp/Estates	89.1%	5.8%	5.1%	88.8%	4.2%	7.0%
Trust	86.9%	4.8%	8.3%	87.3%	4.6%	8.1%

COMMENTARY

Pay is showing an overspend of £1.489m in month and overspent by £6.307m YTD.

Nursing is £559k Adv in month and £207k Adv YTD. There continues to high bank and agency use incurring the associated premiums to cover temporary staffing requirements to maintain capacity and staff escalation areas. 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 £494k Adv in month and £2.703m Adv YTD. This is caused by the use of agency staff with the associated premiums mainly in Emergency dept to meet 4hr targets and by locum claims for additional hours in Surgery and Medicine. The implementation of the 24/7 payment system has removed some staff from agency payments and paid internally thus giving a cost premium and tax saving.

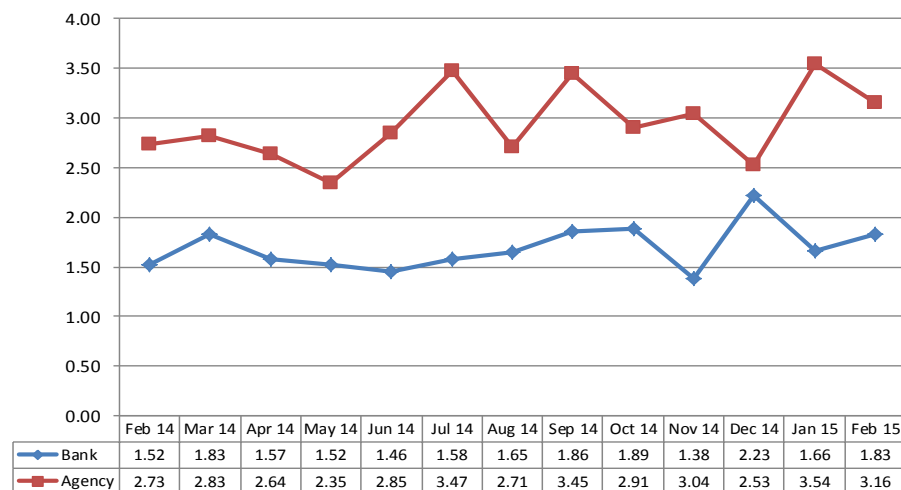
Consultants £355k Fav YTD although this is now overspending in month, **STT** £922k Fav YTD and **Non Clinical** £1.384m Fav YTD – Mainly due to vacancies but part of the non clinical will be partially offset by costs of interims which will show as non pay. Admin costs have risen due to increased agency cover in outpatients while EDM is implemented.

Pay other £628k Adv in month and £6.058m Adv YTD – reflects CIP targets where divisions have yet to allocate CIPS to specific pay lines where savings are non recurrent. The underspends in other groups are regularly reviewed to see where CIPs can be allocated.

The total agency and bank spend was £3.2m and £1.8m respectively. Agency spend fell by £0.4m in month. Nursing and Junior Drs agency continue to be at high levels but additional financial controls on Admin should see this falling in coming months. Bank spend rose by £0.2m compared to last month. Take up of Admin bank is now increasing and should see agency fall in future months. Development work is ongoing to use the bank system data to assess creditor Bank and Agency cost estimates.

WORKFORCE INFORMATION

Bank & Agency Costs (£m)



COMMENTARY

Overall Agency Costs fell in month by £380k compared to last month. Costs continue to be affected by increased staffing levels to maintain quality standards, extra capacity, absence cover & specialist nurses. Bank costs rose by £170k compared to last month.

Agency

Agency costs increased for Nursing and Junior Drs staff groups compared to last month. Agency use continues to be high as are additional facilities to provide capacity and safe staffing levels. Admin agency use is falling following expansion of staff bank roles.

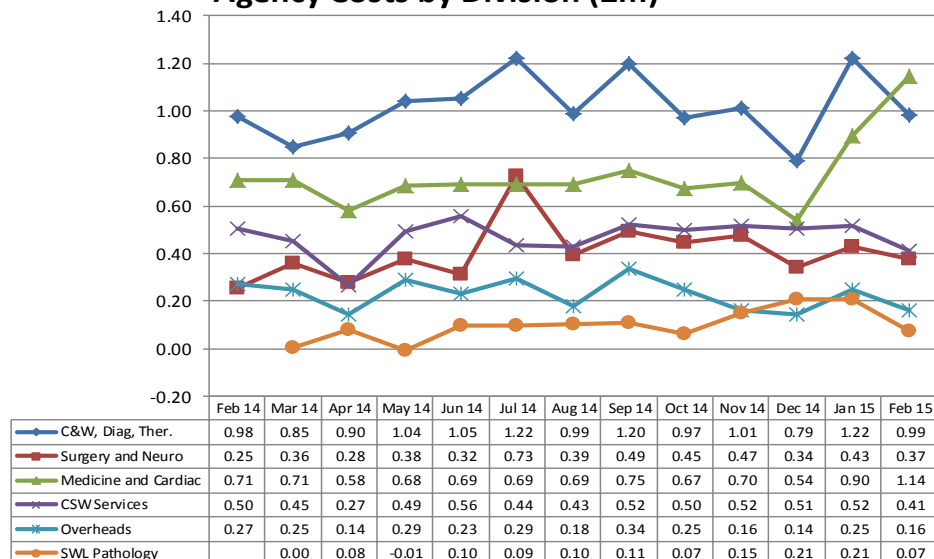
Bank

Bank costs have risen in month, primarily Nursing and Admin staff (offset Admin Agency reduction). Levels are similar to previous months trends. Most bank costs for nursing vacancy cover & additional facilities. Medical Junior Dr costs increased due to new 24/7 payment system to reduce direct agency costs. Admin bank take up is now improving and represent 32% of temporary needs.

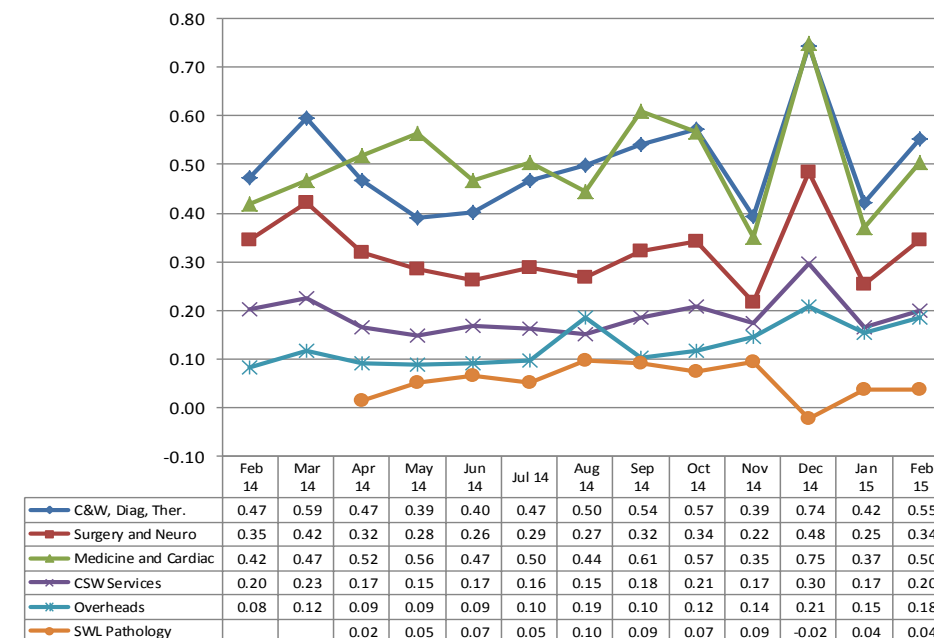
Divisional Summary of Issues

CWDT	Agency admin usage high at 32% in Outpatients during implementation of EDM. Nursing Agency Cover high in Paed Med 20%, Pd Surg 12% & Obs 19%. Critical Care Agency 14% while Bank Nursing fallen. Imaging Consultant agency use high at 10% and STT staff at 24% bank.
Med&Card	ED has high Medical staff agency 15% and bank 16%. Nursing Agency at 24%. Medical Jnr Drs agency use for Vas Surg 44%. Ward nursing agency staff high (25%) and bank (14%) for Acute Medical wards due to sickness and vacancy cover and additional capacity. Senior Health Nursing Agency 38%.
SNT	Nursing bank usage at 9% and agency 14% for Surgical Wards. Neuro Nursing Agency 10% and bank 12%. Agency use for Non Clinical staff at 9% across Surgery Dir.
Community	Consultants Agency in Adult & Diagnostics at 23%. Older services Nursing Agency 16% & bank 9%, Prison 13% Agency & 19% Bank. Older Services AHPs agency 7%.
Overheads	Agency Admin cover at 9% for Finance/IT. Estates agency staff at 17% in Engineering. Portering bank use 13% and agency at 20%.

Agency Costs by Division (£m)



Bank costs by Division (£m)



SECTION 5: NON-PAY

As at February 2015

		CURRENT MONTH M11			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	-7,190	-7,916	-726 A	-80,974	-84,778	-3,805 A	5%	-3,079 A	-88,166	-92,316
	Drugs	-3,540	-4,153	-613 A	-39,010	-44,048	-5,037 A	13%	-4,424 A	-42,551	-48,046
	Clinical Supplies Total	-10,730	-12,069	-1,339 A	-119,984	-128,826	-8,842 A	7%	-7,503 A	-130,716	-140,362
Other	Clinical Negligence	-841	-747	93 F	-9,250	-8,820	431 F	-5%	337 F	-10,091	-9,621
	Establishment	-819	-788	31 F	-9,006	-9,428	-422 A	5%	-453 A	-9,824	-10,285
	General Supplies	-1,298	-1,334	-35 A	-14,373	-14,967	-594 A	4%	-559 A	-15,672	-16,320
	Premises	-2,872	-3,309	-437 A	-31,469	-32,751	-1,282 A	4%	-845 A	-34,331	-35,729
	PFI Unitary payment	-568	-572	-4 A	-6,245	-6,297	-52 A	1%	-48 A	-6,813	-6,870
	Other	-2,345	-3,198	-853 A	-31,648	-48,726	-17,079 A	54%	-16,225 A	-36,466	-57,006
	Other Total	-8,742	-9,948	-1,206 A	-101,991	-120,989	-18,998 A	19%	-17,793 A	-113,197	-135,831
Non Pay Total		-19,473	-22,017	-2,545 A	-221,975	-249,815	-27,840 A	13%	-25,296 A	-243,914	-276,193

COMMENTARY (Cross reference to Page 11 Exclusions Table)

Non pay costs have over-spent by £2.545m in month (over-spent £27.84m YTD. Of the YTD overspend £6.30m is claimable as income as contract exclusions.

Clinical consumables over-spent £3.805m in total YTD

This was overspent by £726k 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 £5.037m in total YTD

Drugs expenditure was £613k over-spent in the month. This was primarily due to higher use of excluded drugs for Gastro, Rheumatology, Clin Haematology, Neurology and Oncology which are reclaimable directly from Commissioners as income. However, HIV drugs are underspent and the supplier has a charging issue.

Energy/Utilities under-spent £99k in total YTD (Offset by Income over recovery of £13k)

Energy underspent £1k in month. There have been some pressures in the current month gas bill partially offset by lower electricity charges than budgeted. We are now recognising potential liabilities for CRC and EU emission levies which total £230k YTD. The YTD underspent position is partly offset by the reduced recharging of usage costs to other on site organisations. Recharges with the Medical School are now based on updated metered supplies. The Trust is benefitting from net export of surplus energy to the Grid of £191k YTD. The net energy position is now in a small surplus of £66k YTD because of this export of energy.

Other non-pay over-spent £18.90m in total YTD

Other non-pay over-spent in the month by £1.26m. The main overspends relate to project costs £5.93m YTD which is partly offset by the underspend in non clinical pay and includes IT upgrading costs of £1.49m. Other non pay pressures include the continued use of external facilities to add to capacity for beds and Theatres which is £3.78m adverse YTD. The impact of non achieved non pay CIPs is partly offset by the application of the contingency reserves and the application of the central fighting fund of non recurrent benefits set aside to cover risks. 34

SECTION 6: CONTINGENCY & RESERVES

COMMENTARY

- Inflationary reserves are held centrally and allocated when the costs are incurred. As at February £0.46m of inflationary reserves were still being held primarily for Energy inflation and Clinical Excellence Awards.
- During February, 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 February totals £4.1m (£3.9m for Specific Cost pressures, £0.2m for R&D development and other pressures.
- The Trust has recently received notification of loss of contracted Project Diamond, HCAS and Educational funding. This has resulted in a net £0.7m reduction in available reserves.
- In addition, the Trust holds income risk provisions held centrally to offset CQUIN risks of £1.7m. Reserves for potential C-diff fines and SLA challenges have been allocated to divisions totalling £6.9m.
- Additional non recurring benefits are being identified and then included in the "fighting fund". The fighting fund is being released as required to support the current financial position.

	CONTINGENCY & RESERVES					
	YEAR TO DATE			FORECAST		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's
Inflation						
Pay Award	0	0	0	166	166	0
Clinical Excellence	0	0	0	170	170	0
Non Pay	0	0	0	131	131	0
Contingency & Reserves						
Contract Changes/Devlpmts	-642	0	642	-700	0	700
Winter Pressures	0	0	0	0	0	0
R&D Strategy	0	0	0	170	170	0
Other Pressures	0	0	0	3,971	1,817	-2,154
Contingency	2,750	0	-2,750	3,000	0	-3,000
TOTAL	2,108	0	-2,108	6,908	2,454	-4,454

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	147,096	145,887	-1,209	-160,954	-168,086	-7,132	-13,857	-22,199	-8,341	161,645	159,132	-2,512	-175,699	-182,080	-6,381	-14,054	-22,948	-8,894
SWL Pathology	40,123	42,154	2,031	-40,375	-42,406	-2,031	-252	-252	0	43,771	43,771	0	-43,771	-45,021	-1,250	0	-1,250	-1,250
Med/Card	197,455	206,661	9,206	-142,735	-157,203	-14,468	54,720	49,459	-5,261	216,660	227,319	10,660	-155,098	-171,699	-16,601	61,561	55,620	-5,941
SNT	151,845	150,590	-1,255	-114,715	-127,261	-12,546	37,130	23,329	-13,801	166,888	164,347	-2,541	-125,213	-138,895	-13,682	41,676	25,452	-16,224
CSD	101,982	100,622	-1,360	-84,019	-86,815	-2,796	17,963	13,807	-4,156	111,411	110,489	-922	-91,755	-96,282	-4,528	19,657	14,207	-5,450
Sub-Total : Clinical Divisions	638,502	645,915	7,413	-542,798	-581,770	-38,972	95,704	64,145	-31,560	700,375	705,059	4,683	-591,536	-633,978	-42,442	108,840	71,081	-37,759
Corporate o/hds	6,528	6,818	290	-48,289	-50,078	-1,789	-41,761	-43,261	-1,499	7,112	7,398	286	-52,541	-54,597	-2,056	-45,429	-47,198	-1,770
Estates & Facilities	8,783	8,995	211	-46,814	-49,000	-2,186	-38,031	-40,005	-1,975	9,591	9,762	171	-50,742	-53,729	-2,986	-41,152	-43,967	-2,815
R&D	2,032	2,675	643	-2,243	-2,886	-643	-211	-211	0	2,217	3,018	801	-2,440	-3,198	-758	-223	-181	42
Trust Income	-2,379	6,229	8,609	-90	0	90	-2,470	6,229	8,699	-2,678	6,162	8,840	-90	0	90	-2,768	6,162	8,930
Central budgets	779	808	30	-1,344	5,388	6,732	-565	6,197	6,762	399	399	0	-3,711	3,051	6,762	-3,312	3,450	6,762
Central Capital charges	0	0	0	-5,939	-5,507	432	-5,939	-5,507	432	0	0	0	-7,354	-7,052	302	-7,354	-7,052	302
Balance of contingency	0	0	0	-2,750	0	2,750	-2,750	0	2,750	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	0	0	0	4,006	4,006	0	4,006	4,006
NET : Surplus / (Deficit)	654,245	671,440	17,196	-650,267	-683,853	-33,586	3,977	-12,413	-16,390	717,016	731,797	14,781	-711,414	-745,497	-34,083	5,602	-13,700	-19,302
excl IFRS adjustments	0	0	0	1,274	2,913	1,639	1,274	2,913	1,639	0	0	0	1,390	2,988	1,598	1,390	2,988	1,598
TDA report - Surplus / (Deficit)	654,245	671,440	17,196	-648,993	-680,940	-31,947	5,252	-9,499	-14,751	717,016	731,797	14,781	-710,024	-742,509	-32,485	6,992	-10,712	-17,704

FORECAST - COMMENTARY

The Trust as requested by the TDA has submitted an updated forecast for the whole of 14/15. The Trust initial best case forecast for month 10 was a deficit of £5.5m with a most likely deficit of £9.9m

The likely case forecast for month 11 is a deficit of £10.7m this is based on the following:

- 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.
- A marginal improvement in trading due to additional working days in March
- The one off adverse events from February not recurring
- One months full impact of the savings from the Q4 spending reviews

SECTION 8: COST IMPROVEMENT PROGRAMME

	2014/15	2015/16
TOTAL TRUST TARGET	45.2	45.2
TOTAL FORECAST TO DATE	39.0	35.5
TOTAL FORECAST GAP	6.2	9.7
% ASSURANCE	46%	15%
	26%	41%
	28%	44%

14/15 FOT	PMO PROCESS RAG						2015/2016 PLANNING					
DIVISION	RED	AMBER	GREEN	TOTAL	GAP	TARGET	RED	AMBER	GREEN	TOTAL	GAP	TARGET
CORP	205	1,003	1,797	3,005	-402	2,603	70	680	582	1,332	1,271	2,603
CSD	662	1,989	1,346	3,998	2,912	6,910	3,386	2,071	42	5,499	1,411	6,910
CWDT	764	2,317	3,310	6,391	3,849	10,240	4,853	3,359	1,403	9,615	625	10,240
E&F	200	23	1,556	1,779	1,114	2,893	154	327	113	594	2,299	2,893
MEDCARD	4,394	729	5,223	10,347	1,147	11,494	2,743	6,091	438	9,272	2,222	11,494
SCNT	944	2,173	4,593	7,709	2,251	9,960	3,301	2,119	2,621	8,041	1,919	9,960
SWLP	400	700	0	1,100	0	1,100	1,100	0	0	1,100	0	1,100
TW	3,250	1,225	200	4,675	-4,675	0	0	0	0	0	0	0
TOTAL	10,819	10,159	18,025	39,003	6,197	45,200	15,606	14,648	5,199	35,453	9,747	45,200
	28%	26%	46%				44%	41%	15%			

14/15 PERF	IN MONTH (M11)			YEAR TO DATE (M11)			I&E YTD
DIVISION	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR	VAR
CORP	260	306	-46	2,343	2,695	-352	1,476 A
CS	691	435	256	6,219	3,593	2,626	4,156 A
CWDT	1,024	232	792	9,216	5,651	3,565	8,341 A
E&F	289	124	165	2,604	1,647	956	1,975 A
MEDCARD	1,149	1,049	100	10,345	9,294	1,050	5,261 A
SCNT	996	871	125	8,964	6,754	2,210	13,801 A
SWLP	110	55	55	990	1,045	-55	0 F
TW	0	453	-453	0	4,222	-4,222	-20,260 F
TOTAL	4,520	3,526	994	40,680	34,901	5,779	14,751 A

The Trust CIP forecast position is £39.0m in 2014/15, which is £6.2m below the 2014/15 target of £45.2m. The divisional explanations for the change are detailed within each divisions CIP section. Primary reasons for the shortfall include capacity constraints on delivering income and staffing shortages causing increased reliance on agency as well as a lack of efficiencies driving down expenditure. RAG rating sees £18.1m of the schemes as green (46%), £10.1m as amber (26%) and reds at £10.8m (28%). Divisions are reporting actuals against many of the red and amber schemes, but the PMO has not been able to progress these to green. It is not envisaged that 2014/15 rag status will be revisited, as focus is now on 2015/16 planning. 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.

Progress on the 2015/16 CIP planning process is reported separately through the CIP Board pack as well as in the detailed CIP section of the Extraordinary F&P meeting (19.3.15) papers. In summary, there is currently a gap of £9.7m with a further risk of £15.6m Red schemes. Income is included at over £11m – almost all of which is very high risk.

Performance

In month performance in M11 was £1.0m adverse (£5.8m YTD). This includes Trust Wide schemes at £4.2m (VAT benefit and PO creditors), covering adverse divisional performance. Further adverse variance is expected in M12 to reflect the current forecast gap of £6.2m, with a significant risk on delivering the forecast Red schemes. With further review of the actuals reported against red schemes, particularly in M11 and M12, we may see the forecast gap open further. Division specific commentaries are captured in each divisional CIP section.

SECTION 9: STATEMENT OF FINANCIAL POSITION

Statement of Financial Position (Balance Sheet) 2014/15: M11

	Opening Balance 1 April 2014 £000	Current Month 28 February 2015 £000	Previous month 31 January 2015 £000	Plan 31 March 2015 £000	Forecast outturn 31 March 2015 £000
Property, Plant & Equipment	286,860	304,292	301,791	331,927	309,437
Intangible Assets	13,465	10,997	11,222	3,602	10,773
Other Financial Assets					
Trade and other receivables	0	0	0	0	0
Total non-current assets	300,325	315,289	313,013	335,529	320,210
Inventories	7,149	7,874	7,538	7,614	6,750
Trade and Other Receivables	64,309	74,465	65,855	50,953	72,546
Prepayments	3,546	3,118	5,288	3,680	5,569
Other Financial Assets					
Other Current Assets	11	11	11	4,494	11
Cash & Cash Equivalents	22,256	10,840	19,547	20,500	20,605
Total current assets	97,271	96,308	98,239	87,241	105,481
Non Current Assets Held for Sale					
Total assets	397,596	411,597	411,252	422,770	425,692
Trade and Other Payables	-81,004	-74,952	-71,250	-53,756	-70,396
Accruals and Deferred Income	-6,566	-17,100	-18,999	-29,187	-18,200
Borrowings	-3,082	-4,648	-4,280	-5,867	-6,296
Provisions for Liabilities and Charges	-759	-569	-569	-625	-495
				0	
Total current liabilities	-91,411	-97,269	-95,098	-89,435	-95,387
Net current assets/(liabilities)	5,860	-961	3,141	-2,194	10,094
Total assets less current liabilities	306,185	314,328	316,154	333,335	330,305
Borrowings	-49,150	-69,014	-67,532	-70,337	-85,113
Provisions for Liabilities and Charges	-1,264	-1,119	-1,155	-1,320	-1,135
Other Liabilities					
Total non-current liabilities	-50,415	-70,133	-68,687	-71,657	-86,248
Total assets employed	255,770	244,195	247,467	261,678	244,057
Public Dividend Capital	132,475	133,312	133,312	133,224	133,761
Retained Earnings	31,531	20,881	23,993	38,195	20,293
Revaluation Reserve	90,614	88,852	89,012	89,109	88,852
Other Reserves	1,150	1,150	1,150	1,150	1,150
Total Taxpayers' equity	255,770	244,195	247,467	261,678	244,056

COMMENTARY

Debtors

Trade and other receivables increased by £8m following the considerable reduction last month however remain lower than reported in most months this year. When Q4 LDA monies were received in one payment.

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

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

Inventories (stock)

Stock increased by £0.3m in February. Central Store stock is starting to reduce slowly but will miss the year end target due partly to the diversion of resources necessary to undertake the special stock-take necessary in February following FT licensing.

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 increased by £2m in January. The Trust continues to exert very tight control over payments.

SECTION 10 : CASH POSITION

Cash flow statement: February 2015

	2014-15 Plan YTD £000	2014-15 Actual YTD £000	2014-15 Full Year Plan £000	2014-15 Forecast Outturn £000
CASH FLOWS FROM OPERATING ACTIVITIES				
Operating Surplus/(Deficit)	14,655	(2,449)	17,253	(1,945)
Depreciation and Amortisation	18,901	19,213	20,733	20,960
Donated Assets received credited to revenue but non-cash	-	-	-	-
Government Granted Assets received credited to revenue but non-cash	(160)	(159)	(174)	(174)
Interest Paid	(3,454)	(2,949)	(3,772)	(3,439)
Dividend (Paid)/Refunded	(3,989)	(3,878)	(7,978)	(7,697)
Operating surplus/-deficit less interest and dividends paid	25,954	9,778	26,062	7,705
(Increase)/Decrease in Inventories	693	(725)	749	399
(Increase)/Decrease in Trade and Other Receivables	2,332	(9,727)	2,543	(11,530)
(Increase)/Decrease in Other Current Assets	649	-	704	1,270
Increase/(Decrease) in Trade and Other Payables	(3,728)	1,693	(2,982)	436
Increase/(Decrease) in Other Current Liabilities	-	-	-	-
Net change in working capital balances	(54)	(8,759)	1,014	(9,425)
Provisions Utilised	-	-	-	(129)
Increase/(Decrease) in Movement in non Cash Provisions	16	(336)	16	(264)
Net Cash Inflow/(Outflow) from Operating Activities	25,916	684	27,092	(2,113)
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest received	92	69	100	81
(Payments) for Property, Plant and Equipment	(40,561)	(30,042)	(41,266)	(33,498)
(Payments) for Intangible Assets	-	-	-	-
Proceeds of disposal of assets held for sale (PPE)	-	-	-	-
Proceeds from Disposal of Intangible Assets	-	-	-	-
(Payments) for Investments with DH	-	-	-	-
(Payments) for Other Financial Assets	-	-	-	-
Proceeds from Disposal of Investment with DH	-	-	-	-
Proceeds from Disposal of Other Financial Assets	-	-	-	-
Revenue Rental Income	-	-	-	-
Net Cash Inflow/(Outflow) from Investing Activities	(40,469)	(29,974)	(41,166)	(33,417)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(14,553)	(29,290)	(14,074)	(35,530)
CASH FLOWS FROM FINANCING ACTIVITIES				
New Public Dividend Capital received in year: PDC Capital	-	837	749	1,286
Public Dividend Capital Repaid	-	-	-	-
Loans received from DH - New Capital Investment Loans	10,122	8,168	11,170	9,119
New Working Capital Loans	-	-	-	15,000
Other Loans Received	3,385	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	(2,580)	(2,936)	(2,814)	(3,137)
Working capital facility	-	-	-	-
Net Cash Inflow/(Outflow) from Financing	10,733	17,875	12,274	33,880
Net Increase/(Decrease) in Cash and Cash Equivalents	(3,820)	(11,415)	(1,800)	(1,650)
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	18,480	10,841	20,500	20,606
Exclude - LEEF loan not spent		(11,236)		(11,150)
Cash bal excl LEEF loan not spent		(395)		9,456

COMMENTARY

The Trust's actual cash balance as at 28/02/15 was £10.8m compared to £19.5m last month. **The underlying cash balance excluding the unexpended LEEF loan of £11.2m is therefore approx. -£0.4m.**

The Trust incurred a trading loss in February of £3.3m (IFRS); and debtors rose following the dramatic reduction last month.

The NHS Debt Reduction Group comprising senior finance, credit management and contracts team staff meet once a week to ensure internal processes are streamlined as much as possible to expedite responses on data quality and to agree the ring-fencing of disputed values in order to maximise cash receipts from commissioners.

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

An increase in the **underlying** cash balance is dependent on improvements in both the trading position and in working capital. Stock has reduced by £1.3m since it peaked in M04 and a further reductions is planned in March. As a consequence the Trust is continuing to exert tight management of payments.

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

The forecast year end cash balance shown of £20.6m for year end includes the draw down of the approved working capital loan of £15m on 23rd March.

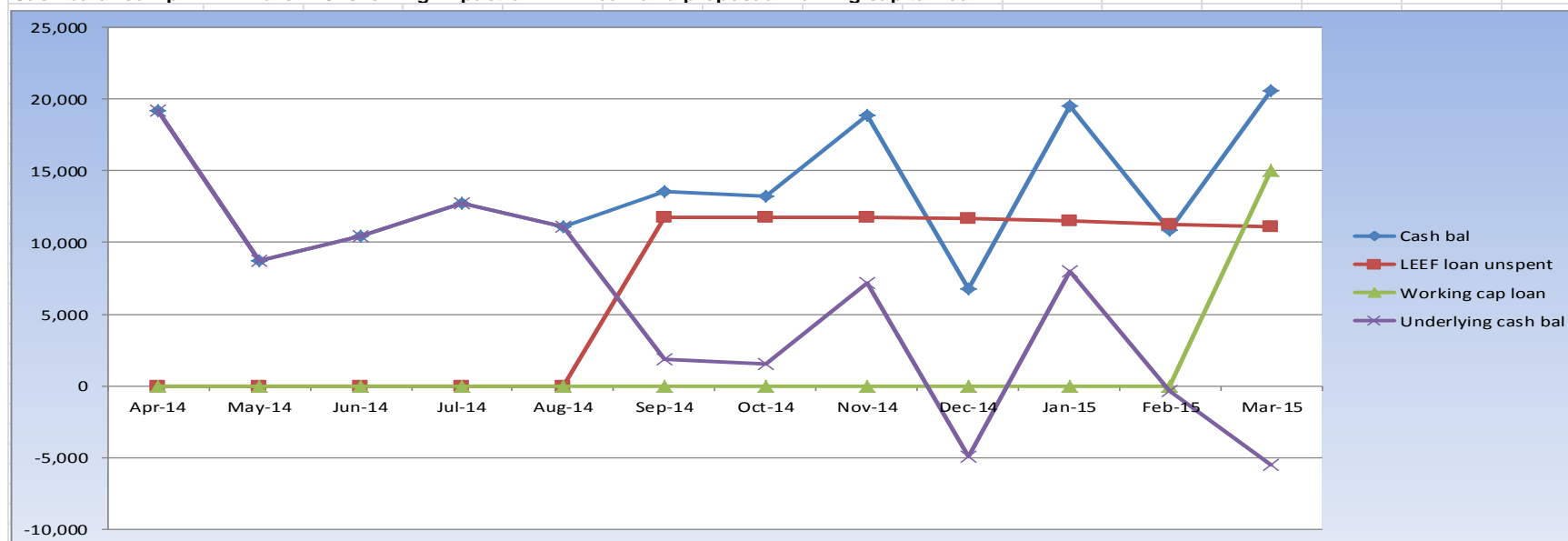
Surplus cash is invested in short term deposits with the National Loans Fund facility of the Bank of England. Temporary deposits earn interest of 0.25%- 0.50%.

2014/15 monthly cash flow - M11													Forecast			Forecast	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast					
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15		M01-M10	Mar-15	Total 14/15		
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	22,256	19,212	8,716	10,425	12,763	11,140	13,583	13,245	18,903	6,738	19,546		22,256	10,842	22,256		
EBITDA	428	1,367	2,771	4,122	1,972	3,222	3,954	3,189	-421	-2,649	-1,190		16,764	2,249	19,013		
Non-cash income	-14	-15	-14	-15	-14	-15	-14	-15	-14	-15	-14		-159	-15	-174		
Interest paid	-264	-264	-263	-279	-263	-263	-258	-258	-309	-275	-252		-2,949	-490	-3,439		
PDC dividend paid	0	0	0	0	0	-3,812	0	0	0	14	-80		-3,878	-3,819	-7,697		
Operating surplus/-deficit less interest and dividends	150	1,088	2,494	3,828	1,694	-868	3,681	2,915	-744	-2,925	-1,536		9,778	-2,075	7,703		
Change in working capital																	
Change in stock	-2,036	194	-110	-90	253	449	74	213	-233	898	-336		-724	1,123	399		
Change in debtors	1,958	-3,959	-5,745	-1,854	1,085	-4,291	-290	-2,159	-9,665	21,633	-6,439		-9,727	-533	-10,260		
Change in creditors excl those below	-217	-4,608	7,630	2,929	-1,797	-1,660	-330	6,063	224	-8,070	1,528		1,693	-1,257	436		
Net change in working capital	-295	-8,373	1,774	985	-459	-5,502	-546	4,117	-9,673	14,461	-5,247		-8,758	-667	-9,425		
Provisions used	-285	0	-36	-37	-16	0	-36	0	0	111	-36		-336	-58	-394		
Interest received	5	9	5	11	2	5	8	10	5	6	3		69	12	81		
Proceeds from sale of fixed assets															0		
Capital spend (pymts) - external finance	427	-240	276	30	2,445	-1,498	-1,558	-1,184	-1,417	-2,314	-2,640		-7,675	-914	-8,589		
Capital spend (pymts) - internal capital	-2,829	-2,779	-2,557	-2,067	-5,092	-1,211	-1,605	-528	-1,435	-1,166	-1,099		-22,368	-2,541	-24,909		
Net cash inflow/-outflow from investing activities	-2,397	-3,010	-2,276	-2,026	-2,645	-2,704	-3,155	-1,702	-2,847	-3,474	-3,736		-29,973	-3,443	-33,416		
Working capital loan received														15,000	15,000		
Working capital FACILITY															0		
Loans received - LEEF						12,000							12,000		12,000		
Loans received - DH capital									1,371	4,782	2,015		8,168	951	9,119		
Loan repayments - LEEF													0		0		
Working capital loan repayments													0		0		
Loans repayments - DH capital													0		0		
Loans repaid - SALIX						-194							-194	-194	-388		
PFI & finance lease repayments	-217	-201	-248	-411	-196	-290	-282	-508	-272	-147	-164		-2,936	-201	-3,137		
PDC capital (assume £1.5m extra received)								837					837	449	1,286		
Net cash inflow/-outflow from financing	-217	-201	-248	-411	-196	11,516	-282	329	1,099	4,635	1,851		17,875	16,005	33,880		
Net cash movement in period	-3,044	-10,496	1,708	2,338	-1,622	2,443	-338	5,659	-12,165	12,808	-8,704		-11,414	9,762	-1,652		
Closing cash balance	19,212	8,716	10,425	12,763	11,140	13,583	13,245	18,903	6,738	19,546	10,842		10,842	20,604	20,604		
LEEF loan						-12,000	-12,000	-12,000	-12,000	-12,000	-12,000		-12,000	-12,000	-12,000		
EPC capital exp (cumulative) UPDATED 20.01.15						280	280	280	304	454	764		304	914	914		
Exclude unexpended LEEF loan						-11,720	-11,720	-11,720	-11,696	-11,546	-11,236		-11,696	-11,086	-11,086		
Underlying cash balance						1,863	1,525	7,183	-4,958	8,000	-394		-854	9,518	9,518		

Assumptions for forecast cash balance £20.6m 31/03/15:

- 2014/15 IFRS outturn is £13m deficit (M11 YTD: £12.4m deficit).
- Gross capital expenditure (leases not shown within capital payments above) forecast for the year is £40.6m for 2014/15 of which £24.9m is internally-financed.
- Working capital improves by approx £7.7m in Feb-Mar as follows:
 - Stock (increase)/decrease 0.4
 - Debt (increase)/decrease -10.3
 - Creditor increase/(decrease) 0.4
 Projected net improvement/(deterioration) in working capital -9.4
- The Trust will draw down £15m working capital loan (repayable over 15 years in equal annual instalments) in March 2015.

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



Notes

April 2014 - February 2015 are actual reported cash balances

March 2015 is forecast cash balance based on the 2014/15 detailed monthly cash flow forecast table above.

Cash flow forecast includes £15m working capital loan draw down scheduled for 23rd March 2015.

Cash management – stocks: breakdown of M11

Balance and agreed targets

INVENTORY (STOCKS)	Actual bal 31/03/14 £000	Actual bal 28/02/15 £000	Target 31/03/2015 £000	Y/e target reduction £000
Pharmacy	1,781	2,292	1,700	-592
Central Store	3,013	3,357	2,550	-807
Cardiac catheter labs	452	412	400	-12
Cardiac pacing clinic	301	335	400	65
Estates	116	153	116	-37
Haematology clotting factors	138	154	100	-54
SWL Pathology	0	171	171	0
Neuro-Radiology	379	252	200	-52
Radiology	270	196	200	4
Wards - Stock	281	183	281	98
Wards - Drugs	132	132	132	0
Other various < £100k holdings	287	237	500	263
Total	7,150	7,874	6,750	-1,124

- The finance dept has agreed year end stock targets with all major stock-holding depts.
Stock levels have reduced by approx. £1.3m since their peak in July.

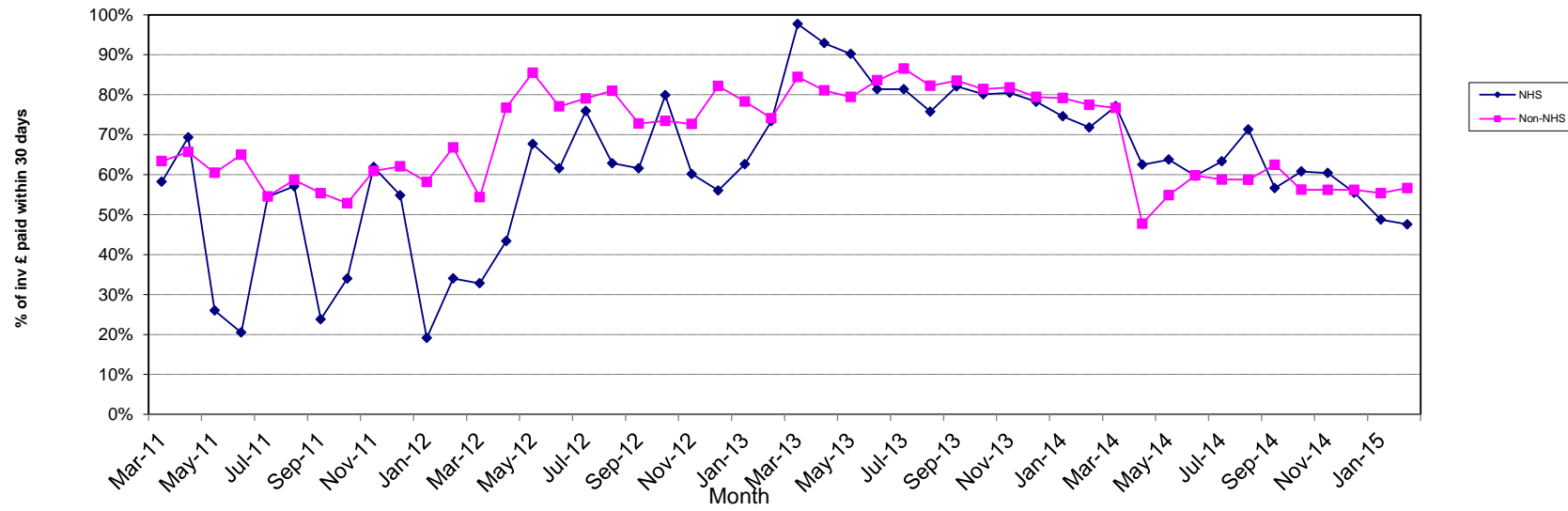
The Trust is aiming to achieve a cash-releasing reduction in stock levels of almost £1.1m in March.

- 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 – stocks are reducing very slowly and this programme of work was affected by the urgent requirement to conduct a stocktake at short notice following FT licensing in February.

SECTION 11: BETTER PAYMENT PRACTICE CODE

Measure of compliance	2014-15 M11	2014-15 M11	2013-14	2013-14	Forecast	Forecast
	Number	£000	Number	£000	Number	£000
Non NHS Payables						
Total Non-NHS Trade Invoices Paid in the Year	156,850	260,616	136,028	229,392	268,886	446,771
Total Non-NHS Trade Invoices Paid Within Target	93,285	147,563	110,250	176,006	159,917	252,965
Percentage of NHS Trade Invoices Paid Within Target	59.47%	56.62%	81.05%	76.73%	59.47%	56.62%
NHS Payables						
Total NHS Trade Invoices Paid in the Year	3,997	50,518	4,717	57,846	6,852	86,603
Total NHS Trade Invoices Paid Within Target	1,094	24,029	2,946	44,580	1,875	41,192
Percentage of NHS Trade Invoices Paid Within Target	27.37%	47.56%	62.45%	77.07%	27.37%	47.56%
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.						

BPPC performance 2010/11-2014/15



SECTION 12: CAPITAL

Capital programme 2014/15 M11 - high level summary budget and actual / forecast exp profile

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M11 YTD	Forecast M12	Total	Comits
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	28/02/15 £000
Capital funding	4,248	3,569	2,749	2,950	3,978	5,097	5,664	5,594	6,264	5,740	6,799	52,651	4,363	57,014	
Capital expenditure															
Infrastructure renewal (appx 1)															
Budget	-116	-263	-395	-611	-925	-1,179	-1,038	-1,030	-842	-882	-674	-7,955	-892	-8,847	
Actual / Forecast exp M12	-301	-582	-653	-495	-890	-217	-71	-287	-141	-331	-492	-4,460	-543	-5,003	-12,774
Variance	-185	-319	-258	116	35	962	967	743	701	551	182	3,495	349	3,844	
Medical equipment (appx 2)															
Budget - MAJOR MED	-616	-1,000	-154	-777	-1,406	-900	-556	-331	-1,306	-1,674	-4,013	-12,735	-1,166	-13,901	
Actual exp - MAJOR MED	-421	-814	-169	-876	-158	-614	-3,172	-457	-198	-693	3	-7,569	-2,476	-10,045	-266
Variance - MAJOR MED	195	186	-15	-99	1,248	286	-2,616	-126	1,108	981	4,016	5,166	-1,310	3,856	
IMT (appx 3)															
Budget - OTHER IMT	-1,050	-1,541	-1,166	-652	-447	-507	-543	-583	-708	-819	-570	-8,586	-343	-8,929	
Actual / Forecast exp M12	-1,794	-804	-524	-1,078	-3,388	683	-1,036	400	-753	-872	-739	-9,905	-664	-10,569	-266
Variance - OTHER IMT	-744	737	642	-426	-2,941	1,190	-493	983	-45	-53	-169	-1,319	-321	-1,640	
Major Projects (appx 4)															
Budget - Major Projects	-2,076	-549	-877	-802	-1,070	-2,389	-3,422	-3,543	-3,347	-2,304	-1,468	-21,846	-1,916	-23,762	
Actual / Forecast exp M12	-13	-542	-1,110	-357	-715	-1,171	-574	-1,455	-2,277	-865	-2,195	-11,274	-2,698	-13,972	-6,339
Variance - Other Major Projects	2,063	7	-233	445	355	1,218	2,848	2,088	1,070	1,439	-727	10,572	-782	9,790	
Other (appx 5)															
Budget	-390	-216	-157	-108	-131	-123	-106	-108	-60	-61	-74	-1,533	-42	-1,575	
Actual / Forecast exp M12	-28	-43	-116	-25	-386	-30	-60	43	-76	-77	-14	-812	-265	-1,077	-1,060
Variance	362	173	41	83	-255	93	46	151	-16	-16	60	721	-223	499	
Budget - total	-4,248	-3,569	-2,749	-2,950	-3,979	-5,098	-5,665	-5,595	-6,263	-5,740	-6,799	-52,655	-4,359	-57,014	
Actual exp - total	-2,557	-2,784	-2,570	-2,831	-5,537	-1,349	-4,913	-1,756	-3,445	-2,838	-3,437	-34,017	-6,645	-40,665	-20,705
Expenditure variance - total	1,691	785	180	119	-1,558	3,749	752	3,839	2,818	2,902	3,362	18,638	-2,286	16,350	

YEAR TO DATE POSITION

IMT is overspent at M11 by £1.3m

Medical equipment is underspent by £5.2m

Major projects is under spent by £10.5m due mainly to slippage on neuro-rehab, bed capacity schemes and the hybrid theatre.

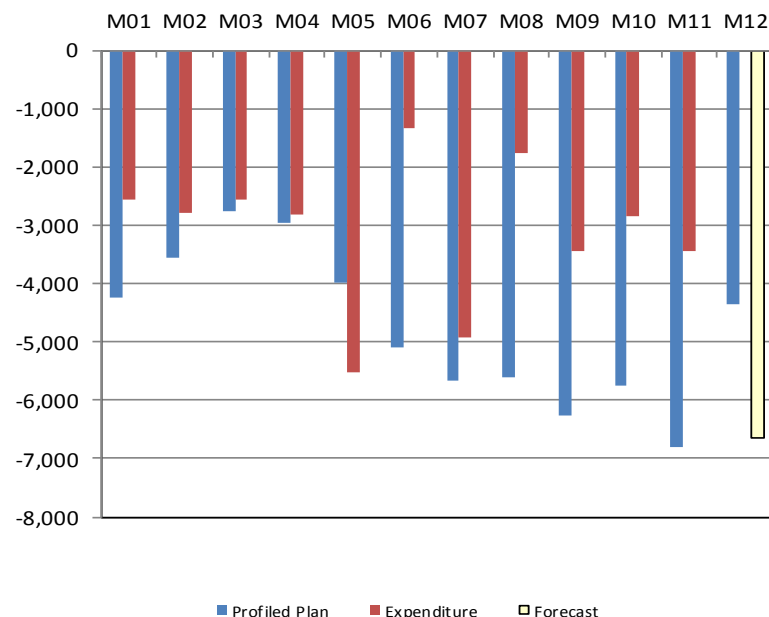
FORECAST OUTTURN

The forecast outturn is an underspend of approx £16.4m for the year - mainly due to slippage on the energy performance contract (IR), medical equipment (leased items) and major projects.

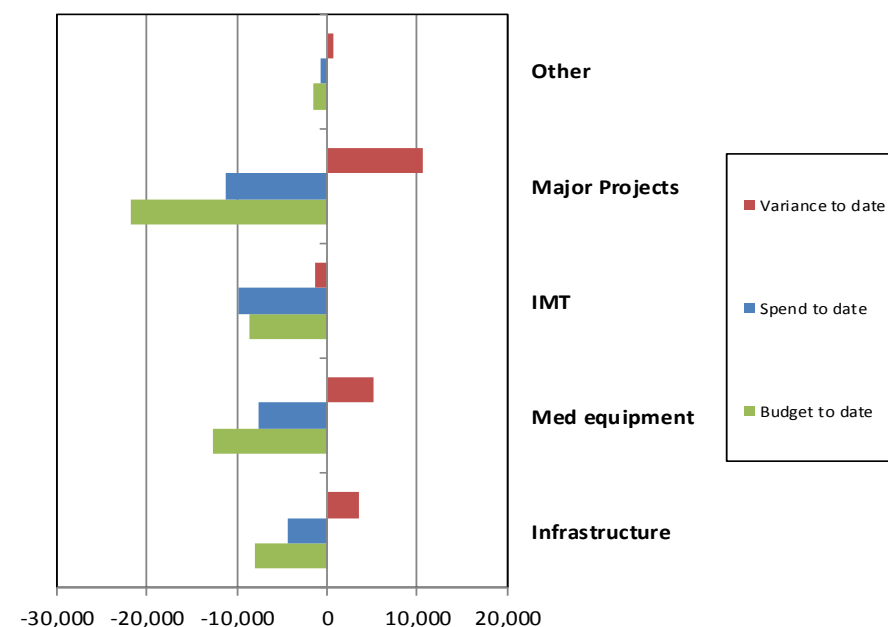
Based on the M11 forecast position the Trust would generate a capital cash surplus of approx £2m following the action taken within the other categories to counteract the forecast IMT overspend of £1.6m.

Month 11 CPG Finance report

Capital expenditure & Forecast vs Plan



Breakdown of Capital programme YTD



Capital Commentary:

- Actual capital expenditure in month 11 was £3.4m. YTD expenditure is £34m against the budget of £52.7m – an under spend of £18.6m YTD (M10: £15.3m).

Infrastructure renewal

Infrastructure renewal is under spent year to date by £3.5m – of which £2.7m relates 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 is £3.8m under-spent.

Medical equipment

Medical equipment is under spent year to date by approx. £5.2m 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 outturn for medical equipment is an outturn underspend of £3.9m for the year. 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 £1.3m (M10 £1.2m over spend)

The Head of Computing has been managing IMT capital spend from month 8 onwards to a control total agreed with the Director of Finance, Performance and Informatics and the Director of Estates. The control total includes a reduction in the level of the over spend forecast at M07 of £1m. It is then increased for three projects relating to the SWL Pathology consortium for which cash contributions are receivable from the partner Trusts. The Head of Computing has now implemented the measures to ensure IMT capital spends is contained within the control total of £10.656m.

Major Projects

Expenditure on Major Projects is £11.3m year to date against the budget of £21.8m - an under spend of £10.5m.

The main components of this under spend are the bed capacity projects, the hybrid theatre and the surgical assessment unit. These schemes are all behind schedule. Although expenditure is forecast to accelerate markedly in the last months of the year, several of these high value projects will have significant outturn under spends. The forecast outturn for major projects is an underspend of £9.8m.

Overall forecast

The M11 forecast indicates the Trust will generate an ***under spend in terms of overall capital expenditure of £16.35m***. The proportion of expenditure financed by loans and leases has reduced and due to the actions implemented by the Capital Programme Group the previously reported overspend on internal capital-financed budgets has been eliminated. The Trust is now forecasting a capital cash surplus for the year of approx. £2.2m

The Trust has been informed that it will not receive the IMT PDC capital of approx £1.5m that DH indicated earlier in the year would be allocated in March.

Capital financing - plan vs M11 forecast outturn					Forecast outturn per M10				
BUDGET JUNE 2014					Forecast outturn per M10				
	Budget cap ex £000	Loans cap ex £000	Lease cap ex £000	Int cap cap ex £000	Project cap ex £000	Loans cap ex £000	Lease cap ex £000	Int cap cap ex £000	Forecast cash deficit £000
Infrastructure renewal	8,847	4,301		4,546	5,003	914		4,089	457
Medical equipment	13,901		10,847	3,054	10,045		6,583	3,462	-408
IMT	9,034			9,034	10,569			10,569	-1,535
Major Projects	23,465	14,747		8,718	13,972	8,256		5,716	3,002
Other	1,767			1,767	1,077			1,077	690
Total	57,014	19,048	10,847	27,119	40,665	9,170	6,583	24,912	2,207
Capex budgeted to be funded by internal capital				27,119					
Capex projection - internal capital				-24,912					
Forecast capital cash SURPLUS				2,207					

The M11 forecast outturn for capital indicates the Trust will generate a capital cash financing *surplus* of approx. £2.2m for the year – the previously forecast cash deficit has been eliminated by the slow down in the rate of internally-financed capital expenditure implemented by the Capital Programme Group. Please note this cash surplus excludes the unexpended LEEF loan (for the energy performance contract) which was drawn down early to Provide in-year temporary support to *the working capital* position.

SECTION 13: CONTINUITY OF SERVICE RISK RATING (CoSRR)

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

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

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

Actual	Actual	Actual	Actual	Actual	Actual	Actual	F'cast
M03	M06	M07	M08	M09	M10	M11	Out-turn
-5.6	-0.6	-0.3	0.3	-2.2	-2.2	-4.5	1.7
1.4	1.9	2.1	2.1	1.9	1.5	1.3	1.2
Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating
3	3	3	4	3	3	3	4
2	3	3	3	3	2	2	1
2.5	3.0	3.0	3.5	3.0	2.5	2.5	2.5
3	3	3	4	3	3	3	3

- 10.8	- 1.0	- 0.5	0.5	- 3.9	- 4.4	- 8.8	3.3
684.5	602.6	617.2	630.5	639.3	713.0	714.2	717.3
360.0	360.0	360.0	360.0	360.0	360.0	360.0	360.0
4.6	13.9	17.9	21.0	20.6	18.0	16.8	18.1
3.4	7.2	8.4	9.8	11.0	11.9	13.2	14.8
- 1.7	7.5	7.9	8.7	4.5	3.1	- 1.0	10.1
9.1	8.5	8.4	8.2	8.4	7.5	7.9	6.8
-	-	-	-	-	-	-	-
- 3.0	- 1.6	- 0.3	0.2	- 2.8	- 9.1	- 12.4	- 13.7
4.9	10.1	11.8	13.5	15.3	18.0	19.2	21.0
0.8	1.6	1.9	2.1	2.4	2.7	3.0	3.6
1.9	3.8	4.5	5.2	5.8	6.4	7.1	7.7
-	-	-	-	-	-	-	-
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
-	0.0	0.0	0.1	0.1	0.1	0.1	0.5
0.7	1.8	2.0	2.5	2.8	2.8	3.1	3.5
0.8	1.6	1.9	2.1	2.4	2.7	3.0	3.6
1.9	3.8	4.5	5.2	5.8	6.4	7.1	7.7

CoSRR Assessment

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

- (1) Liquidity [Working capital balance x 360 / Annual operating expenses]
- (2) Capital servicing capacity [Revenue available for capital service / Annual debt service]

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

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

Planned Performance

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

Actual YTD and Forecast Out-turn

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

The forecast outturn CoSRR score for the year has reduced to a 3. The capital servicing capacity score has fallen to a 1, but is offset by the high outturn liquidity score of 4 due to impact of the £15m working capital loan.

APPENDIX 1- AGED DEBT REPORT

Summary of Outstanding Invoices at 28 February 2015

NHS Invoices outstanding																		
NHS DEBT Category of debt (Invoiced only)	% of unpaid invoices	Total Outstanding Debt			Prior year position		Bad Debt Provision available	Up to 30 Days		1 - 3 months old		3 - 6 months old		6 - 12 months old		Over 12 months old		
		at 28/02/15 £000s	at 31/01/15 £000s	% change since last report	at 28/02/14 £000s	% change since year end		at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £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%	4,571	4,355	5%	1,963	133%		1,116	713	1,616	2,158	2,069	2,169	(766)	(1,145)	536	460	
(3) NHS Wandsworth CCG	0%	3,501	2,414	45%	6,574			2,327	1,227	377	406	85	77	712	704	0	0	
(4) NHS Sutton CCG	0%	197	(365)	(154%)	(132)			233	78	8	8	0	26	(46)	(479)	2	2	
(5) NHS Merton CCG	0%	1,189	533	123%	1,811			1,132	476	0	0	(18)	(18)	75	75	0	0	
(6) NHS Croydon CCG	0%	1,007	893	13%	901			785	337	0	334	11	11	210	210	1	1	
(7) NHS Kingston CCG	0%	163	80	104%	(306)			159	76	0	0	0	0	0	0	4	4	
(8) NHS Lambeth CCG	5%	92	45	104%	362			92	45	0	0	0	0	0	0	0	0	
(9) NHS England	15%	9,537	8,879	7%	13,012	(27%)		3,686	(302)	1,594	6,975	4,237	2,192	17	11	3	3	
(10) Non English NHS NCA Debt	0%	636	607	5%	492	29%		73	65	50	51	39	42	63	35	411	414	
(11) English CCG NCA Debt	5%	3,304	2,996	10%	1,229			867	445	609	852	575	559	926	816	327	324	
Clinical Commissioning Groups subtotal	61%	24,202	20,442	18%	26,170	(8%)	0	10,470	3,160	4,254	10,784	6,998	5,058	1,189	225	1,291	1,215	
(12) Other NHS Organisations	1%	4,085	1,086	276%	1,027	298%		3,028	142	245	168	142	108	201	200	469	468	
(12.1) Health Education England	0%	88	199	(56%)	963	(91%)		77	196	11	2	0	0	0	1	0	0	
(13) NHS Trusts	7%	8,349	7,335	14%	4,121	103%		1,505	893	2,076	2,460	1,735	1,063	1,973	1,971	1,060	948	
Total NHS Invoices outstanding	69%	36,724	29,062	26%	32,281	14%	0	15,080	4,391	6,586	13,414	8,875	6,229	3,363	2,397	2,820	2,631	
Uninvoiced NHS debt																		
Provision for impairment of NHS invoiced debt		(0)	(0)					Actual 30/11/13		41%	15%	18%	46%	24%	21%	9%	8%	9%
NHS Debt - accruals		(5,228)	(5,382)					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		40,497	32,680															
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 28/02/15 £000s	at 31/01/15 £000s	% change since last report	at 28/02/14 £000s	% change since year end		at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £000s	at 28/02/15 £000s	at 31/01/15 £000s	
(14) General Debtors (Clinical/Technical Services to Non NHS orgs; etc)	5%	2,760	2,823	(2%)	3,461	(20%)	(408)	719	421	615	1,225	404	188	294	281	728	708	
(15) Private Patients	3%	1,267	1,333	(5%)	1,518	(17%)	(182)	255	240	188	301	76	28	114	142	634	622	
(15.1) Bupa Insurance Services Ltd t/a Bupa	3%	198	134	48%	0	#DIV/0!		86	42	35	8	20	63	57	21	0	0	
(15.2) AXA PPP Healthcare Ltd	3%	213	160	33%	0	#DIV/0!		84	48	82	65	18	26	29	21	0	0	
(16) Overseas Visitors NHS Chargeable	5%	2,585	2,517	3%	2,354	10%	(1,396)	102	114	177	168	218	162	265	285	1,823	1,788	
(17) Salary Overpayments	1%	490	498	(2%)	534	(8%)	(120)	6	4	24	59	73	44	33	55	354	336	
(18) Medical School	1%	1,744	1,445	21%	625	179%	(28)	413	286	743	938	526	164	34	29	28	28	
(19) Charitable Funds	0%	434	421	3%	111	291%	(10)	311	248	3	57	14	75	79	14	27	27	
(20) Compensation Recovery Unit	16%	11,605	11,774	(1%)	9,657	20%	(1,847)	0	447	1,217	1,127	900	757	1,942	2,028	7,546	7,415	
(21) UK Border Agency	0%	178	178	0%	151	18%	0	(1)	39	45	18	38	25	21	21	75	75	
(22) Local Authority	0%	3,644	3,222	13%	0	#DIV/0!	0	855	398	1,382	1,658	891	900	461	211	55	55	
Total Non-NHS Invoices outstanding	31%	25,118	24,505	3%	18,411	12%	(3,991)	2,831	2,287	4,512	5,624	3,178	2,432	3,329	3,108	11,270	11,054	
Uninvoiced non-NHS Debt:																		
Provision for impairment of Non-NHS invoiced debt		(3,991)	(3,991)					Actual - 30/11/13 (exc RTA)		15%	9%	14%	10%	7%		27%	45%	
Non-NHS Debt - accruals		8,978	7,740					Target - 31/03/14 (exc RTA)		44%		22%	2%	7%		25%		
CSW integration adjustment		896	896															
VAT and Prepayments		2,968	4,026															
Total Non NHS Debt		33,969	33,176															
Grand Total Debt		74,466	65,856															
1. Uninvoiced debt is debt which had not been invoiced the debtor at the month-end. Uninvoiced debt excludes 'Provision for impairment of debts.' 2. Gross debt is total debt with the provision for impairment of debt added back. 3. Non-NHS targets exclude RTA debt which is raised and collected by the Compensation Recovery Unit (CRU) on the Trust's behalf.																		

Actual - 30/11/13	41%	15%	18%	46%	24%	21%	9%	8%	8%	9%
Target - 31/03/14	60%	34%	5%	1%	0%					

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

St George's University Hospitals NHS Foundation Trust
 (formerly St George's Healthcare NHS Trust)
 Room 28, 1st Floor
 Grosvenor Wing
 St George's Hospital
 Blackshaw Road
 Tooting
 London SW17 0QT

Dated:

Dear Sirs

Amendment Letter No. 1 relating to the Facility Agreement dated 29 July 2014

We refer to the credit agreement dated 29 July 2014 between (1) St George's Healthcare NHS Trust as borrower ("**Borrower**") and (2) Amber Green LEEF 2 LLP as lender ("**Lender**"), relating to facilities of up to £13,000,000 (thirteen million pounds) (the "**Facility Agreement**"). The parties wish to amend the Facility Agreement to the extent set out in this letter ("**Amendment Letter**").

Change of Borrower Status

1. Pursuant to Section 35 of the National Health Service Act 2006 (as amended) and in accordance with the expectations of the Facility Agreement, the Borrower was authorised as an NHS Foundation Trust on 1 February 2015 by Monitor. Consequently, any reference to "St George's Healthcare NHS Trust" or the "Borrower" throughout the Facility Agreement, any other Finance Document or any Project Document shall be read and construed as "St George's University Hospitals NHS Foundation Trust".

Definitions

2. Terms defined in the Facility Agreement and not otherwise defined herein shall have the same meaning in this Amendment Letter as in that Facility Agreement.

Amendments to the Facility Agreement

3. Further to the request made by the Borrower, and in accordance with Clause 27 (*Amendments and waivers*) of the Facility Agreement we, as Lender confirm that:

- 3.1 Clause 1 (*Definitions and interpretation*) of the Facility Agreement shall be amended as follows:

- (a) the definition of "Facility B Amount" shall be deleted and replaced with the following wording:

""**Facility B Amount**" means at the date of this Agreement the lower of:

- (a) £1,500,000; or
- (b) the amount of Eligible Expenditure relating to the Chiller Works,

and thereafter that amount to the extent not cancelled, reduced or transferred by the Lender or the Borrower (as the case may be) under this Agreement.""

- 3.2 The Eligible Expenditure table for Tranche B – Energy Conservation Measures at Schedule 5 of the Facility Agreement shall be replaced with the following table [(as may be amended by the Lender following receipt of the documents set out in paragraph 5(a) below)¹]:

ECM Ref	Tranche B – Energy Conservation Measures	ECM Cost
		£
B1	St James Wing Chillers including the low temperature hot water system	855,135
	CHP LTHW Extension	192,990
	General / Associated Costs	104,813
	Sub Total	1,152,938
	Non-Recoverable VAT (65%)	149,882
	Total	£1,302,819

Approval of the Facility B Conditions Precedent

4. The Lender hereby confirms that, [other than as set out in paragraph 5 of this Amendment Letter,] it is satisfied that the Facility B Conditions Precedent set out at Part 2 of Schedule 1 of the Facility Agreement have been met.
5. [As at the date of this Agreement Letter, the Lender has not received each of:
 - (a) the Measurement and Verification Plan; and
 - (b) the updated Technical Adviser Technical Assurance Report,
 but the intention is that they will be delivered to the Lender on or before [30 March 2015].]
6. [Notwithstanding paragraph 5 above, the Borrower may deliver a Utilisation Request in relation to Facility B in accordance with the terms of the Facility Agreement prior to the satisfaction of the conditions precedent set out in sub-paragraphs (a)(i) and (a)(ii) above.]
7. [If the conditions precedent set out in paragraph 5 above are not provided on or before [30 March 2015], notwithstanding clause 5.3 of the Facility Agreement, any Utilisation Request

¹ The inclusion of this wording will depend on whether the Lender receives the documents referred to in paragraph 5 prior to this Amendment Letter being signed by the Parties.

delivered pursuant to paragraph (b) above shall be cancelled and deemed to have not been delivered.^{2]}

Approval of changes to the Project Documents

8. The Lender acknowledges and approves the proposed changes to the Energy Performance Contract and the project documents substantially in the form described in Annex A of this Amendment Letter.

Representations and Warranties

9. The Borrower represents and warrants to the Lender that it has the power to enter into, has taken all necessary action to authorise the entry into of, and that it has duly entered into the agreement set out in this Amendment Letter.
10. The Borrower represents and warrants to the Lender as at the date of this Amendment Letter that all of the Repeating Representations are true and accurate as if repeated on the date of this Amendment Letter with reference to the facts and circumstances subsisting on that date.

Incorporation of Terms

11. Save as amended as set out above, the terms of the Facility Agreement shall remain in full force and effect and the Facility Agreement and this Amendment Letter shall be read and construed as one document.
12. The provisions of Clause 1.2 (*Interpretation*), Clause 25 (*Partial Invalidity*), Clause 29 (*Counterparts*) and Clause 31 (*Enforcement*) of the Facility Agreement shall apply to this Amendment Letter as if they were set out in full in this Amendment Letter, but as if references to "this Agreement" or "the Finance Documents" were references to this Amendment Letter.

Costs and expenses

13. Save as otherwise agreed, the Borrower shall pay on demand and on a full indemnity basis all costs and expenses (including legal and out of pocket expenses and any value added tax thereon) incurred by the Lender in connection with the negotiation, preparation and execution of this Amendment Letter and each of the documents referred to in it.

Miscellaneous

14. This Amendment Letter is a Finance Document.
15. This Amendment Letter and any dispute, claim or obligation (whether contractual or non-contractual) arising out of or in connection with it will be governed by and construed in accordance with English law.
16. Unless expressly provided to the contrary in this Amendment Letter, a person who is not a party to this Amendment Letter may not enforce, or enjoy the benefit of, any of its terms under the Contracts (Rights of Third Parties) Act 1999.

² The inclusion of this wording at paragraphs 5-7 (and the squared brackets in paragraph 4) will depend on whether the Lender receives the documents referred to in paragraph 5 prior to this Amendment Letter being signed by the Parties.

17. Please indicate your agreement to the foregoing by signing and returning to us an executed counterpart of this Amendment Letter.

Yours faithfully

.....

For and on behalf of **Amber Green LEEF 2 LLP** as Lender



We hereby acknowledge receipt of the above Amendment Letter and confirm our acceptance of its terms and conditions.

Signed by **NHS Foundation Trust** as Borrower for and on behalf of **St George's University Hospitals**

.....

Name:

Office:

ANNEX A

Proposed changes to the Energy Performance Contract and the project documents

Letter from St George's To British Gas

Dear Sirs

EPCo NPV obligation – Agreed Variation to the Energy Performance Contract, the Construction Contract and the O&M Contract.

1. Energy Performance Contract

Pursuant to the Energy Performance Contract executed by St George's Healthcare NHS Trust (the "Authority") and British Gas Trading Limited ("EPCo") on 29 July 2014 (the "Contract"), British Gas is obliged to comply with Schedule 8 and is required to implement one or more of the following "Technologies" in order to generate a positive Net Present Value (as defined in the Contract) benefit to the Authority of at least £649,000 so as to offset fully the reduction in NPV.

NPV Measures:

1. Additional Savings from the Combined Heat and Power Low Temperature Hot Water (LTHW) piped network Jacket – resulting in an increase in the Annual Guaranteed Savings level. Additional Insulated LTHW flow and return pipes are to be installed to enable the distribution of hot water from the CHP engine jacket cooling water heat exchanger into the heating circuits of various plant rooms.
2. Reduction in the actual capital cost price of the Works – resulting in a lower capital cost to the Authority
3. Reduction in EPCo's project professional fees and margins for the Works – resulting in a lower capital cost to the Authority
4. An increase in the annual guaranteed energy savings levels for the Technologies already identified– resulting in an increase in the Annual Guaranteed Savings level
5. St James Chiller replacement - resulting in an increase in the Annual Guaranteed Savings level ("NPV Measure 5")

The Parties have agreed pursuant letter of variation (the "Letter") that EPCo shall implement NPV Measure 5. Notwithstanding that the resultant NPV reduction offset of implementing NPV Measure 5 (the St James Chiller replacement) will be negligible (or even negative) the Authority and EPCo have agreed to implement NPV Measure 5 in full knowledge that the implementation of NPV Measure 5 will not relieve (in part or in full) EPCo from the ongoing obligation to offset fully the £649,000 reduction in NPV pursuant to Schedule 8 of the Contract. Specifically, the agreed implementation of NPV Measure 5 pursuant to this Letter does not in any way lessen or waive the obligation on EPCo to implement further NPV Measures in order to offset fully the £649,000 reduction in NPV. For the avoidance of doubt, it is agreed that the implementation of NPV Measure 5 shall not increase or decrease the £649,000 reduction in NPV that the EPCo is contractually obliged to offset by way of the implementation of other NPV Measures pursuant to Schedule 8 of the Contract.

The implementation of NPV Measure 5 shall also increase the Energy Saving Guarantee to a figure of [£] in year one. Please see the attached table [in Schedule 1 to this Letter] for the change to the Energy Savings Guarantee for the remaining term of the Contract.

Schedule 8 states that EPCo must submit its proposals to meet its NPV reduction offset obligation to the Authority within sixty (60) calendar days of the completion of detailed design.

This Letter hereby varies the Contract (from the date of this Letter) to include the content of paragraph 1 as an agreed variation to the Contract. All terms and conditions of the Contract shall continue in force save for the changes expressly identified in this Letter.

2. Construction Contract

Pursuant to the construction contract executed by St George's Healthcare NHS Trust (the "Employer") and British Gas Trading Limited ("the Contractor") on 29 July 2014 (the "Construction Contract"), the Employer and the Contractor hereby agree the principles of a specific addition to the scope of Works to be carried out and completed by the Contractor.

The additional scope of works that shall hereby form part of the Works as defined in the Construction Contract shall be to carry out and complete NPV Measure 5 and will be implemented as follows.

The Trust [(as Project Manager hereby issues an instruction) [attaches an instruction from the Project Manager for] a change to the Works Information. This instruction shall be to add the St James Chiller replacement to the list of measures in section WI100 of the Works Information.

[The Trust also hereby provides additional Site Information to be taken into account in the Contractor's quotation]

The Contractor will provide its detailed design for NPV Measure 5 [which shall be as set out in Schedule 2 to this Letter] which will form part of the Contractor's Works Information.

The Contractor will also provide a quotation for this change to the Works Information, assessed in accordance with clause 63 of the Construction Contract. This quotation is as appended to this Letter and includes the:

- changes to the Prices;
- any delay to the Completion Date and Key Dates
- details of the Contractor's assessment of the above; and
- alterations to the Accepted Programme.

The agreed increase change to the Construction Contract Price to the Employer to implement NPV Measure 5 is [£] (the capital cost (excluding VAT) as shown on the amended Activity Schedule appended to this Letter.

The revised Completion Date required in order to implement NPV Measure 5 is []

The proposed alterations to the Accepted Programme for the carrying out and completion of NPV Measure 5 shall be [as set out in Schedule 3 to this Letter]

[This Letter along with the attached changes to the Works Information and Activity Schedule and Accepted Programme takes effect as a accepted compensation event under clause 65.1 of the Construction Contract]

3. O&M Contract

Pursuant to the operation and maintenance contract executed by St George's Healthcare NHS Trust (the "Authority") and British Gas Trading Limited ("EPCo") on 29 July 2014 (the "O&M Contract"), the Authority and EPCo hereby a specific addition to the scope of Services to be carried out and completed by EPCo.

Schedule 4 to this Letter sets out the specific additional scope of service that shall apply as part of the Services as defined in the O&M Contract from the date of this Letter and [£] [the increased O&M cost (per annum) to the Authority (excluding VAT).]

This Letter hereby varies the O&M Contract from the date of this Letter to include the content of paragraph 3 as an agreed variation to the O&M Contract. All terms and conditions of the O&M shall continue in force save for the changes expressly identified in this Letter.

Letter from St George's To British Gas

Dear Sirs

EPCo NPV obligation – Agreed Variation to the Energy Performance Contract, the Construction Contract and the O&M Contract.

1. Energy Performance Contract

Pursuant to the Energy Performance Contract executed by St George's Healthcare NHS Trust (the "Authority") and British Gas Trading Limited ("EPCo") on 29 July 2014 (the "Contract"), British Gas is obliged to comply with Schedule 8 and is required to implement one or more of the following "Technologies" in order to generate a positive Net Present Value (as defined in the Contract) benefit to the Authority of at least £649,000 so as to offset fully the reduction in NPV.

NPV Measures:

1. Additional Savings from the Combined Heat and Power Low Temperature Hot Water (LTHW) piped network Jacket – resulting in an increase in the Annual Guaranteed Savings level. Additional Insulated LTHW flow and return pipes are to be installed to enable the distribution of hot water from the CHP engine jacket cooling water heat exchanger into the heating circuits of various plant rooms.
2. Reduction in the actual capital cost price of the Works – resulting in a lower capital cost to the Authority
3. Reduction in EPCo's project professional fees and margins for the Works – resulting in a lower capital cost to the Authority
4. An increase in the annual guaranteed energy savings levels for the Technologies already identified– resulting in an increase in the Annual Guaranteed Savings level
5. St James Chiller replacement - resulting in an increase in the Annual Guaranteed Savings level ("NPV Measure 5")

The Parties have agreed pursuant letter of variation (the "Letter") that EPCo shall implement NPV Measure 5. Notwithstanding that the resultant NPV reduction offset of implementing NPV Measure 5 (the St James Chiller replacement) will be negligible (or even negative) the Authority and EPCo have agreed to implement NPV Measure 5 in full knowledge that the implementation of NPV Measure 5 will not relieve (in part or in full) EPCo from the ongoing obligation to offset fully the £649,000 reduction in NPV pursuant to Schedule 8 of the Contract. Specifically, the agreed implementation of NPV Measure 5 pursuant to this Letter does not in any way lessen or waive the obligation on EPCo to implement further NPV Measures in order to offset fully the £649,000 reduction in NPV. For the avoidance of doubt, it is agreed that the implementation of NPV Measure 5 shall not increase or decrease the £649,000 reduction in NPV that the EPCo is contractually obliged to offset by way of the implementation of other NPV Measures pursuant to Schedule 8 of the Contract.

The implementation of NPV Measure 5 shall also increase the Energy Saving Guarantee to a figure of [£] in year one. Please see the attached table [in Schedule 1 to this Letter] for the change to the Energy Savings Guarantee for the remaining term of the Contract.

Schedule 8 states that EPCo must submit its proposals to meet its NPV reduction offset obligation to the Authority within sixty (60) calendar days of the completion of detailed design.

This Letter hereby varies the Contract (from the date of this Letter) to include the content of paragraph 1 as an agreed variation to the Contract. All terms and conditions of the Contract shall continue in force save for the changes expressly identified in this Letter.

2. Construction Contract

Pursuant to the construction contract executed by St George's Healthcare NHS Trust (the "Employer") and British Gas Trading Limited ("the Contractor") on 29 July 2014 (the "Construction Contract"), the Employer and the Contractor hereby agree the principles of a specific addition to the scope of Works to be carried out and completed by the Contractor.

The additional scope of works that shall hereby form part of the Works as defined in the Construction Contract shall be to carry out and complete NPV Measure 5 and will be implemented as follows.

The Trust [(as Project Manager hereby issues an instruction] [attaches an instruction from the Project Manager for] a change to the Works Information. This instruction shall be to add the St James Chiller replacement to the list of measures in section WI100 of the Works Information.

[The Trust also hereby provides additional Site Information to be taken into account in the Contractor's quotation]

The Contractor will provide its detailed design for NPV Measure 5 [which shall be as set out in Schedule 2 to this Letter] which will form part of the Contractor's Works Information.

The Contractor will also provide a quotation for this change to the Works Information, assessed in accordance with clause 63 of the Construction Contract. This quotation is as appended to this Letter and includes the:

- changes to the Prices;
- any delay to the Completion Date and Key Dates
- details of the Contractor's assessment of the above; and
- alterations to the Accepted Programme.

The agreed increase change to the Construction Contract Price to the Employer to implement NPV Measure 5 is [£] (the capital cost (excluding VAT) as shown on the amended Activity Schedule appended to this Letter.

The revised Completion Date required in order to implement NPV Measure 5 is []

The proposed alterations to the Accepted Programme for the carrying out and completion of NPV Measure 5 shall be [as set out in Schedule 3 to this Letter

[This Letter along with the attached changes to the Works Information and Activity Schedule and Accepted Programme takes effect as a accepted compensation event under clause 65.1 of the Construction Contract

3. O&M Contract

Pursuant to the operation and maintenance contract executed by St George's Healthcare NHS Trust (the "Authority") and British Gas Trading Limited ("EPCo") on 29 July 2014 (the "O&M Contract"), the Authority and EPCo hereby a specific addition to the scope of Services to be carried out and completed by EPCo.

Schedule 4 to this letter sets out the specific additional scope of service that shall apply as part of the Services as defined in the O&M Contract from the date of this letter and [£] the increased O&M cost (per annum) to the Authority (excluding VAT).

This Letter hereby varies the O&M Contract from the date of this Letter to include the content of paragraph 3 as an agreed variation to the O&M Contract. All terms and conditions of the O&M shall continue in force save for the changes expressly identified in this Letter.

Chief Executive's Office
Room 28, 1st Floor, Grosvenor Wing

St George's Hospital
Blackshaw Road
London
SW17 0QT

Direct Line: 020 8725 1640
e-mail: miles.scott@stgeorges.nhs.uk

Minutes of the action taken by the Board of St George's University Hospitals NHS Foundation Trust (the "**Trust**") relating to the approval and execution of the letter ("**Amendment Letter**") detailing the agreed amendments to the loan agreement that the Trust entered into with Amber Green LEEF 2 LLP ("**Amber**") on 29 July 2014 (the "**Facility Agreement**") and also the form of letter amending the energy performance contract and associated works, operating and maintenance and measurement and verification contracts that the Trust entered into with British Gas Trading Limited on 29 July 2014 (the "**EPC Letter**") together the "**Transaction**".

1. NOTICE AND QUORUM

The Trust's director of corporate affairs stated that the Trust's Board was quorate in accordance with paragraph 2.4 of Annex 7 to the Constitution.

2. INTERESTS IN PROPOSED TRANSACTIONS AND/OR ARRANGEMENTS WITH THE TRUST
NAME NATURE AND EXTENT OF INTEREST

The Trust's Board members did not have any interest in the Transaction.

3. PURPOSE OF THE MEETING

It was explained to the Trust's Board members that they had been asked to approve:

- 3.1 the amendments to the energy performance contract; the licence and works agreement; and the operation and maintenance agreement each made between the Trust and British Gas Trading Limited on 29 July 2014, required to effect the Chiller Works and the low temperature hot water system works and as detailed in the form of EPC Letter¹;
 - 3.2 the amendment to the Facility Agreement (including the increase of the Facility B Amount from £1,000,000 to £1,500,000) as substantially detailed in the Amendment Letter;
 - 3.3 the Utilisation Request requesting the drawdown and use of the Facility B Loan for the Chiller Works; and
 - 3.4 the final form of the certificate of the Trust to be sent to Amber confirming certain matters in respect of the Trust's entry into the Amendment Letter and utilisation of Facility Loan B,
- together the "Transaction Documents".

The Trust's Board is now asked to approve the Transaction described above.

4. DOCUMENTS PRODUCED TO THE TRUST'S BOARD MEMBERS

¹ It was noted that there may be 3 letters as each amendment may be made separately in respect of each Contract change

The following documents were made available to the Trust's Board members for consideration (together the "Documents"):

- 4.1 a copy of the executed energy performance contract between the Trust and British Gas Trading Limited dated 29 July 2014 (for reference only);
- 4.2 a copy of the executed licence and works agreement between the Trust and British Gas Trading Limited dated 29 July 2014 (for reference only);
- 4.3 a copy of the executed operation and maintenance agreement between the Trust and British Gas Trading Limited dated 29 July 2014 (for reference only);
- 4.4 a copy of the executed Facility Agreement between the Trust and Amber dated 29 July 2014 (for reference only);
- 4.5 a copy of the proposed EPC Letter amending the energy performance contract, the licence and works agreement and the operation and maintenance contract²;
- 4.6 a copy of the proposed Amendment Letter amending the Facility Agreement;
- 4.7 a copy of the utilisation request to be made in relation to Facility B;
- 4.8 a copy of the final form of the certificate of the Trust to be sent to Amber confirming certain matters in respect of the Trust's entry into the Amendment Letter and utilisation of Facility Loan B; and
- 4.9 a copy of any other related and ancillary documents (if any).

5. CONSIDERATION

The Trust's Board members considered the Documents and the Transaction and the background thereto and were satisfied that:

- 5.1 by entering into the Transaction, the Board and each director individually is acting with a view to promoting the success of the Trust so as to maximise the benefits for the members of the trust as a whole and for the public;
- 5.2 the Board has the power to enter into the Transaction on behalf of the Trust;
- 5.3 the Transaction is not classed as a "significant transaction" for the purposes of paragraph 46 of the Constitution;
- 5.4 sufficient funds are in place to meet the Trust's future payment obligations under the Energy Performance Contract as to be amended;
- 5.5 borrowing the Facility B Amount would not cause any the Prudential Borrowing Limit (or any similar limit binding on the Borrower) to be exceeded;
- 5.6 all necessary Regulatory Requirements to enable the Borrower to enter into the Transaction Documents have been obtained;
- 5.7 the proposed funding solution represents value for money;
- 5.8 the Trust's director of finance has in place detailed procedural instructions concerning the applications for the funding in relation to the Transaction;

² It was noted that there may be 3 letters as each amendment may be made separately in respect of each Contract change

- 5.9 the borrowing in relation to the Transaction is consistent with the plans outlined in the Trust's current annual plan;
- 5.10 the Trust has ensured that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon the Trust's business plans, and has ensured that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- 5.11 the Trust has provided a business case (in line with the guidance contained within the Capital Investment Manual (Department of Health, 1994)) setting out:
- (a) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - (b) the involvement of appropriate Trust personnel and external agencies; and
 - (c) appropriate project management and control arrangements;
- 5.12 the relevant business case has been approved by the Trust's Board in accordance with Schedule A (*Summary Financial Limits*) of the Trust's scheme of delegation, as outlined in the Trust's standing orders;
- 5.13 the Trust's director of estates and facilities will issue procedures for the management of the Documents where applicable, incorporating the recommendations of the NHS "Estatecode";
- 5.14 the Trust's director of finance will assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance to the extent applicable to the Transaction;
- 5.15 the Trust's director of finance will issue procedures for the regular reporting of expenditure and commitment against authorised expenditure as applicable to the Transaction;
- 5.16 the Trust's chief executive, with advice from the Trust's director of estates and facilities, has issued to the manager responsible for the Transaction:
- (a) specific authority to commit expenditure;
 - (b) authority to proceed to tender; and
 - (c) approval to accept a successful tender;
- 5.17 the Trust's chief executive has issued a scheme of delegation for capital investment management in accordance with NHS "Estatecode" guidance and the Trust's standing orders;
- 5.18 the Trust's director of finance has issued procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the Department of Health Guidance on Delegated Limits for Capital Investment;
- 5.19 no other procedures or protocols need to be followed by the Board in order to approve the Transaction;
- 5.20 no orders had been proposed or effected pursuant to section 65D (trust special administration) and section 65L (dissolution) of the NHS Act 2006 ("Enquiries"); and

- 5.21 the Trust has taken all necessary action under its internal procedures in respect of its entering into the Amendment Letter.

6. RESOLUTIONS

Following consideration, IT WAS RESOLVED by the Board that the Transaction would be in the interest of the Trust, and IT WAS FURTHER RESOLVED to:

- 6.1 approve the Transaction Documents and the terms of the transactions contemplated by the Transaction Documents and authorise any authorised signatory listed below to execute the Transaction Documents on behalf of the Trust subject to such amendment as those executing the same on behalf of the Trust thinks fit; and
- 6.2 authorise any authorised signatories listed below to do all such acts and things and agree and execute on behalf of the Trust all such other documents to which the Trust is a party and all other documents as may be required in order to implement the Transaction and generally to sign all such certificates and notices (including bank mandates, interest rate hedging instructions, confirmation and documentation, drawdown notices, signatory certificates and other confirmatory certificates) and other documents as may be required in connection with the Transaction and the related documents, subject in each case to such amendments as those executing the same on behalf of the Trust think fit.

8. AUTHORISED SIGNATORIES

The authorised signatories referred to above are:

Signatory Name	Position	Specimen Signature
Miles Scott	Chief Executive	
Steven Bolam	Director of Finance, Performance and Informatics	
Christopher Smallwood	Chairman	

8. CLOSE

There was no further business.

.....
Christopher Smallwood
Chairman

.....
(Date)