

## MEETING OF THE COUNCIL OF GOVERNORS

The next meeting of the Council of Governors of St. George's University Hospitals NHS Foundation Trust will take place on:

**27 October 2015, 17.00pm – 18.30pm**  
in Hyde Park Room, Lanesborough Wing

	Presented by	
<b>Public meeting</b>		
<b>1. Chair's opening remarks</b>	C Smallwood, Chairman	17.00
<b>2. Declarations of interest</b> <i>For Members to declare if they have any interests as individuals or members of other organisations that might relate to items on the agenda.</i>	C Smallwood, Chairman	
<b>3. Minutes of the previous Meeting</b> <i>To approve the minutes from the meeting of the Council of Governors held on 9 July 2015</i>	C Smallwood, Chairman (Paper)	17.05
<b>4. Matters arising</b> <i>To receive an update on actions agreed at the meeting of the Council of Governors held on 9 July 2015</i>	C Smallwood, Chairman	17.10
<b>Items for discussion</b>		
<b>5. Report from the nominations and remuneration committee – recommendations for the appointment of chairman and non-executive directors</b> <i>To approve recommendations from the committee</i>	S Baker Deputy chair, Noms and Rems Committee (paper)	17.15
<b>6. Urogynaecology service – public consultation regarding the future service provision</b> <i>To consider the consultation document including the proposal to close the urogynaecology service</i>	A Rhodes Divisional chair, CWDT (Oral)	17.45
<b>Performance reports for information</b>		
<b>8. Quality and Performance report</b> <i>To receive the month 5 quality and performance report</i>	J Hall Chief Nurse (Paper)	18.15
<b>9. Workforce report</b> <i>To receive the month 5 workforce report</i>	W Brewer Director of Workforce (Paper)	18.20
<b>10. Finance report</b> <i>To receive the month 5 finance report</i>	S Bolam Chief Finance Officer (Paper)	18.25
<b>11. Any other business</b>		

**12. Meeting evaluation**

**13. Date of the next meeting**

21 December 2015 (extraordinary meeting)

# Summary Finance Report Month 05 2015/16

Trust Board 8<sup>th</sup> October 2015

(Please see Appendix H for a summary of the reporting and accounting developments that have been taking place that underpin this Finance Report.)

# 1 Month 05 Headlines & Actions – I&E

Area of Review	Metric	Key Highlights	Actions	RAG
Financial Position	YTD Deficit £31.3m, £7.3m adverse to plan	The key drivers are underperformance in Outpatient activity, the prior year items previously notified and unidentified CIPs. The in month deficit is £6.5m, which is worse than recent months. Pay and non pay are in line with recent trends but SLA income is £2.9m lower due to fewer working days in August and further underperformance due to annual leave.	A turnaround reforecast is underway to be completed by November which will review the fundamental demand and capacity issues.	Red
Activity / Income	YTD £4.1m adverse to plan.	The key drivers are outpatient income (4% down on activity and income) and the prior year items. Emergency and A&E income collectively is slightly below plan, but most of this element of the contract is operated as a block which means that the under-performance is not reflected in reduced income. Elective income has improved in month.	Activity variances were challenged at the Divisional performance review meetings and actions agreed to investigate underperformance and to adjust for any unrecoverable variances in the reforecast process. Contracts team to negotiate income penalties and challenges with commissioners.	Red
Expenditure - Pay	YTD £3.3m adverse to plan	In August, the Trust incurred £38.4m of pay costs compared to £38.8m in July. Pay in-post represented 85% of costs in month compared to 86% in July. The element of the pay CIP target that has no 'Green' schemes to support it, created a £9.6m YTD adverse variance. Partially offsetting this are savings being made in nursing, non clinical staffing and professional and scientific pay which brings the overall adverse position on pay to £3.3m.	The Trust has adopted a Turnaround approach supported by KPMG to work with budget holders on increasing 'grip' of pay costs and developing / implementing credible CIP schemes.  Individual review of all non clinical agency staff and agreed exit dates and also reviewing clinical agency.	Red
Expenditure – Non Pay	YTD £0.1m favourable to plan	The element of the non-pay CIP target that has no 'Green' schemes to support it created a £3.8m YTD overspend. Partially offsetting this are savings made in a number of areas which bring the overall favourable position on non-pay to £0.1m.	The Trust has adopted a Turnaround approach supported by KPMG to work with budget holders on increasing 'grip' of non-pay costs and developing / implementing credible CIP schemes.	Green
CIP	YTD £1.9m adverse to plan	Year to date, the Trust has delivered £9.4m of savings, comprising £4.7m of CIPS (of which £3.0m are 'Green') and a further £4.7m of 'run-rate' and non-recurrent savings. This is a £6.5m adverse variance to the internal plan and £1.9m adverse to the Monitor plan.	Turnaround board established and progress on developing and implementing CIP schemes regularly challenge with Divisions.	Red

# 1 Month 05 Headlines & Actions – Cash and Capital

Area of Review	Metric	Key Highlights	Actions	RAG
Cash	Balance of £6.1m, £2.1m better than plan	The cash balance was £6.1m at 31 <sup>st</sup> August which is £2.1m favourable to plan. The adverse cash impact of the £0.8m revenue overspend was offset by an underspend on capital expenditure. The current cash forecast indicates the cash balance will be c£5m on 30th September – as required under the terms of the working capital facility (WCF). Since month-end the Trust has drawn down a further £9.42m under the WCF which is now fully utilised	As forecast in previous months the Trust will require access to a new ITFF loan/facility from October to secure sufficient cash until the level of interim support funding for the year is confirmed in January. Separate paper on F&P agenda.	
Capital	YTD spend £13.8m, £7.1m less than plan.	Capital expenditure was £1.8m in August, an under spend of £2.7m in month against the new reduced £48m capital programme agreed in June. The YTD figure of £13.8m is £7.1m less than the revised budget.	In order to support the cash position the Trust is continuing to slow down the rate of capital expenditure where possible until the discussions with Monitor on the interim support funding are concluded.	
FSRR (formally COSRR)	Rating of 1	The Trust scored a rating of 1 at M5, compared to a plan of 2, due to the adverse variance in YTD I&E performance.	To increase the rating to a 2, would require an improvement in the deficit variance to less than 2% of total income as the other metrics are driven by the overall deficit and the low cash balance.	

## 2 Overall Position

	Annual Budget £m	Current Budget £m	Current Amount £m	Current Variance (adv) / fav £m	YTD Budget £m	YTD Amount £m	YTD Variance (adv) / fav £m	%
SLA Income	624.36	50.11	48.99	(1.12)	252.89	248.84	(4.06)	-2%
Other Income	99.96	8.97	8.61	(0.37)	41.46	40.98	(0.49)	-1.2%
<b>Overall Income</b>	<b>724.32</b>	<b>59.08</b>	<b>57.59</b>	<b>(1.49)</b>	<b>294.36</b>	<b>289.81</b>	<b>(4.54)</b>	<b>-1.5%</b>
Pay	(450.38)	(38.09)	(38.36)	(0.26)	(186.56)	(189.89)	(3.33)	-1.8%
Non Pay	(283.42)	(23.71)	(22.83)	0.88	(117.18)	(117.11)	0.07	0.1%
<b>Overall Expenditure</b>	<b>(733.80)</b>	<b>(61.80)</b>	<b>(61.19)</b>	<b>0.61</b>	<b>(303.74)</b>	<b>(307.00)</b>	<b>(3.27)</b>	<b>-1.1%</b>
EBITDA	(9.48)	(2.72)	(3.59)	(0.87)	(9.38)	(17.19)	(7.81)	-83.3%
Dpn, PDC div etc	(36.72)	(3.02)	(2.91)	0.11	(14.56)	(14.08)	0.48	3.3%
<b>Surplus / (deficit)</b>	<b>(46.21)</b>	<b>(5.74)</b>	<b>(6.50)</b>	<b>(0.76)</b>	<b>(23.94)</b>	<b>(31.27)</b>	<b>(7.33)</b>	<b>-30.6%</b>

- The YTD deficit of £31.3m is £7.3m adverse to plan with the in month deficit of £6.5m being £0.8m adverse
- Income and Pay are adverse to plan YTD, with the main drivers being underperformance in Outpatient activity, the prior year costs previously notified and unidentified CIPs
- The pay adverse variance consists of £9.7m of unidentified CIPs offset by planned and unplanned underspends on Nursing, Scientific & Technical and Admin.
- The non pay favourable variance includes £3.8m of unidentified CIPs offset by underspends on clinical consumables, premises and release of some reserves.
- It is important to note that some £6.8m of additional CIP delivery has not achieved the milestones to be allocated in the ledger but is effectively held as favourable variances offsetting the £9.7m and £3.8m noted above.
- As noted previously, some £2.5m of prior year costs and income losses have contributed to the adverse position to date.

## 2 Overall Position – Adjusted Underlying

	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	YTD £m	Trends
<b>Reported Actuals</b>							
Income	56.4	57.6	57.7	60.5	57.6	289.8	
Pay	(37.4)	(37.4)	(38.0)	(38.8)	(38.4)	(189.9)	
Non pay	(23.5)	(25.9)	(22.8)	(22.1)	(22.8)	(117.1)	
Post EBITDA	(3.0)	(2.7)	(2.6)	(2.9)	(2.9)	(14.1)	
<b>Reported Deficit</b>	<b>(7.6)</b>	<b>(8.3)</b>	<b>(5.7)</b>	<b>(3.3)</b>	<b>(6.5)</b>	<b>(31.3)</b>	
<b>Adjustments</b>							
Income	0.3	0.7	0.2	0.0	0.0	1.2	prior yr
Non pay	0.3	1.0	0.0	0.0	0.0	1.3	prior yr
Pay	(0.3)	(0.3)	(0.3)	0.9	0.0	0.0	interim contractors
Non pay	0.3	0.3	0.3	(0.9)	0.0	0.0	interim contractors
Non pay		0.2	0.4		(0.6)	0.0	transfers to capital
Non pay			0.3	0.3	0.7	1.3	Turnaround/PWC non rec
Non pay	0.3	0.3	0.3	(0.9)	0.0	0.0	accrued contingency
<b>Adjustments</b>	<b>0.9</b>	<b>2.2</b>	<b>1.2</b>	<b>(0.6)</b>	<b>0.1</b>	<b>3.8</b>	
<b>Underlying actuals</b>							
Income	56.7	58.3	57.9	60.5	57.6	291.0	
Pay	(37.7)	(37.7)	(38.3)	(37.9)	(38.4)	(189.9)	
Non pay	(22.6)	(24.0)	(21.5)	(23.6)	(22.7)	(114.5)	
Post EBITDA	(3.0)	(2.7)	(2.6)	(2.9)	(2.9)	(14.1)	
<b>Underlying Deficit</b>	<b>(6.7)</b>	<b>(6.1)</b>	<b>(4.5)</b>	<b>(3.8)</b>	<b>(6.4)</b>	<b>(27.5)</b>	
Costs / income (%)	111.7%	110.5%	107.7%	106.3%	111.1%	109.4%	

- The table shows the Trust underlying position stripping out the impact of prior year adjustments, the recategorisation of interim contractors costs between pay and non pay, revenue expenditure transferred to capital and the non recurrent PWC and Turnaround costs..
- For Month 5 the trend has worsened although this can largely be attributed to the lower level of SLA income expected in August due to impact of holidays and fewer working days to see elective inpatients and outpatients. Pay and non pay are close to previous trends

### 3 SLA Income

Variance YTD 2015/16 (adv) / fav	CWDT £m	CSD £m	Medicine & CV £m	Surgery & Neuro £m	Overheads £m	Central £m	Grand Total £m
SLA A&E	0.00	(0.04)	(0.04)	0.00	0.00	(0.05)	(0.13)
SLA Bed Days	(0.08)	(0.17)	0.00	(0.15)	0.00	0.00	(0.40)
SLA Daycase	0.16	0.00	0.04	0.13	0.00	0.00	0.33
SLA Elective	(0.37)	0.00	(0.00)	0.90	0.00	0.00	0.52
SLA Exclusions & Prog.	0.09	(0.01)	0.13	0.22	(0.05)	0.00	0.38
SLA Non Elective	0.45	0.00	0.43	(0.50)	0.00	(0.42)	(0.04)
SLA Other	(0.07)	(0.04)	(0.37)	(0.34)	(0.00)	(1.54)	(2.37)
SLA Outpatients	(0.86)	(0.84)	(0.85)	0.08	0.19	(0.08)	(2.34)
<b>Grand Total</b>	<b>(0.68)</b>	<b>(1.10)</b>	<b>(0.67)</b>	<b>0.33</b>	<b>0.14</b>	<b>(2.08)</b>	<b>(4.06)</b>

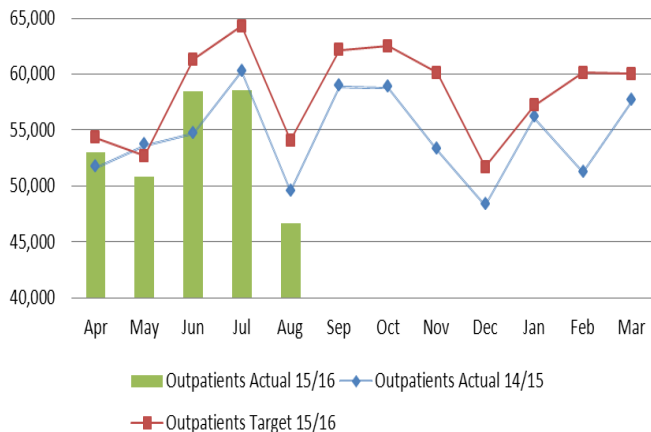
Variance Current Month (adv) / fav	CWDT £m	CSD £m	Medicine & CV £m	Surgery & Neuro £m	Overheads £m	Central £m	Grand Total £m
SLA A&E	0.00	(0.02)	(0.01)	0.00	0.00	(0.01)	(0.04)
SLA Bed Days	(0.06)	(0.11)	0.00	(0.18)	0.00	0.00	(0.36)
SLA Daycase	0.03	0.00	0.05	(0.00)	0.00	0.00	0.08
SLA Elective	(0.04)	0.00	0.19	0.44	0.00	(0.06)	0.53
SLA Exclusions & Prog.	0.07	(0.02)	0.04	0.11	0.03	0.00	0.23
SLA Non Elective	0.07	0.00	(0.01)	(0.17)	0.00	(0.11)	(0.21)
SLA Other	0.01	(0.22)	(0.12)	0.03	0.06	(0.34)	(0.59)
SLA Outpatients	(0.33)	(0.10)	(0.23)	0.02	(0.09)	(0.02)	(0.75)
<b>Grand Total</b>	<b>(0.26)</b>	<b>(0.48)</b>	<b>(0.10)</b>	<b>0.24</b>	<b>(0.00)</b>	<b>(0.53)</b>	<b>(1.12)</b>

- SLA income in total is cumulatively £4.1m behind plan. Adjusting for prior period issues £1.2m, the underlying variance would be £2.9m (1.2%) adverse to plan
- As noted in Appendix H, the Trust has changed the way it treats 'excluded' drugs by re-profiling the in-month income and expenditure budget to remove the variances. To date £2.6m has been removed from income and expenditure budgets.
- The main POD behind plan is Outpatients with many specialties under plan. Nelson activity has been profiled to reflect a slow start and the level of activity is under performing although the Trust is working to book more patients in.
- An important part of the SLA with local CCGs is a block around emergency activity supported by additional investment in capacity. Emergency activity for these CCGs is below target by £0.3m and on the basis that this is a block, the income has been increased leaving no variance for these CCGs.
- Estimates of penalties and KPI challenges are £2.5m against the budget of £1.9m YTD. This adverse variance is included in SLA Other (together with the prior year items)
- All SLA income is now included in one SLAM system covering Acute, QMH, Community and the Nelson.
- Trends of income and activity are shown on the following pages.

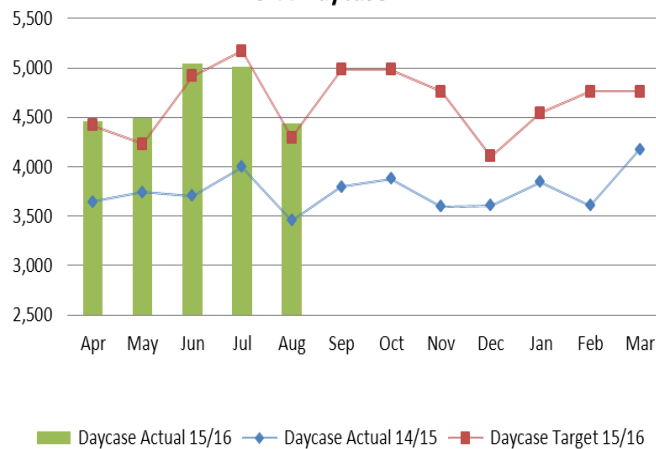


# 3 Activity - 2015/16 actuals vs 2015/16 plan vs 2014/15 actuals

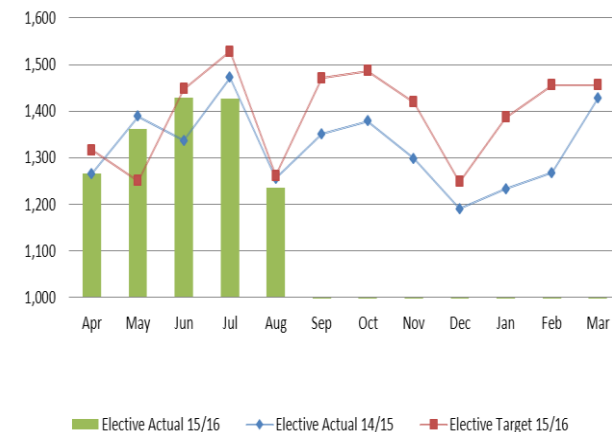
### SLA Outpatients



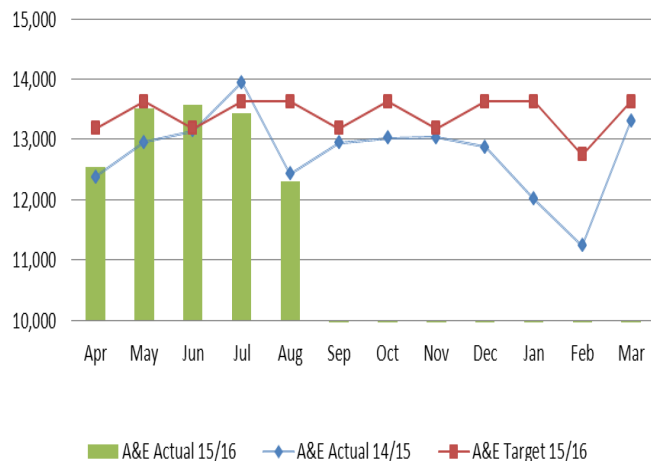
### SLA Daycase



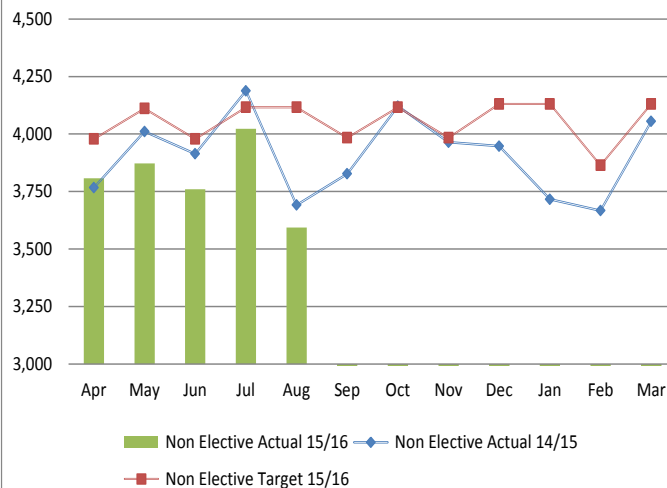
### SLA Elective



### SLA A&E



### Non Elective



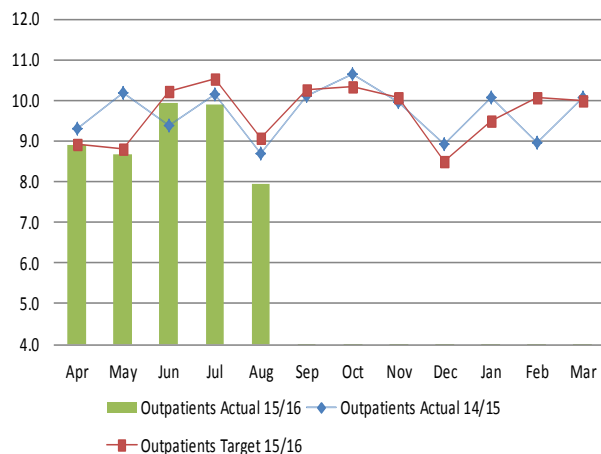
For month 5, there is a significant fall in Outpatients and A&E attendances and for Non elective activity compared to previous months and they are all significantly below the plans for the month

Whilst Daycase and Elective activity also reduced from the previous months they are close to the plan for month 5.

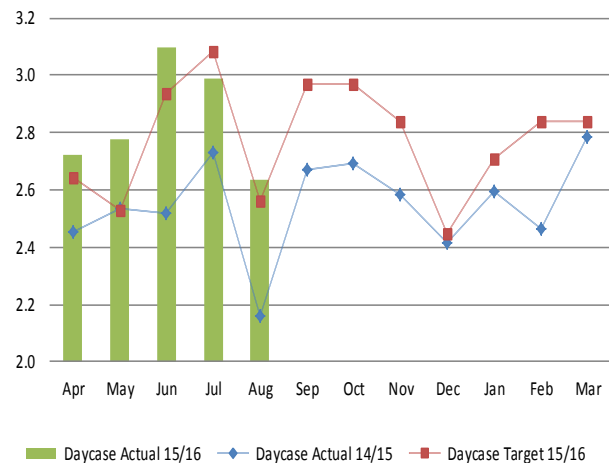
The month 5 plans for Outpatients, Daycase and Elective are lower than previous month due to the fewer working days in the month

# ③ Income – 2015/16 actuals vs 2015/16 plan vs 2014/15 actuals

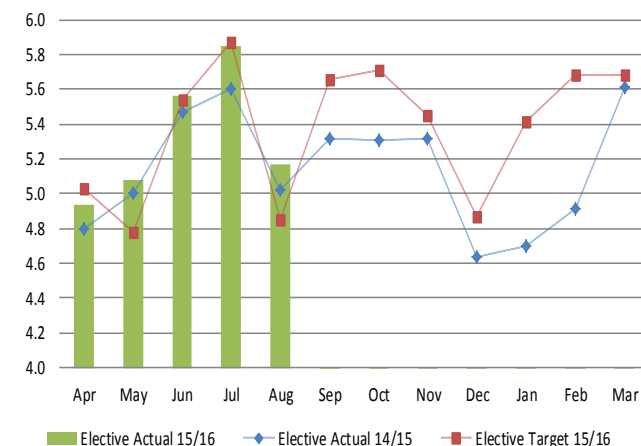
### SLA Outpatients £m



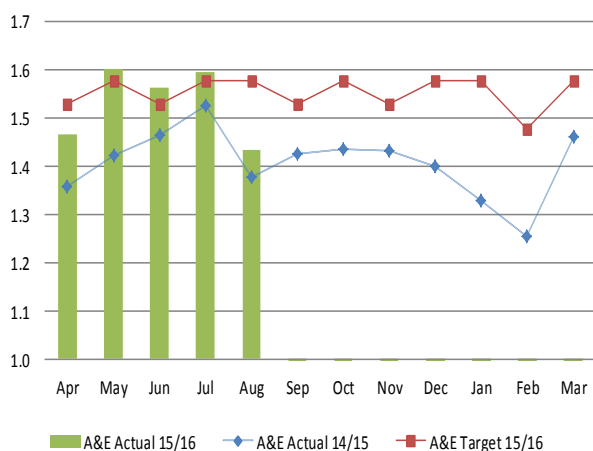
### SLA Daycase £m



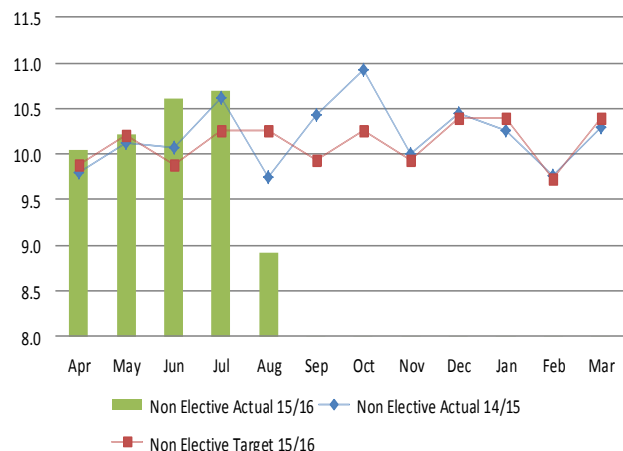
### SLA Elective £m



### SLA A&E £m



### Non Elective £m



For M05, there is a significant fall in Outpatients, A&E and Non elective income compared to previous months and they are all significantly below the plans for the month

Whilst Daycase income also reduced from the previous months it is close to the plan for M05

Elective income also reduced from previous months is over plan for the month due to additional cardiac surgery cases

The month 5 plans for Outpatients, Daycase and Elective are lower than previous month due to the fewer working days in the month

## ③ SLA Income – Commissioner Analysis

All Figures in £m's Month 05	Annual Budget	YTD Budget	Actual	Variance fav/(adv)
NHSE Specialist	212.85	85.70	89.60	3.90
NHSE Public Health	23.71	9.75	9.87	0.11
NHSE Secondary Dental Care Services	8.56	3.54	3.68	0.14
NHSE Cancer Drugs Fund	2.88	1.13	1.12	(0.00)
Public Health England	0.86	0.36	0.42	0.06
<b>Subtotal NHSE</b>	<b>248.87</b>	<b>100.48</b>	<b>104.69</b>	<b>4.21</b>
NHS Wandsworth CCG	146.88	60.89	61.63	0.74
NHS Merton CCG	58.53	24.25	25.66	1.41
NHS Lambeth CCG	19.96	8.27	8.52	0.25
NHS Croydon CCG	21.33	8.82	9.38	0.56
NHS Sutton CCG	13.56	5.61	5.47	(0.14)
NHS Kingston CCG	12.91	5.35	5.00	(0.35)
NHS Richmond CCG	11.82	4.90	4.93	0.04
Surrey CCG	20.02	8.27	8.10	(0.17)
Other CCGs	21.25	8.43	7.36	(1.07)
<b>Subtotal CCGs</b>	<b>326.26</b>	<b>134.78</b>	<b>136.03</b>	<b>1.25</b>
NCA	7.79	3.22	3.61	0.39
Other Trusts	1.06	0.44	0.53	0.09
Other Local Authority	7.18	3.24	3.14	(0.10)
<b>Subtotal CCGs</b>	<b>16.03</b>	<b>6.90</b>	<b>7.28</b>	<b>0.38</b>
Internal Targets: Growth, Business Cases etc	25.60	7.58	-2.29	(9.87)
Ex SLA Income	7.60	3.15	3.12	(0.03)
<b>Total NHS Healthcare Income</b>	<b>624.36</b>	<b>252.89</b>	<b>248.84</b>	<b>(4.06)</b>

This table shows the Trust's performance against the contract values agreed with each major commissioner.

For the YTD, the Trust is significantly overperforming on the NHSE contracts and local CCGs - Wandsworth, Merton and Croydon.

The Trust has set additional internal targets to reflect activity that is planned but was not commissioned in the contract values. Taking this into account overall the Trust is underperforming its total planned activity targets by £4.1m YTD.

## ③ Provision for SLA Penalties & Challenges

ANNUAL BUDGET	£'000	ACTUAL					YTD	BUDGET	VAR
		M1	M2	M3	M4	M5		YTD	YTD
1,200	RTT 18 weeks	197	117	75	151	136	676	500	(176)
0	RTT 52 weeks	20	5	0	15	20	60	0	(60)
360	A&E 4 hour wait	52	21	52	60	11	196	150	(46)
240	Ambulance handovers	29	24	33	25	27	138	100	(38)
100	Diagnostic waits	25	29	5	8	6	73	42	(31)
80	Cancer	7	7	7	7	7	35	33	(2)
0	MRSA	20	0	0	0	0	20	0	(20)
0	Never events	2	2	2	2	2	10	0	(10)
570	Readmissions to SGH	63	49	52	26	47	237	238	1
90	Readmissions critical care	6	4	6	14	8	38	38	(1)
440	Readmissions to other	64	64	64	64	65	322	183	(139)
<b>3,080</b>	<b>National terms</b>	<b>485</b>	<b>322</b>	<b>296</b>	<b>372</b>	<b>329</b>	<b>1,805</b>	<b>1,283</b>	<b>(522)</b>
600	Follow up ratio	50	51	50	51	50	252	250	(2)
140	Follow up ratio QMH	29	28	25	27	29	138	58	(80)
370	DC to OP adult	31	30	38	26	32	157	154	(3)
80	DC to OP paed	7	6	5	8	7	33	33	0
120	High Cost Drugs	11	11	11	11	11	55	50	(5)
120	Automated challenges		11	15	14	14	54	50	(4)
<b>1,430</b>	<b>Local terms</b>	<b>128</b>	<b>137</b>	<b>144</b>	<b>137</b>	<b>143</b>	<b>689</b>	<b>596</b>	<b>(93)</b>
<b>4,510</b>	<b>Total</b>	<b>613</b>	<b>459</b>	<b>440</b>	<b>510</b>	<b>472</b>	<b>2,495</b>	<b>1,879</b>	<b>(616)</b>

The budget for SLA national penalties and local contract term challenges is £4.5m for the year, and £1.9m YTD. The provision calculated in the table is for £2.5m, an adverse variance of £0.6m.

The basis of the RTT 18 week penalty has been changed and backdated to the start of the year and is now measured on incomplete pathways only with target of 92%.

The M05 numbers consists of known Q1 challenges and some estimates based on the month 4 position.

These amounts have now all been allocated to Divisions and their performance will be monitored going forward.

Penalties for local KPIs are capped at 14/15 levels although we are currently below this cap at M5.

## 4 Pay costs

Variance YTD 2015/16 (adv) / fav	CWDT £m	CSD £m	Medicine & CV £m	Surgery & Neuro £m	Overheads £m	R&D £m	SWL Path £m	Central £m	Grand Total £m
Pay Consultants	(0.21)	0.00	0.20	(0.22)	0.01	(0.01)	(0.06)	(0.06)	(0.35)
Pay Jnr Drs	0.09	(0.35)	(0.03)	0.08	0.07	0.01	0.00	0.00	(0.12)
Pay Non Clinical	0.34	0.16	(0.01)	(0.04)	0.93	(0.39)	0.09	(0.10)	0.99
Pay Nursing	1.09	1.29	0.75	1.53	0.05	(0.04)	(0.01)	0.08	4.73
Pay Other	(0.05)	0.00	(0.24)	(0.51)	(0.00)	(0.00)	0.05	0.00	(0.75)
Pay Sci, Techs, Therap	0.65	0.40	0.08	0.20	0.19	(0.00)	0.06	0.00	1.57
Pay Unallocated CIP	(2.32)	(1.75)	(2.62)	(1.83)	(0.88)				(9.41)
Grand Total	(0.42)	(0.25)	(1.87)	(0.79)	0.38	(0.43)	0.13	(0.08)	(3.33)

Variance Current Month (adv) / fav	CWDT £m	CSD £m	Medicine & CV £m	Surgery & Neuro £m	Overheads £m	R&D £m	SWL Path £m	Central £m	Grand Total £m
Pay Consultants	0.11	0.03	0.09	(0.19)	(0.04)	(0.01)	0.08	0.00	0.07
Pay Jnr Drs	(0.03)	(0.10)	(0.01)	0.01	0.02	0.00	0.00	0.00	(0.11)
Pay Non Clinical	(0.01)	0.07	(0.10)	(0.01)	0.27	(0.11)	0.03	0.00	0.14
Pay Nursing	0.12	0.35	0.23	0.23	0.00	(0.02)	(0.00)	0.00	0.90
Pay Other	(0.04)	0.00	(0.18)	(0.10)	0.00	(0.00)	0.01	0.00	(0.32)
Pay Sci, Techs, Therap	0.06	0.04	0.02	(0.02)	0.05	0.00	(0.01)	0.00	0.13
Pay Unallocated CIP	(0.19)	(0.39)	(0.40)	0.04	(0.14)				(1.08)
Grand Total	0.01	(0.00)	(0.36)	(0.05)	0.16	(0.14)	0.11	0.00	(0.26)

- In month 5 total pay expenditure of £38.4m (M4 £38.8m) was £0.3m adverse (M4 £0.8m adv) and is cumulatively £3.3m over budget.
- Total pay fell compared to last month which included a back dated impact of the change in accounting treatment for Interim contractors who were previously recorded as consultancy under non pay but are now properly included under pay. Stripping out the backdated impact pay was £0.2m higher.
- There has been an increase in Agency of £0.6m primarily in Nursing due to change estimation of unpaid costs for nurses not booked through the e-roster system.
- Overall agency costs rose from 9% to 10% of total pay and bank unchanged at 4.5%.
- All clinical divisions have YTD adverse overall variances for pay.
- As noted in the CIP section the unidentified CIP balance of £9.4m is after only allocating Green rated schemes to specific cost codes. Further schemes are reporting as achieving after including amber and run rate schemes and these reflect the favourable variances on staff group lines
- The unidentified CIP balance has been split 80% to pay and 20% to non-pay (except in Estates which has used the reverse percentages) after the green rated schemes have been allocated to specific cost centre/account codes
- It should be noted that all Divisions are achieving an element of their run-rate targets and that this reduces the variance from unidentified CIPs

# 4 Pay trend (1)

Chart showing substantive and contingent staffing trend

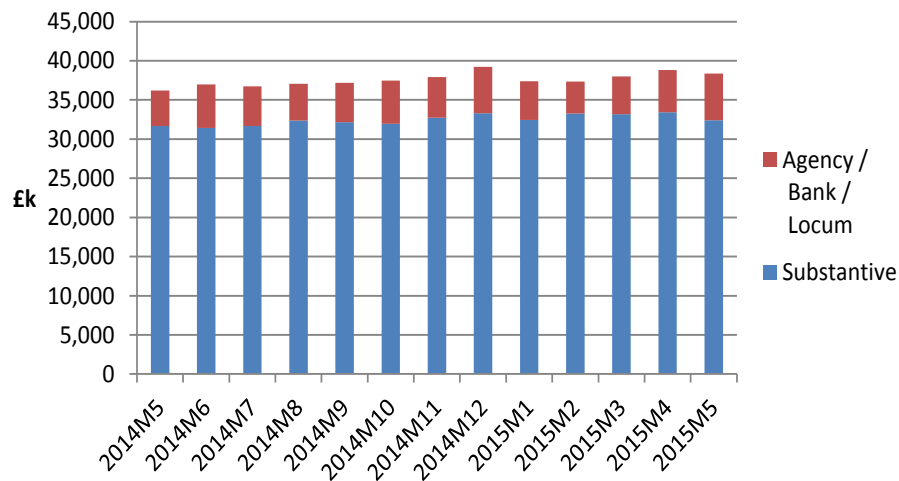
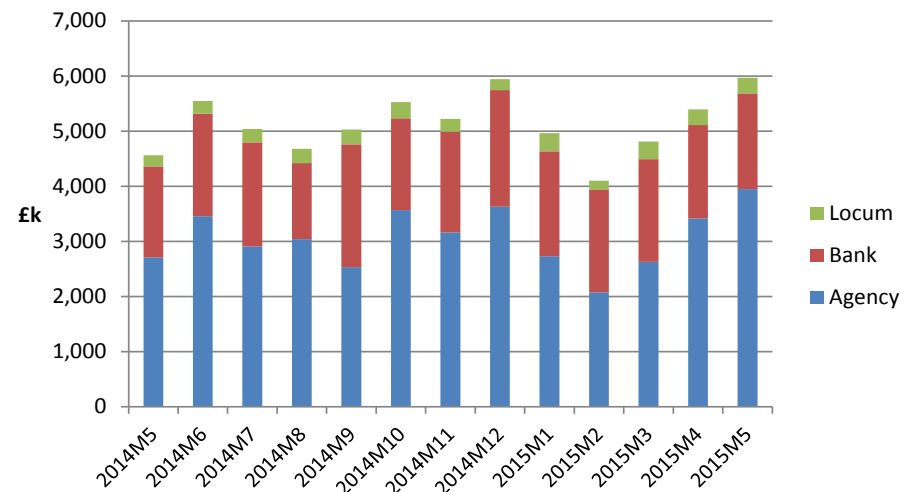


Chart showing contingent staffing split by component

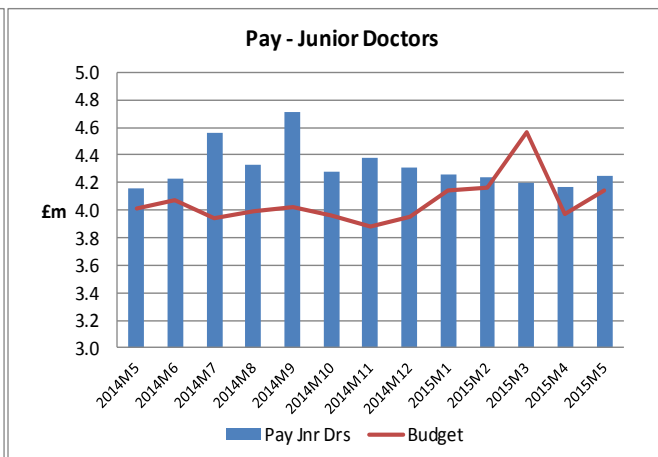
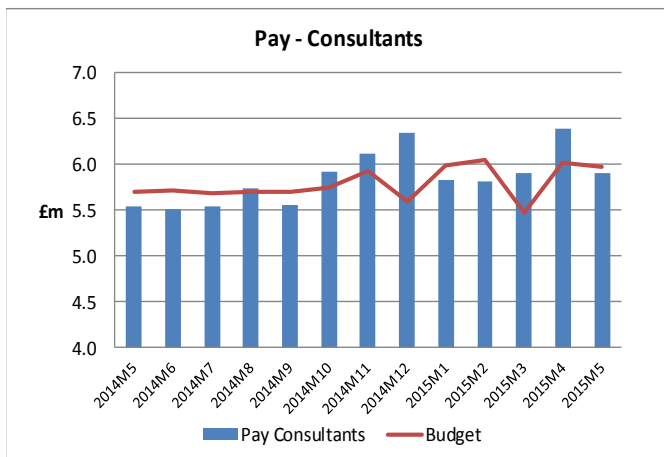
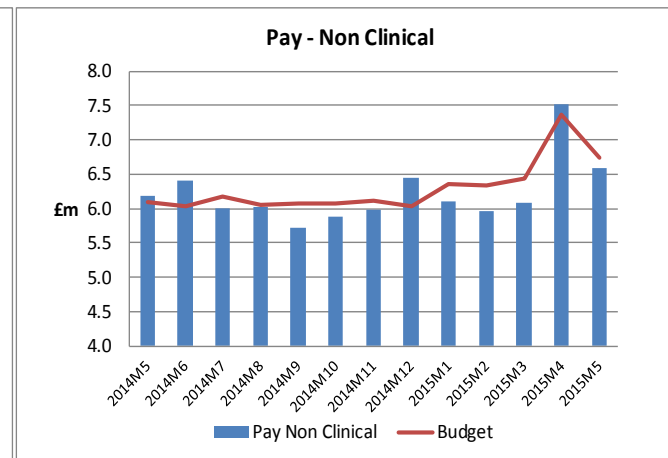
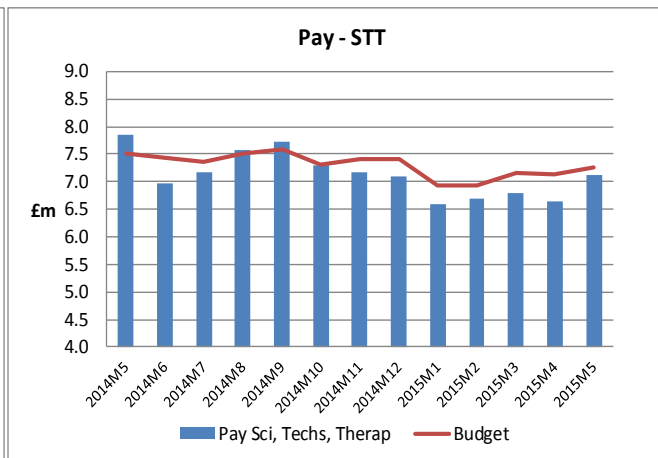
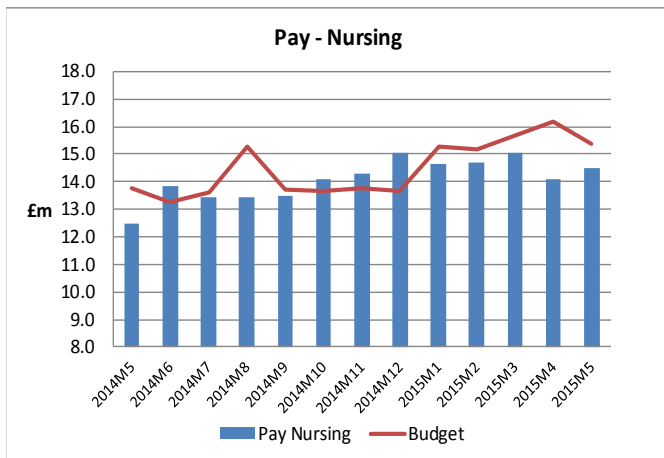


monthly trend	prev £k	current £k	trend % change
Substantive	164.38	136.74	0.4% better
Agency /Bank / Locum	-8.91	29.01	0.5% worse
<b>Total</b>	<b>155.47</b>	<b>165.76</b>	<b>0.4% worse</b>

monthly trend	prev £k	current £k	trend % change
Agency	-28.25	20.06	0.5% worse
Bank	16.37	4.94	0.3% better
Locum	2.98	4.01	1.4% worse
<b>Total</b>	<b>-8.91</b>	<b>29.01</b>	<b>0.5% worse</b>

- Total pay of £38.4 in month 5 is £2.2m (6%) higher than the same month last year. Of which 2.5% can be attributed to Pay inflation as noted below,
- There is a small increase in the rate of total pay increase per month from £155k (0.4%) to £166k (0.4%).
- The average rate of temporary agency spend has risen by £20k over the past year while bank usage has risen marginally by £4k mainly due to the initiative to increase bank use of admin staff.
- Pay costs increase for pay awards inflation, increments, pensions changes and service developments, and reduce through reduction in agency premiums, staff utilisation and CIP schemes.

## 4 Pay trend (2)



- Nursing and Consultants remain the main drivers of the annual trended increase in pay. Total nursing costs rose in month 5 due to catch up arising from change in estimation of unpaid agency shifts for areas not on e-roster system. Total consultants costs fell back in month 5.
- Non clinical pay fell compared to last month as that contained the impact of changing accounting treatment of Interim contractors from non pay consultancy to a pay cost category had a one off backdating impact on month 4.

## 5 Non pay costs

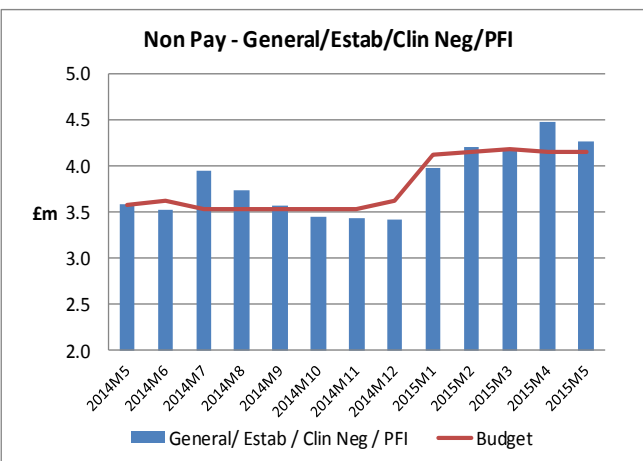
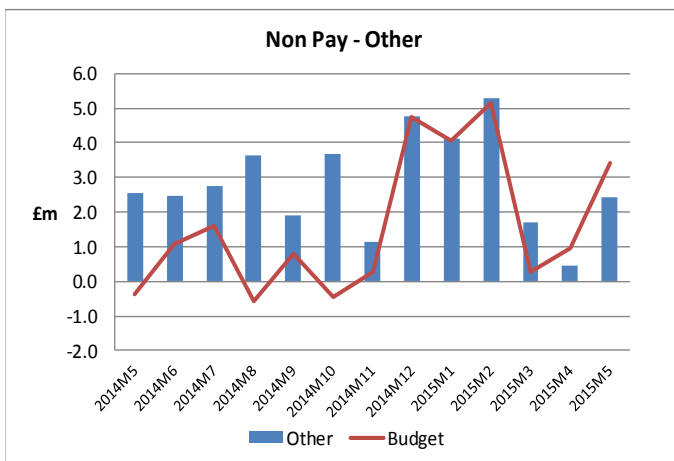
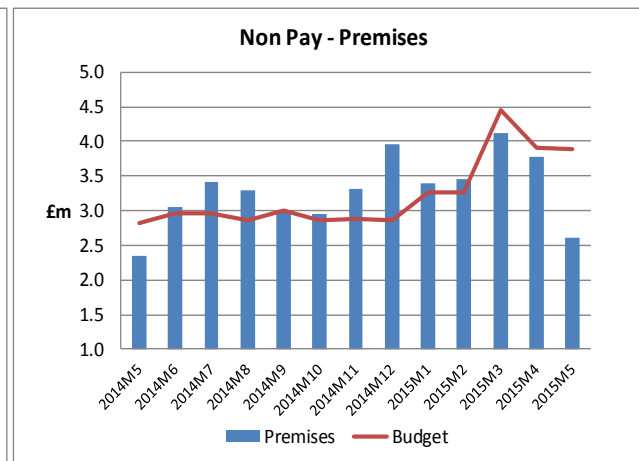
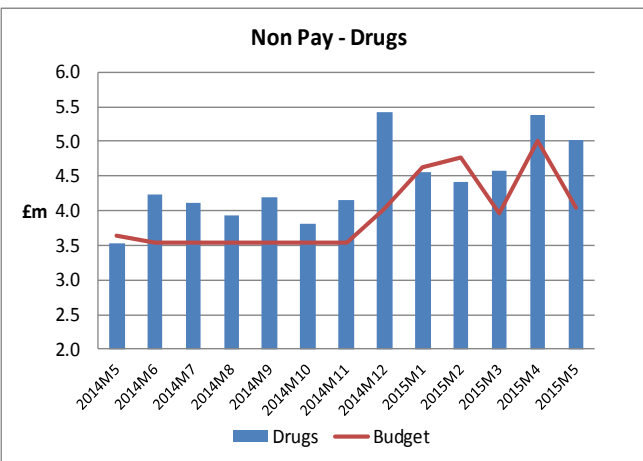
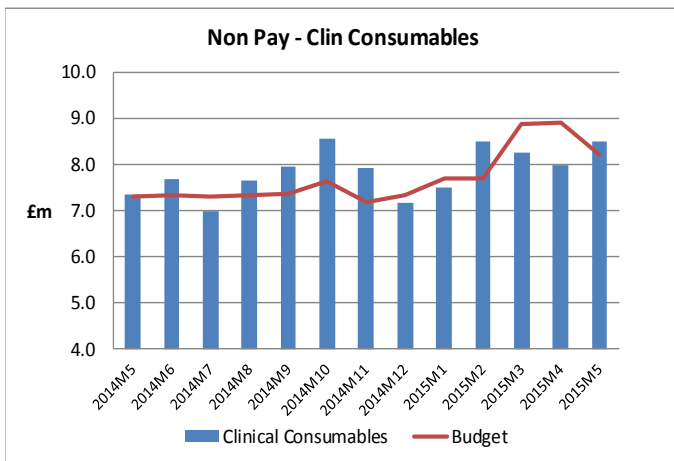
Variance YTD 2015/16 (adv) / fav	CWDT £m	CSD £m	Medicine & CV £m	Surgery & Neuro £m	Overheads £m	R&D £m	SWL Path £m	Reserves / Central £m	Grand Total £m
Clinical Consumables	0.28	0.41	(0.09)	0.59	(0.10)	(0.00)	0.11	0.00	1.19
Drugs	(0.28)	(0.22)	(0.71)	(0.30)	0.01	0.00	(0.00)	0.00	(1.50)
Other	(0.16)	0.25	0.12	0.06	(0.29)	0.13	0.19	0.00	0.31
Premises	0.10	0.02	0.10	0.04	1.03	0.00	(0.08)	0.00	1.22
Clinical Negligence	0.00	(0.00)	0.00	(0.00)	(0.12)	0.00	(0.07)	0.00	(0.20)
NHS and External Facilities	0.05	0.27	(0.02)	(0.46)	(0.00)	0.00	0.03	0.00	(0.13)
True Reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.94	1.94
Prior Year Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(1.30)	(1.30)
Central Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.38	2.38
CIP Unallocated	(0.73)	(0.46)	(0.92)	(0.52)	(1.21)	0.00	0.00	0.00	(3.84)
<b>Grand Total</b>	<b>(0.74)</b>	<b>0.28</b>	<b>(1.52)</b>	<b>(0.60)</b>	<b>(0.69)</b>	<b>0.13</b>	<b>0.18</b>	<b>3.02</b>	<b>0.07</b>

Variance Current Month (adv) / fav	CWDT £m	CSD £m	Medicine & CV £m	Surgery & Neuro £m	Overheads £m	R&D £m	SWL Path £m	Reserves / Central £m	Grand Total £m
Clinical Consumables	(0.09)	0.04	(0.14)	0.01	0.01	(0.00)	(0.05)	0.00	(0.21)
Drugs	(0.12)	0.03	(0.55)	(0.36)	0.01	0.00	(0.00)	0.00	(0.99)
Other	(0.02)	(0.01)	0.14	(0.06)	(0.71)	0.03	0.20	0.00	(0.44)
Premises	0.02	0.02	0.02	0.00	0.70	0.00	0.08	0.00	0.84
Clinical Negligence	0.00	(0.00)	0.00	(0.00)	(0.01)	0.00	(0.07)	0.00	(0.07)
NHS and External Facilities	0.01	0.29	0.12	(0.09)	0.02	0.00	0.24	0.00	0.60
True Reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.90	0.90
Prior Year Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Central Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.21	1.21
CIP Unallocated	(0.17)	(0.09)	(0.23)	(0.30)	(0.16)	0.00	0.00	0.00	(0.95)
<b>Grand Total</b>	<b>(0.38)</b>	<b>0.29</b>	<b>(0.65)</b>	<b>(0.79)</b>	<b>(0.14)</b>	<b>0.03</b>	<b>0.41</b>	<b>2.11</b>	<b>0.88</b>

- Overall non pay spend is close to budget, despite the impact of the prior year costs previously reported
- As noted in the CIP section the unidentified CIP balance of £3.8m is after only allocating Green rated schemes to specific cost codes. Further schemes are reporting as achieving after including amber schemes and these reflect the favourable variances on other lines
- Unallocated CIP targets have been split 80% to pay and 20% to non-pay, except in Estates which has used the reverse percentages
- Clinical consumables spend rose by £0.5m in M5 but is underspent YTD by £1.2m after excluding prior year costs.
- As noted in Appendix H, the Trust has changed the way it treats 'excluded' drugs by re-profiling the in-month income and expenditure budget to remove the variances. To date £2.6m has been removed from income and expenditure budgets.
- Expenditure on Drugs was £0.3m lower than M4 but there is a £1.5m YTD adverse variance, after making the phasing adjustment for High Cost Drugs. A detailed review of HCD expenditure and income is being undertaken to ensure that all relevant charges are being made
- Premises costs reduced due to lower site maintenance costs incurred and favourable adjustment of disputed estates contractor costs.
- Please note as per pay section, that interim contractors were reclassified from non pay other to pay, last month. There has been some budget realignment as a result of this.



# 5 Non pay trends



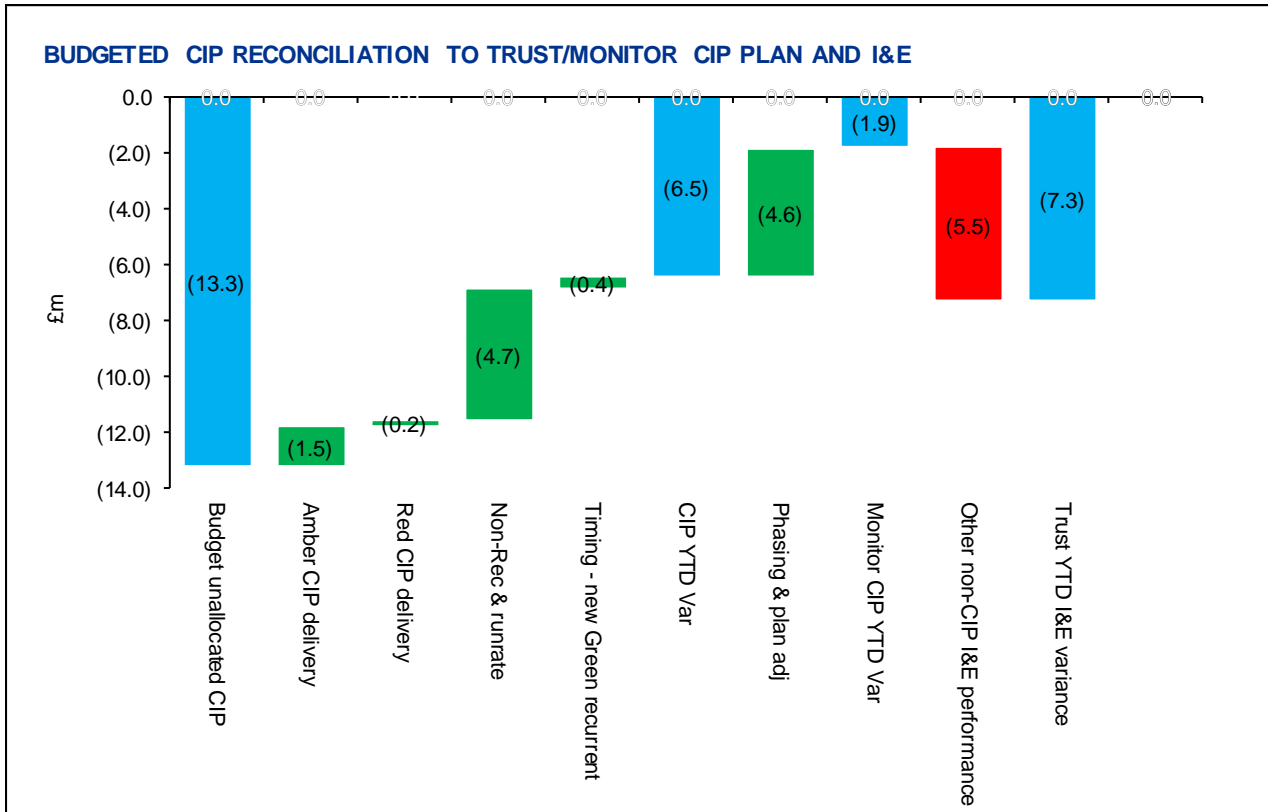
Overall Non pay expenditure has increased over the last year.. This is largely driven by increased CNST costs, reclaimable drugs costs, new premises costs and use of external facilities. The increase in consumables is largely due to reclaimable exclusions. Premises costs reduction in M5 is due to £0.6m expenditure that has now been capitalised and £0.5m reduction compared to M4 in IT costs due to the reclassification of professional services costs .

## ⑥ Trust CIP performance

- The CIP target for 2015/16 is £38.1m and this is profiled in the budget in equal twelfths. The Monitor target is £34.2m (90%) which has a different profile to that set out in the budget.
- Year to date, the Trust has delivered £9.4m of savings, comprising £4.7m of CIPS (of which £3.0m is from 'Green' schemes) and a further £4.7m of non-recurrent and run rate/vacancy control savings. This represents a £6.5m adverse variance to the planned £38.1m CIP target (£1.9m adverse to Monitor).
- Total CIPs have decreased by £2.5m. These are mainly from Medcard not forecasting runrate savings through the remainder of the year, resulting in £1.7m being removed from the Red runrate forecast, Procurement full year forecast has decreased by £0.3m, £0.1m removed from Imatinib savings in Spec Med, HR removed schemes valued at £0.1m and reduced forecasts across a number of schemes in Neuro.
- Green CIPS total £9.5m being a £2.0m increase on M04 as further schemes have been added and progressed through governance reviews.
- Run-rates/non-recurrent are being counted against the CIP target and therefore there are currently no mitigations to the £7.3m I&E underperformance. The divisions are being tasked with developing schemes to close the gap in full and the consequences thereof will be considered at TAB.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	SUM		
TRUST TARGET	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	38.1		
ACHIEVED YTD / FORECAST :														M4 F&P	CHANGE
GREEN CIPS	0.6	0.5	0.6	0.9	0.4	0.9	1.0	0.9	0.9	1.0	0.9	0.9	9.5	7.5	2.0
AMBER CIPS	0.5	0.4	0.2	0.2	0.2	0.5	0.6	0.7	0.7	0.7	0.8	0.8	6.2	7.6	-1.3
RED CIPS	0.1	0.1	-0.2	0.1	0.1	0.2	0.4	0.4	0.4	0.4	0.4	0.4	2.8	4.1	-1.3
DELIVERED RUNRATES/NON-RECURRENT	1.3	1.5	0.8	0.5	0.6								4.7	4.1	0.6
FORECAST RUNRATES					0.0	1.1	0.9	0.7	0.7	0.7	0.7	0.7	5.3	7.8	-2.5
YTD	2.5	2.5	1.3	1.7	1.3	2.7	2.8	2.6	2.7	2.8	2.8	2.8	28.6	31.1	-2.5
TRUST CIP VARIANCE	-0.7	-0.7	-1.8	-1.4	-1.8										
YTD TRUST CIP VARIANCE VAR	-0.7	-1.4	-3.2	-4.6	-6.5										
FYFC CIP VARIANCE - GREEN FC ONLY															-22.2
FYFC CIP VARIANCE - GREEN& AMBER FC															-17.4
FYFC CIP VARIANCE - ALL RAG, N/R & RUNRATES															-9.5
MONITOR TOTAL TARGET	2.2	2.2	2.3	2.3	2.3	2.4	3.1	3.1	3.1	3.8	3.8	3.8	34.2		
TRUST TARGET	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	38.1		
DIFFERENCE	-1.0	-1.0	-0.9	-0.9	-0.9	-0.8	-0.1	-0.1	-0.1	0.6	0.6	0.6	-3.9		
MONITOR VAR	0.4	0.3	-1.0	-0.6	-1.0	-0.8	-1.2	-1.1	-1.1	-1.6	-1.7	-1.7	-11.0		
YTD MONITOR VAR	0.4	0.7	-0.3	-0.9	-1.9										

# ⑥ Budgeted CIP reconciliation to Trust & Monitor CIP reporting and I&E



Budgets show an unallocated CIP of £13.3m across Pay and Non-pay in the divisions.

The reported YTD adverse against CIP target is £6.5m.

The difference represents CIPs delivered which have not been moved out of the CIP unidentified budget line due to timing or RAG rating.

CIP reporting is against the £38.1m internal target. The difference between the Monitor target and the internal target is £4.6m ( £3m phasing and £1.6m adjusted 90% target). In months 1-6 the phasing adjustment improves the Trust I&E by lessening the impact of adverse CIP. From M7 the phasing in of higher monthly targets will expose the adverse CIP performance.

Adverse non-CIP I&E is £5.5m of the trusts overall £7.3m I&E deficit.

Runrate and non-recurrent schemes are reported against CIP and are therefore not available to offset this adverse performance and further mitigations need to be found to ensure delivery of the trust's £46m deficit plan.

# 7 Divisional Summaries

## KEY HEADLINES

Area of Review	Key Highlights
CWDT	Division is £1.7m adverse to plan YTD, driven by underperformance in SLA income re the cessation of the Urogynaecology service, and pay and non pay overspends due to unidentified CIPs. Redeployment of staff and transfer of patients in Urogynaecology.
CSD	Division is £1.1m adverse to plan YTD, largely driven by underperformance in SLA outpatient income across a number of services at QMH. Division engaged with other services to resolve this issue.
Medicine & Cardiovascular	Division is £4.2m adverse to plan YTD. SLA income is £0.7m adverse due to underperformance on Outpatients. Pay is £1.9m and non pay £1.5m adverse. These are driven by unidentified CIPs and drugs overspend. Rechargeable high cost drugs being checked to ensure all income due is received
SNTC	Division is £1.5m adverse to plan YTD, driven by pay overspend of £0.8m and non pay overspend of £0.6m. These are driven by unidentified CIPs, use of external providers and drugs overspend. Rechargeable high cost drugs being checked to ensure all income due is received
Overheads	Division is £0.3m adverse to plan YTD, driven by SWL Pathology recharges and additional turnaround costs.

# CWDT - Divisional I&E

	2015/16 Annual Budget	Previous Months Actuals Trend			2015/16 Current			2015/16 YTD		
		Actual M2 £m	Actual M3 £m	Actual M4 £m	Budget M5 £m	Actual M5 £m	Variance M5 £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
SLA Income	127.92	11.13	11.52	10.05	10.23	9.97	(0.26)	51.64	50.96	(0.68)
Other Income	18.93	1.95	2.04	1.70	1.97	1.79	(0.18)	7.87	8.04	0.17
Pay	(125.33)	(10.26)	(10.16)	(10.04)	(10.45)	(10.43)	0.01	(51.08)	(51.50)	(0.42)
Non Pay	(24.87)	(3.93)	(4.54)	(2.51)	(1.73)	(2.10)	(0.38)	(10.18)	(10.91)	(0.73)
Other	(6.45)	(0.59)	(0.60)	(0.54)	(0.54)	(0.56)	(0.02)	(2.69)	(2.71)	(0.02)
Grand Total	(9.79)	(1.70)	(1.74)	(1.34)	(0.51)	(1.33)	(0.82)	(4.44)	(6.12)	(1.69)

YTD Var 2015/16 (adv) / fav	Childrens Services £m %		Critical Care £m %		CWDT Division Management £m %		Diagnostics £m %		Outpatients £m %	
SLA Income	0.81	5.5%	(0.11)	-0.9%	0.00		0.04	0.5%	0.00	
Other Income	0.01	0.8%	(0.04)	-10.1%	0.00		(0.03)	-1.1%	(0.01)	-23.1%
Pay	(0.39)	-3.1%	(0.40)	-4.6%	(0.04)	-8.4%	(0.09)	-1.1%	0.20	4.2%
Non Pay	(0.16)	-7.3%	(0.11)	-6.7%	(0.00)		0.07	2.3%	(0.48)	-322.9%
Other	(0.00)	0.0%	0.00	0.3%	0.00	0.0%	(0.02)	-2.3%	(0.00)	-0.4%
Grand Total	0.27	31.1%	(0.66)	-27.0%	(0.04)	-8.5%	(0.03)	-1.1%	(0.28)	-5.9%

YTD Var 2015/16 (adv) / fav	Pharmacy £m %		Therapies £m %		Womens Services £m %		Total Sum of YTD Budget Ek £m %	
SLA Income	0.00		(0.15)	-9.1%	(1.26)	-7.9%	(0.68)	-1.3%
Other Income	0.26	10.1%	(0.06)	-50.3%	0.04	5.0%	0.17	2.2%
Pay	(0.04)	-1.4%	0.01	0.3%	0.32	3.7%	(0.42)	-0.8%
Non Pay	(0.21)	-13.8%	0.06	27.0%	0.09	5.4%	(0.73)	-7.2%
Other	0.00	0.0%	(0.00)	0.0%	(0.00)	-0.3%	(0.02)	-0.9%
Grand Total	0.01	0.4%	(0.13)	-3.5%	(0.82)	-13.4%	(1.69)	-38.0%

## Commentary

The position in M05 is an adverse variance of £1.7m YTD and £0.8m in month. The variance includes unfunded cost pressures of £0.4m YTD **SLA Income** in M05 is £10m which is similar to M04 and down on trend partly due to seasonal variation. It is adverse £0.7m YTD and £0.3m in month. Childrens is overperforming across all income although the rate has reduced over the summer especially in Emergency activity which had been higher than expected activity in Q1. Bedday activity (£84k YTD adverse), Adult Critical Care is adverse £0.2m YTD but has recovered slightly in M05. Gynae underperformance in Outpatients £0.3m YTD and Elective £0.4m is mainly due to stopping the Urogynae service. Antenatal activity is below plan in Obstetrics. And deliveries are adverse by £0.1m YTD. Penalties are £0.4m YTD of which £0.2m relates to 18 weeks RTT pressures in Gynae.

**Pay** has an adverse variance of £0.4m YTD but is breakeven in month. Unallocated CIP savings of £2.3m are offset by underspends of £1.9m. Pay expenditure in month of £10.4m is an increase in trend but includes a catch up on agency expenditure of £0.2m and is below last year's average trend. There has been reprofiling of budgets in Critical Care for business cases and this has worsened the YTD variance by £0.3m.

**Non pay** has an adverse variance of £0.8m YTD and £0.4m in month. This includes unallocated CIPs of £0.7m YTD. Cross Charges for additional Outpatient clinics to Specialties is £0.4m adverse which will match favourable variances in other Divisions. Drugs are overspent by £0.3m but consumables are overall underspent by £0.3m. There is a cost pressure in Outpatients for storage costs ahead of implementing Electronic Document Management.

## Actions

- Redeploy Urogynae. staff and complete transfer of patients waiting for treatment to other providers.
- Review activity data for Obstetrics to ensure income is accurate
- Corporate Outpatients Cross Charge SLA is now being implemented but budgets will need to be reset
- CIP schemes included in the unallocated budget to be progressed under the direction of Division Turnaround Steering Group to achieve Green status and coded to where the savings will be achieved
- GMs to continue to identify new schemes to close the CIP shortfall with support from KPMG

# CWDT - Divisional CIP performance

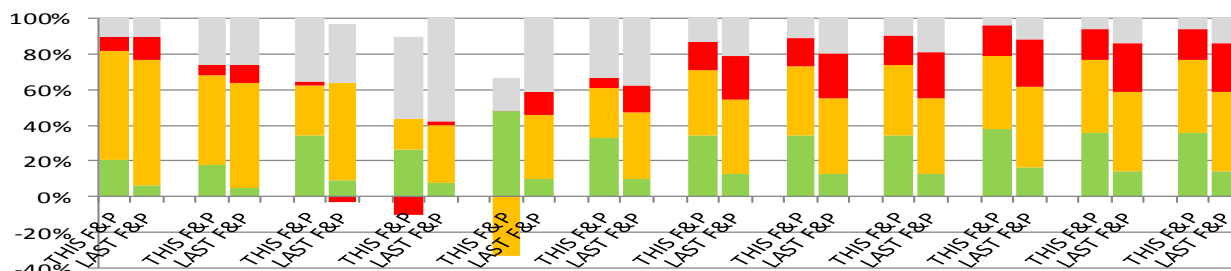
FORECAST <b>CWDT SUMMARY</b>	ANNUAL TARGET	FORECAST AT M5 (£m)			OF WHICH TOTAL FORECAST RAG			SHORT FALL
		INC	EXP	TOTAL	RED	AMBER	GREEN	
C&W OVERHEADS	0.15	0.00	0.01	0.01	0.00	0.01	0.00	0.14 A
CHILDRENS	1.70	0.24	1.33	1.57	0.12	0.24	1.21	0.13 A
CRITICAL CARE	1.91	0.11	1.39	1.50	0.16	0.79	0.55	0.41 A
DIAGNOSTICS	1.45	0.48	0.65	1.12	0.16	0.56	0.40	0.33 A
OUTPATIENTS	0.55	0.00	0.45	0.45	0.02	0.32	0.10	0.10 A
PHARMACY	0.91	0.51	0.00	0.51	0.00	0.12	0.39	0.40 A
THERAPIES	0.86	0.02	0.49	0.51	0.00	0.30	0.21	0.35 A
WOMENS	1.36	0.09	1.14	1.22	0.35	0.07	0.81	0.14 A
<b>Grand Total</b>	<b>8.90</b>	<b>1.45</b>	<b>5.44</b>	<b>6.90</b>	<b>0.80</b>	<b>2.42</b>	<b>3.67</b>	<b>2.00</b> A
<b>OF WHICH RECURRENT:</b>		1.45	3.73	5.19	0.79	1.77	2.63	3.71 A
<b>OBJECTIVE 2 (FULL YEAR EFFECT)</b>		2.22	4.84	7.06	1.30	2.78	2.97	1.84 A

The CWDT Division target is £8.9m. To date there are plans valued at £6.9m and a shortfall of £2.0m which has reduced from £2.5m in M04. The number of plans rated Green has increased from £1.0m to £3.6m. Non recurrent schemes have been removed and moved to run rate savings and double counts with procurement saving programme have been removed

PERFORMANCE <b>CWDT SUMMARY</b>	YTD TARGET	ACTUAL YTD M5 (£m)			OF WHICH TOTAL ACTUAL YTD RAG			SHORT FALL
		INC	EXP	TOTAL	RED	AMBER	GREEN	
C&W OVERHEADS	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.06 A
CHILDRENS	0.71	0.08	0.62	0.70	0.00	0.06	0.64	0.01 A
CRITICAL CARE	0.80	0.05	0.47	0.51	0.02	0.28	0.22	0.28 A
DIAGNOSTICS	0.60	0.01	0.22	0.23	0.00	0.03	0.20	0.38 A
OUTPATIENTS	0.23	0.00	0.15	0.15	0.00	0.04	0.10	0.08 A
PHARMACY	0.38	0.16	0.00	0.16	0.00	0.02	0.14	0.22 A
THERAPIES	0.36	0.00	0.20	0.20	0.00	0.00	0.20	0.16 A
WOMENS	0.57	0.02	0.36	0.38	0.01	0.02	0.35	0.19 A
<b>Grand Total</b>	<b>3.71</b>	<b>0.31</b>	<b>2.02</b>	<b>2.33</b>	<b>0.02</b>	<b>0.45</b>	<b>1.86</b>	<b>1.37</b> A
<b>OF WHICH RECURRENT:</b>		0.31	0.79	1.10	0.02	0.21	0.87	2.60 A

The YTD M05 plan is £3.7m and schemes have achieved £2.3m resulting in a YTD shortfall of £1.4m. Medicines Management schemes are £42k adverse YTD and Procurement savings are £118k adverse YTD. In the Directorates, two Champneys CIP schemes that relate to Theatre costs are being confirmed in Womens, Therapies have confirmed their staff saving schemes but some will be split into CIP and run rate savings. Critical Care are reviewing the nurse savings scheme

## PHASED RAG RATED DIVISIONAL PROGRAMME - ACTUAL AND FORECAST



The Division has a pipeline list of schemes it is actively working up to achieve the Target for the year with support from KPMG. Run-rates will continue to contribute to the performance against the target

# CSD - Divisional I&E

	2015/16 Annual Budget	Previous Months Actuals Trend			2015/16 Current			2015/16 YTD		
		Actual M2 £m	Actual M3 £m	Actual M4 £m	Budget M5 £m	Actual M5 £m	Variance M5 £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
SLA Income	105.48	8.33	8.43	9.17	8.87	8.39	(0.48)	44.11	43.01	(1.10)
Other Income	3.42	0.28	0.22	0.30	0.28	0.25	(0.03)	1.42	1.38	(0.04)
Pay	(48.89)	(4.20)	(4.35)	(4.24)	(4.24)	(4.24)	(0.00)	(21.07)	(21.32)	(0.25)
Non Pay	(31.31)	(2.60)	(2.61)	(3.01)	(2.72)	(2.43)	0.29	(13.38)	(13.10)	0.28
Other	(0.21)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.00)	(0.09)	(0.09)	(0.00)
Grand Total	28.50	1.80	1.68	2.20	2.18	1.95	(0.23)	10.99	9.88	(1.11)

YTD Var 2015/16 (adv) / fav	Ambulatory Care Services		Community Adults & Children		Community Services		Total Sum of YTD Budget £k	
	£m	%	£m	%	£m	%	£m	%
SLA Income	(0.81)	-4.0%	(0.29)	-1.2%	0.00	100.0%	(1.10)	-2.5%
Other Income	(0.02)	-4.8%	(0.03)	-2.5%	0.00	21.9%	(0.04)	-2.8%
Pay	(0.26)	-4.1%	(0.03)	-0.2%	0.04	10.5%	(0.25)	-1.2%
Non Pay	(0.08)	-0.9%	0.35	8.1%	0.01	14.9%	0.28	2.1%
Other	(0.00)	-0.6%	0.00	0.1%	0.00	#DIV/0!	(0.00)	-0.6%
Grand Total	(1.16)	-22.7%	(0.00)	-0.1%	0.05	12.5%	(1.11)	-10.1%

## Commentary

The M05 position for CSD shows a £9.9m surplus YTD actual performance against an YTD planned surplus budget of £11m, which resulted in an YTD adverse variance of £1.1m.

**SLA income** relating to QMH underperformed by £0.6m YTD, with underperformances in Dermatology, Cardiology, Neurology Outpatients and Urology. In Community Adult Health Services (CAHS) there was a loss of £0.1m on income from Elderly wards relating to unoccupied beds which is unrecoverable. Integrated Sexual Health Services underperformed by £0.2m in Outpatients. Reallocation of patients to other clinics within the service that have adequate staff would result in improved activity and a discussion is currently taking place with Wandsworth CCG to pursue this. SLA challenges of £0.1m are included for first to follow ups.

**Pay** is adverse £0.3m YTD which is mainly within Offender Health and Children's and Family Services. In Offender Health Services, Agency spend was £0.6m and Bank spend £0.3m offset against vacant posts of £0.8m. In Palliative Care there are additional agency costs of £0.5m.

**Non-pay** is showing an overall underspend of £0.7m. Within Integrated Sexual Health Service, HIV drugs expenditure has reduced in month and is in line with current trend.

## Actions

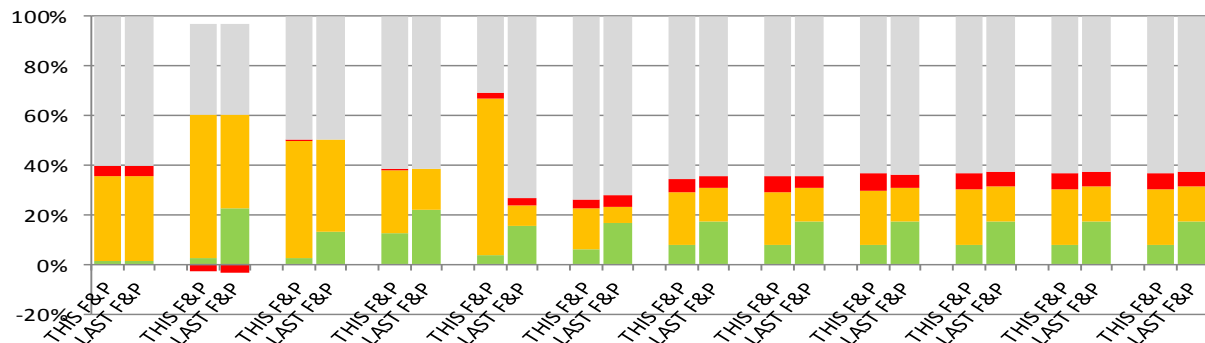
- Develop an action plan to mitigate the underperformance in Outpatients income at QMH by liaising with General Managers to ensure that clinics are running and activity is taking place to understand what the bottlenecks are and the likely impact on income targets
- Assess viability of current CIP schemes with the view to turning our amber schemes to green. There are two amber items one relating to Community Adults Healthcare Service (CAHS) £600k and out of borough adults services £300k which should turn green in M06.
- Agree changes of clinic times and redirecting activity for the GU Medicine outpatients' service with Wandsworth CCG
- Minimise the use of agency through weekly reviews at Divisional level and recruitment of permanent staff
- Transfer Community Therapies Service and Palliative Care from Community Services division to Children's and Women division
- Review all excess expenditure lines and cost pressure allocation.
- A comprehensive review of all High Cost Drugs ensuring these are being fully reclaimed, as well as reviewing the HIV drugs (Homecare) with Pharmacy ensuring there are no further risks in relation to a substantial increase in expenditure.

# CSD - Divisional CIP performance

FORECAST	ANNUAL TARGET	FORECAST AT M5 (£m)			OF WHICH			SHORT FALL
		INC	EXP	TOTAL	TOTAL FORECAST RAG			
<b>CSD SUMMARY</b>					<b>RED</b>	<b>AMBER</b>	<b>GREEN</b>	
AMBULATORY CARE	1.68	0.16	0.25	0.41	0.01	0.14	0.26	1.27 A
COMM ADULT AND CHILD SVCS	3.84	0.40	0.81	1.21	0.17	0.95	0.09	2.63 A
PROV MANAGEMENT	0.04	0.00	0.07	0.07	0.02	0.05	0.00	-0.04 F
PROV OVERHEADS	0.00	0.00	0.63	0.63	0.00	0.63	0.00	-0.63 F
<b>Grand Total</b>	<b>5.56</b>	<b>0.56</b>	<b>1.76</b>	<b>2.32</b>	<b>0.21</b>	<b>1.76</b>	<b>0.35</b>	<b>3.24</b> A
<b>OF WHICH RECURRENT:</b>		0.56	1.14	1.70	0.21	1.14	0.35	3.86 A
<b>OBJECTIVE 2 (FULL YEAR EFFECT)</b>		0.65	1.36	2.01	0.39	1.23	0.40	3.55 A

PERFORMANCE	YTD TARGET	ACTUAL YTD M5 (£m)			OF WHICH			SHORT FALL
		INC	EXP	TOTAL	TOTAL ACTUAL YTD RAG			
<b>CSD SUMMARY</b>					<b>RED</b>	<b>AMBER</b>	<b>GREEN</b>	
AMBULATORY CARE	0.70	0.05	0.07	0.12	0.00	0.05	0.08	0.58 A
COMM ADULT AND CHILD SVCS	1.60	0.17	0.28	0.45	0.01	0.41	0.03	1.15 A
PROV MANAGEMENT	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.02 A
PROV OVERHEADS	0.00	0.00	0.62	0.62	0.00	0.62	0.00	-0.62 F
<b>Grand Total</b>	<b>2.32</b>	<b>0.23</b>	<b>0.97</b>	<b>1.20</b>	<b>0.01</b>	<b>1.07</b>	<b>0.11</b>	<b>1.12</b> A
<b>OF WHICH RECURRENT:</b>		0.23	0.35	0.58	0.01	0.45	0.11	1.74 A

PHASED RAG RATED DIVISIONAL PROGRAMME - ACTUAL AND FORECAST



Community Services division has a CIP target of £5.6m excluding SLA income. At present, the division is forecasting to achieve £2.3m of which £1.7m relates to recurrent savings. The Division is working with KPMG to develop a CIP pipeline to try to minimise the gap although the Division does not currently have ideas to fully deliver the CIP target.

The year-to-date shortfall of £1.1m against a target of £2.3m is reflective of the overall CIP gap. There are non-recurrent run-rate savings of £0.6m mainly relating to holding vacancies and non-pay spend controls in the Wheelchair services. These are not sustainable in the long term and there will be a reduction in these over the second half of the year.



# Medicine & Cardiovascular - Divisional I&E

	2015/16 Annual Budget	Previous Months Actuals Trend			2015/16 Current			2015/16 YTD		
		Actual M2	Actual M3	Actual M4	Budget M5	Actual M5	Variance M5	Budget YTD	Actual YTD	Variance YTD
		£m	£m	£m	£m	£m	£m	£m	£m	£m
SLA Income	221.57	18.34	17.04	18.90	17.63	17.53	(0.10)	89.22	88.55	(0.67)
Other Income	19.27	1.50	1.56	1.38	1.61	1.92	0.31	8.01	7.95	(0.06)
Pay	(101.63)	(8.72)	(9.03)	(8.91)	(8.36)	(8.72)	(0.36)	(42.01)	(43.88)	(1.87)
Non Pay	(75.92)	(5.98)	(6.33)	(6.28)	(5.96)	(6.61)	(0.65)	(29.78)	(31.30)	(1.52)
Other	(4.52)	(0.38)	(0.38)	(0.38)	(0.38)	(0.38)	(0.00)	(1.88)	(1.88)	0.00
Grand Total	58.78	4.75	2.86	4.71	4.54	3.75	(0.79)	23.55	19.43	(4.12)

YTD Var 2015/16 (adv) / fav	Acute Medicine		Cardiothoracic & Vascular Services		Emergency Department		Renal & Oncology		Specialist Medicine		Total Sum of YTD Budget £k	
	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%
SLA Income	0.27	1.8%	(0.56)	-2.1%	(0.10)	-1.3%	(0.04)	-0.2%	(0.23)	-1.4%	(0.67)	-0.7%
Other Income	(0.03)	-2.9%	0.17	7.5%	(0.07)	-3.2%	(0.21)	-21.0%	0.09	5.3%	(0.06)	-0.7%
Pay	(0.57)	-5.1%	(0.57)	-5.9%	(0.07)	-1.1%	(0.27)	-3.2%	(0.39)	-6.3%	(1.87)	-4.5%
Non Pay	0.13	7.9%	0.10	1.2%	(0.17)	-16.4%	(0.89)	-7.3%	(0.69)	-11.7%	(1.52)	-5.1%
Other	0.00	0.0%	0.00	0.6%	(0.00)	0.0%	(0.00)	0.0%	(0.00)	0.0%	0.00	0.1%
Grand Total	(0.19)	-7.3%	(0.86)	-9.1%	(0.42)	-17.6%	(1.41)	-40.3%	(1.23)	-22.4%	(4.12)	-17.5%

## Commentary

The £4.1m YTD adverse variance is a deterioration of £0.8m in month

**Income** is £0.2m favourable in M05, and £0.7m adverse YTD. The in-month favourable variance is mainly due to RTA income catch up from previous months.

The adverse income variance YTD is in large part due to Outpatient activity not delivering the growth as planned, due to delay in setting up clinics and vacancies. Penalties and also adverse by £0.1m.

**Pay** is £0.4m adverse in month and £1.9m YTD driven by the unidentified CIP. Nursing is underspent due to non-recurrent run rate savings.

**Non-pay** is adverse by £0.6m in month and £1.5m YTD. The adverse in month position is driven by drugs overspend in Specialist Medicine. Drugs spend has increased due to increased spend in Hepatitis C drugs. The division is working with Pharmacy to ensure these are reclaimed. The YTD adverse variance is driven by prior year invoices in RHO £0.5m, and the unidentified CIP balance of £0.9m.

## Actions

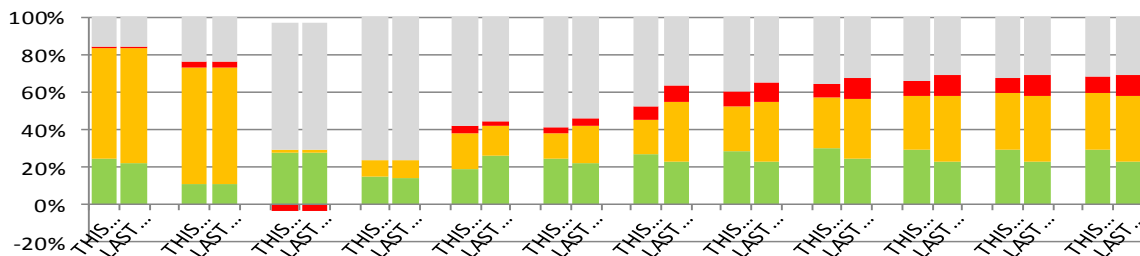
- Actions are being completed to increase Nelson activity alongside Community Services Division
- Meeting with Corporate Outpatients to ensure that resources are available and in place to deliver SLA growth
- KPIs to be reviewed for the SLA income penalties and to identify mitigations.
- RTA submissions claim forms process being reviewed
- Challenge Renal transplant outpatient follow ups marginal rate with NHSE
- GMs working with KPMG to close CIP gap, and move schemes from amber and red, to green. In addition run rate schemes are in place to mitigate the shortfall on a temporary basis
- Participating in the trust wide review of nursing budgets

# Medicine & Cardiovascular - Divisional CIP performance

FORECAST	ANNUAL TARGET	FORECAST AT M5 (£m)			OF WHICH TOTAL FORECAST RAG			SHORT FALL
		INC	EXP	TOTAL	RED	AMBER	GREEN	
<b>MEDCARD SUMMARY</b>								
ACUTE MED	2.41	0.00	0.78	0.78	0.16	0.51	0.11	1.63 A
CARDIOVASCULAR	2.66	0.15	0.86	1.01	0.10	0.86	0.05	1.65 A
ED	1.67	0.13	1.17	1.30	0.02	0.42	0.86	0.37 A
MEDICINE OVERHEADS	0.22	0.00	0.00	0.00	0.00	0.00	0.00	0.22 A
RENAL & ONCOLOGY	2.21	1.21	1.06	2.27	0.18	0.76	1.34	-0.07 F
SPECIALIST MED	1.45	0.14	0.46	0.59	0.02	0.32	0.25	0.86 A
<b>Grand Total</b>	<b>10.62</b>	<b>1.62</b>	<b>4.33</b>	<b>5.95</b>	<b>0.47</b>	<b>2.87</b>	<b>2.61</b>	<b>4.66 A</b>
<b>OF WHICH RECURRENT:</b>		1.58	3.37	4.94	0.47	1.96	2.51	5.67 A
<b>OBJECTIVE 2 (FULL YEAR EFFECT)</b>		2.10	3.82	5.91	0.94	2.03	2.95	4.70 A

PERFORMANCE	YTD TARGET	ACTUAL YTD M5 (£m)			OF WHICH TOTAL ACTUAL YTD RAG			SHORT FALL
		INC	EXP	TOTAL	RED	AMBER	GREEN	
<b>MEDCARD SUMMARY</b>								
ACUTE MED	1.01	0.00	0.39	0.39	0.03	0.32	0.04	0.61 A
CARDIOVASCULAR	1.11	0.09	0.19	0.28	0.00	0.24	0.04	0.83 A
ED	0.69	0.02	0.48	0.50	0.00	0.33	0.17	0.19 A
MEDICINE OVERHEADS	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.09 A
RENAL & ONCOLOGY	0.92	0.50	0.40	0.90	0.00	0.36	0.54	0.02 A
SPECIALIST MED	0.60	0.02	0.15	0.17	0.00	0.09	0.09	0.43 A
<b>Grand Total</b>	<b>4.42</b>	<b>0.63</b>	<b>1.62</b>	<b>2.24</b>	<b>0.03</b>	<b>1.34</b>	<b>0.87</b>	<b>2.18 A</b>
<b>OF WHICH RECURRENT:</b>		0.59	0.69	1.28	0.03	0.46	0.79	3.14 A

PHASED RAG RATED DIVISIONAL PROGRAMME - ACTUAL AND FORECAST



- Medcard is reporting YTD actual CIP achieved of £2.2m against a target of £4.4m. The shortfall of £2.2m is largely in CVT and Acute Medicine, however the risk is also significant in Specialist Medicine.
- The Acute Medicine position includes non-recurrent savings of summer bed closures, which will not continue into winter.
- The major risk to CVT in meeting its target is the availability of beds and theatre capacity to deliver activity in cardiovascular. A business case to provide additional capacity in Cardiac Theatre 4 has been approved which will give Cardiac Surgery capacity to deliver activity that is currently delivered in the private sector, back on site. This comes online in April 2016 so has no impact for 15/16, but is a significant scheme for 16/17.
- The division has significant pipeline schemes that should be converted into full schemes over the coming weeks, and is working closely with the KPMG turnaround team to close the gap.
- The division has completed an exercise to look at what it would take to close the gap. This was presented to TAB, with schemes from this list being worked up where possible, subject to clinical and governance sign off.

# SNTC - Divisional I&E

	2015/16 Annual Budget	Previous Months Actuals Trend			2015/16 Current			2015/16 YTD		
		Actual M2 £m	Actual M3 £m	Actual M4 £m	Budget M5 £m	Actual M5 £m	Variance M5 £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
		SLA Income	153.14	11.76	12.81	13.13	11.77	12.02	0.24	61.22
Other Income	18.44	1.42	1.50	1.31	1.54	1.41	(0.14)	7.66	7.17	(0.49)
Pay	(103.50)	(8.47)	(8.64)	(8.63)	(8.72)	(8.77)	(0.05)	(42.24)	(43.03)	(0.79)
Non Pay	(34.09)	(2.40)	(2.86)	(2.78)	(2.19)	(2.99)	(0.79)	(13.32)	(13.92)	(0.60)
Other	(3.96)	(0.33)	(0.33)	(0.33)	(0.33)	(0.32)	0.01	(1.65)	(1.64)	0.01
Grand Total	30.03	1.98	2.48	2.70	2.07	1.34	(0.73)	11.66	10.12	(1.54)

YTD Var 2015/16 (adv) / fav	Cancer		Neuro		Surgery		Theatres and Anaesthetics		Total Sum of YTD Budget £k	
	£m	%	£m	%	£m	%	£m	%	£m	%
SLA Income	0.00	#DIV/0!	(0.42)	-1.7%	0.75	2.1%	(0.01)	-1.6%	0.33	0.5%
Other Income	0.00	#DIV/0!	(0.12)	-7.2%	(0.36)	-10.0%	(0.01)	-0.4%	(0.49)	-6.4%
Pay	(0.02)	-6.5%	(0.09)	-0.8%	(0.69)	-4.4%	0.01	0.1%	(0.79)	-1.9%
Non Pay	0.00	20.2%	0.23	4.6%	(0.90)	-14.4%	0.07	3.4%	(0.60)	-4.5%
Other	(0.00)	0.0%	0.01	3.2%	0.00	0.2%	(0.00)	0.0%	0.01	0.5%
Grand Total	(0.01)	-4.7%	(0.39)	-3.9%	(1.20)	-7.2%	0.06	0.4%	(1.54)	-13.2%

## Actions

- Resolve outstanding significant budget issues in neurosciences.
- SNTC will continue to deliver run rate savings through careful roster management in all areas.
- Continue to work closely with KPMG to close CIP gap, by turning red schemes green and converting pipeline schemes into viable CIPs.
- Reduce commissioner penalties, in particular by creating a team to minimise RTT breaches.

## Commentary

The Division is reporting a YTD M05 adverse variance of £1.5m, with an in month adverse of £0.7m.

The overall SLA position is £0.5m surplus, £0.7m other income deficit, pay over spend £0.8m and unmet CIP non pay gap £0.5m. The M05 deficit comprises: £0.1m income over performance and £0.8m non pay deficit

**SLA income** YTD is over performing on elective, OP and emergencies totalling £0.9m, which is being offset by adverse variances on other non-elective, bed days and commissioner penalties £0.4m

**Other income** is in deficit YTD due to not receiving any profit from EOC (T&O) £0.3m, Neuro PP income £0.2m and other non SLA income £0.2m.

The YTD **pay** overspend of £0.8m is driven by the unidentified CIP gap of £1.8m, a one off prior year cost of £0.2m, which is partially offset by £1.2m of vacancies and run rate savings mainly in nursing.

**Non-pay** YTD is a deficit of £0.6m due to the unidentified CIP gap. The key under spends are clinical consumables / equipment £0.6m and theatre charges outside SNTC for additional sessions / overruns £0.2m.

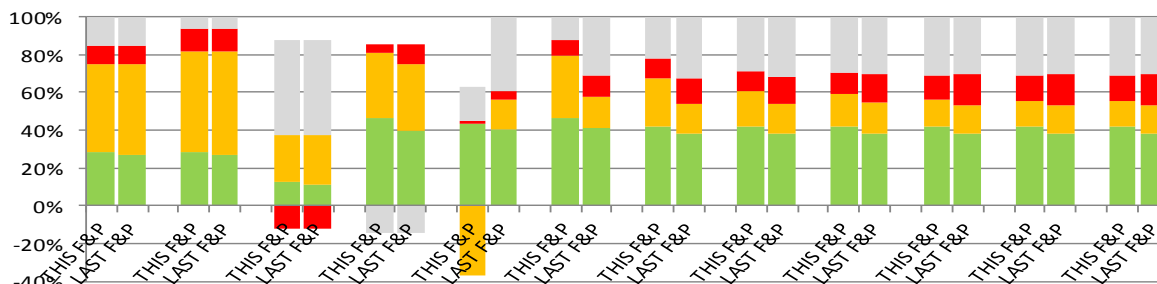
These are offset by Neurology drugs overspend £0.3m and costs of healthcare in the private sector £0.5m which is acknowledged as a Trust cost pressure.

# SNTC - Divisional CIP performance

FORECAST	ANNUAL TARGET	FORECAST AT M5 (£m)			OF WHICH			SHORT FALL
		INC	EXP	TOTAL	TOTAL FORECAST RAG	RED	AMBER	
<b>SCNT SUMMARY</b>								
CANCER, HEAD & NECK	1.31	0.03	0.32	0.35	0.03	0.20	0.12	0.96 A
GEN SURG & UROLOGY	1.35	0.07	1.04	1.11	0.14	0.11	0.85	0.24 A
NEUROSCIENCES	1.89	0.79	1.69	2.47	0.02	0.55	1.90	-0.58 F
SURGERY OVERHEADS	0.24	0.00	0.00	0.00	0.00	0.00	0.00	0.24 A
THEATRES	2.42	0.00	1.58	1.58	0.50	0.33	0.76	0.84 A
TRAUMA & ORTHO, PLAST	1.50	0.25	0.59	0.84	0.00	0.06	0.78	0.66 A
<b>Grand Total</b>	<b>8.71</b>	<b>1.13</b>	<b>5.22</b>	<b>6.36</b>	<b>0.69</b>	<b>1.26</b>	<b>4.41</b>	<b>2.35 A</b>
<b>OF WHICH RECURRENT:</b>		1.13	3.26	4.39	0.66	0.76	2.97	4.32 A
<b>OBJECTIVE 2 (FULL YEAR EFFECT)</b>		1.22	3.73	4.95	0.79	0.97	3.20	3.76 A

PERFORMANCE	YTD TARGET	ACTUAL YTD M5 (£m)			OF WHICH			SHORT FALL
		INC	EXP	TOTAL	TOTAL ACTUAL YTD RAG	RED	AMBER	
<b>SCNT SUMMARY</b>								
CANCER, HEAD & NECK	0.54	0.00	0.15	0.15	0.02	0.07	0.06	0.39 A
GEN SURG & UROLOGY	0.56	0.01	0.27	0.28	0.00	0.02	0.26	0.29 A
NEUROSCIENCES	0.79	0.27	0.92	1.20	0.00	0.15	1.04	-0.41 F
SURGERY OVERHEADS	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.10 A
THEATRES	1.01	0.00	0.67	0.67	0.09	0.02	0.56	0.34 A
TRAUMA & ORTHO, PLAST	0.62	0.07	0.26	0.33	0.00	0.01	0.32	0.29 A
<b>Grand Total</b>	<b>3.63</b>	<b>0.35</b>	<b>2.27</b>	<b>2.63</b>	<b>0.12</b>	<b>0.28</b>	<b>2.23</b>	<b>1.00 A</b>
<b>OF WHICH RECURRENT:</b>		0.35	0.86	1.22	0.09	0.22	0.90	2.41 A

## PHASED RAG RATED DIVISIONAL PROGRAMME - ACTUAL AND FORECAST



SNTC has a CIP target of £8.7m., with £6.4m of developed schemes leaving a gap of £2.3m.

Green schemes are £4.4m (an increase of £1.2m from that reported in M04), amber £1.3m and red schemes £0.7m.

The largest red schemes are procurement draw down opportunities £0.3m and theatre productivity / agency spend reduction which will go green shortly.

The majority of schemes are to reduce pay spend by £3.5m to improve pay productivity, reduce consultant PA's during job planning, using HCA's instead of RMN specials and run rate savings across all staff groups.

The £1.8m non-pay schemes are to reduce costs in the private sector for healthcare and reduce clinical consumable spend. The main income scheme is the inclusion in M05 of £0.8m Neuro-rehab tariff uplift.

SNTC will continue to work with care group leads, procurement, medical staffing and other trust support services to improve efficiency and maximise SLA income.

The YTD M05 CIP target is £3.6m, with schemes to save £2.6m leaving a shortfall of £1.0m. However, the reporting of M05 CIP achievement is understated by £0.4m and will be updated for M06.

# Overheads - Divisional I&E

	2015/16 Annual Budget	Previous Months Actuals Trend			2015/16 Current			2015/16 YTD		
		Actual M2 £m	Actual M3 £m	Actual M4 £m	Budget M5 £m	Actual M5 £m	Variance M5 £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
SLA Income	12.04	0.33	0.24	1.01	1.02	1.02	(0.00)	4.99	5.13	0.14
Other Income	20.63	1.27	1.22	1.79	1.55	1.50	(0.04)	8.59	8.40	(0.19)
Pay	(42.98)	(3.34)	(3.34)	(4.04)	(3.83)	(3.66)	0.16	(17.90)	(17.52)	0.38
Non Pay	(110.14)	(6.95)	(7.77)	(8.91)	(8.95)	(9.09)	(0.14)	(45.62)	(46.31)	(0.69)
Other	(10.86)	(0.84)	(0.84)	(0.90)	(0.91)	(0.90)	0.01	(4.53)	(4.49)	0.04
Grand Total	(131.31)	(9.53)	(10.48)	(11.06)	(11.11)	(11.13)	(0.02)	(54.46)	(54.79)	(0.33)

YTD Var 2015/16 (adv) / fav	Corporate Directorates		Estates & Facilities		Total Sum of YTD Budget £k	
	£m	%	£m	%	£m	%
SLA Income	0.16	4.6%	(0.02)	-1.2%	0.14	2.8%
Other Income	0.06	1.2%	(0.25)	-6.3%	(0.19)	-2.2%
Pay	0.14	1.1%	0.25	4.3%	0.38	2.1%
Non Pay	(0.76)	-3.4%	0.07	0.3%	(0.69)	-1.5%
Other	0.00	0.2%	0.03	1.3%	0.04	0.8%
Grand Total	(0.41)	-1.4%	0.08	0.3%	(0.33)	-0.6%

## Actions

- The improvements for E&F will be from continued run-rates schemes.
- Inflation budgets to be funded.
- Car parking income will increase from 1st September, therefore will mitigate the current loss of income.
- There is an agreement which should be finalised soon for space with Moorfields and this will bring an income benefit
- Budget for the service cost of running the Nelson Clinic £0.3m, to be agreed with Community Services
- Review internal Pathology charges from SWL Pathology to ensure that the proper growth budgets have been allocated

## Commentary

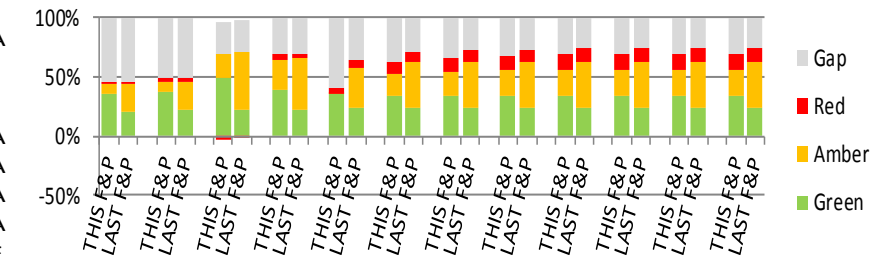
- Corporate Services have an adverse variance of £0.4m. This is driven by an overspend on Turnaround costs of £0.3m and an overspend on SWL Pathology recharges of £0.3m offset by underspends in Operations and Service Improvement of £0.3m due to continue. Strategy is also contributing a surplus of £94k due to a salary recharge of a general manager post. Procurement have recruited interim contractors which are costing more than budgeted. The YTD overspend in Procurement is £0.1m.
- Estates and Facilities service has a favourable YTD variance of £0.1m and an in month favourable of £0.2m. Engineering Services had an underspend in month of £0.2m due to some of the Mitie settlement costs being capitalised. Medical Physics has a small YTD overspend mainly due to MSSE costs. Car park income was down in August by £33k and YTD is down by £102k. SLA income for Transport over-performed in month by £42k. Community Estate budgets are now set up and work is ongoing to budget against contracts.
- Uncertainties are mainly around the Community Estate costs and the costs of the Wolfson and Nelson. Also any issues with the boilers or water will result in additional expenditure.

Please note that Internal Pathology budget responsibility transferred from CWDT to Corporates in Month 4.

# Overheads - Divisional CIP performance

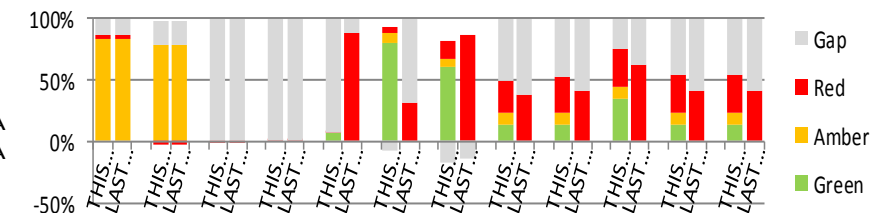
FORECAST	ANNUAL TARGET	FORECAST AT M5 (£m)			OF WHICH TOTAL FORECAST RAG			SHORT FALL
		INC	EXP	TOTAL	RED	AMBER	GREEN	
<b>OVERHEADS SUMMARY</b>								
ESTATES & FACILITIES	2.89	0.53	1.15	1.68	0.43	0.56	0.68	1.22 A
<b>OF WHICH RECURRENT:</b>		0.39	0.43	0.82	0.43	0.16	0.23	-0.82
<b>CORPORATES:</b>								
Finance & IT	1.44		0.95	0.95	0.21	0.30	0.44	0.48 A
CEO & Governance	0.20		0.20	0.20			0.20	0.00 A
HR & Education	0.38		0.03	0.03		0.03		0.35 A
DoN & Bed Managemε	0.34	0.02	0.18	0.19		0.12	0.07	0.15 A
SI & Strategy	0.24		0.24	0.24			0.24	-0.00 F
<b>Grand Total</b>	<b>2.60</b>	<b>0.02</b>	<b>1.60</b>	<b>1.62</b>	<b>0.21</b>	<b>0.45</b>	<b>0.96</b>	<b>0.98 A</b>
<b>OF WHICH RECURRENT:</b>		0.02	0.02	0.03	0.18	0.43	0.85	2.57 A
<b>OBJECTIVE 2 (FULL YEAR EFFECT)</b>		0.02	1.49	1.51	0.22	0.43	0.85	1.10 A

Corporates



PERFORMANCE	YTD TARGET	ACTUAL YTD M5 (£m)			OF WHICH TOTAL ACTUAL YTD RAG			SHORT FALL
		INC	EXP	TOTAL	RED	AMBER	GREEN	
<b>OVERHEADS SUMMARY</b>								
ESTATES & FACILITIES	1.21	0.02	0.40	0.42	0.00	0.40	0.02	0.79 A
<b>OF WHICH RECURRENT:</b>		0.01	0.00	0.01	0.00		0.01	1.20 A
<b>CORPORATES:</b>								
Finance & IT	0.60		0.31	0.31	0.02	0.11	0.18	0.29 A
CEO & Governance	0.09		0.08	0.08			0.08	0.00 A
HR & Education	0.16		0.00	0.00		0.00		0.15 A
DoN & Bed Managemε	0.14	0.01	0.07	0.07		0.03	0.04	0.07 A
SI & Strategy	0.10		0.13	0.13			0.13	-0.03 F
<b>Grand Total</b>	<b>1.08</b>	<b>0.01</b>	<b>0.59</b>	<b>0.59</b>	<b>0.02</b>	<b>0.14</b>	<b>0.43</b>	<b>0.49 A</b>
<b>OF WHICH RECURRENT:</b>		0.01	0.48	0.49	0.02	0.12	0.35	0.59 A

Estates & Facilities



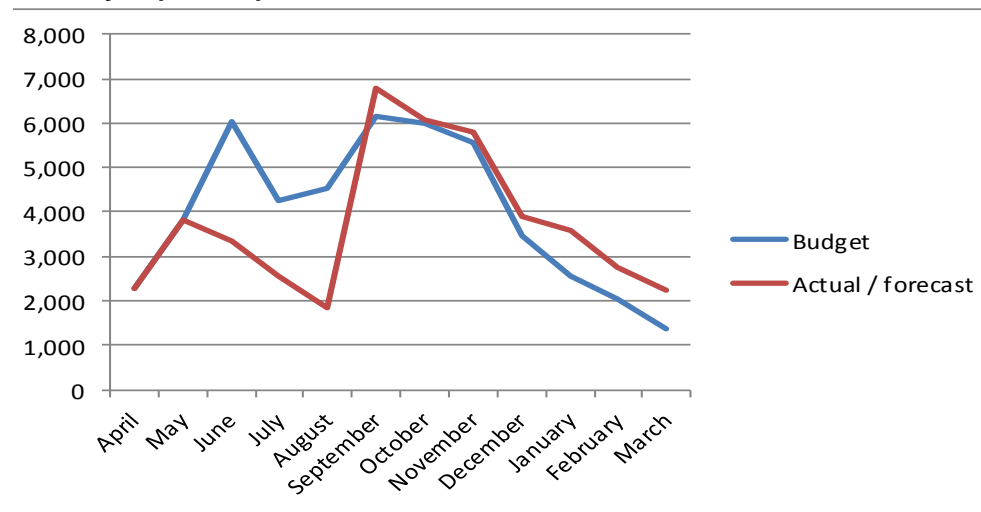
Estates & Facilities CIP YTD target is £1.2m. To date only £42k of savings have been achieved and these are currently at amber. Estates & Facilities plan to achieve the 2015/16 target by non-recurring run-rates.

The Corporate CIP YTD target is £1.1m and to date have found £0.6m, of which £0.4m are green, resulting in a shortfall of £0.5m. Run-rate savings are being achieved in the Corporate areas. These have not been specifically reported as CIP schemes in the CIP reporting. Corporate areas are finding it increasingly difficult to find their CIP and will use run-rate mitigations. The biggest scheme in Corporates is the cancellation of consultancy spend in Service Improvement £0.2m and to date has achieved £83k. ICT have achieved £42k ytd in establishment reduction and Telecommunications have achieved £35k by reducing switchboard operators. Finance have contributed £80k of savings ytd.

## 8 Capital

- The 2015/16 capital programme budget was reduced from £56.7m to £48m in June. The net cash impact of the changes to capital financing expenditure assumptions was £3.8m and this was applied to reducing the forecast interim support funding requirement from £52.2m to £48.7m

**Monthly capital expenditure 2015/16**



- Capital expenditure in August was £1.8m and YTD expenditure is £13.8m against the new YTD budget of £20.9m i.e. an under spend of £7.1m. The detailed breakdown of the capital programme is given in appendix F.
- The Trust is deliberately slowing down capital expenditure where appropriate to support the cash position until the interim support funding is agreed with Monitor/ITFF and the Trust is forecasting an outturn under spend of approx £3.1m
- Budget holders indicate that the YTD under spend relates primarily to in-year timing differences. Consequently the monthly rate of expenditure is forecast to increase over the next 4 months and the forecast outturn is an underspend of £3.1m compared to the YTD under spend of £7.1m

## 9 Cash 1

### Cash balance

	31-Mar £000	30-Apr £000	31-May £000	30-Jun £000	31-Jul £000	31-Aug £000
2015/16 Plan cash	n/a	14,200	6,187	3,000	3,000	3,000
<b>Actual cash</b>	<b>24,179</b>	<b>14,188</b>	<b>7,925</b>	<b>7,265</b>	<b>6,175</b>	<b>6,097</b>
Cash bal fav / (adv) variance to plan	0	-12	1,738	4,265	3,175	3,097

### Working Capital Facility - *cumulative* drawdowns within cash balance above

	31-Mar £000	30-Apr £000	31-May £000	30-Jun £000	31-Jul £000	31-Aug £000
Plan drawdown	0	0	0	2,138	6,991	14,625
<b>Actual drawdown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,671</b>	<b>15,580</b>
WCF cum drawdowns fav / (adv) variance to plan	0	0	0	2,138	-680	-955

<b>Overall Cash fav / (adv) variance to plan</b>	<b>0</b>	<b>-12</b>	<b>1,738</b>	<b>6,403</b>	<b>2,495</b>	<b>2,142</b>
--	----------	------------	--------------	--------------	--------------	--------------

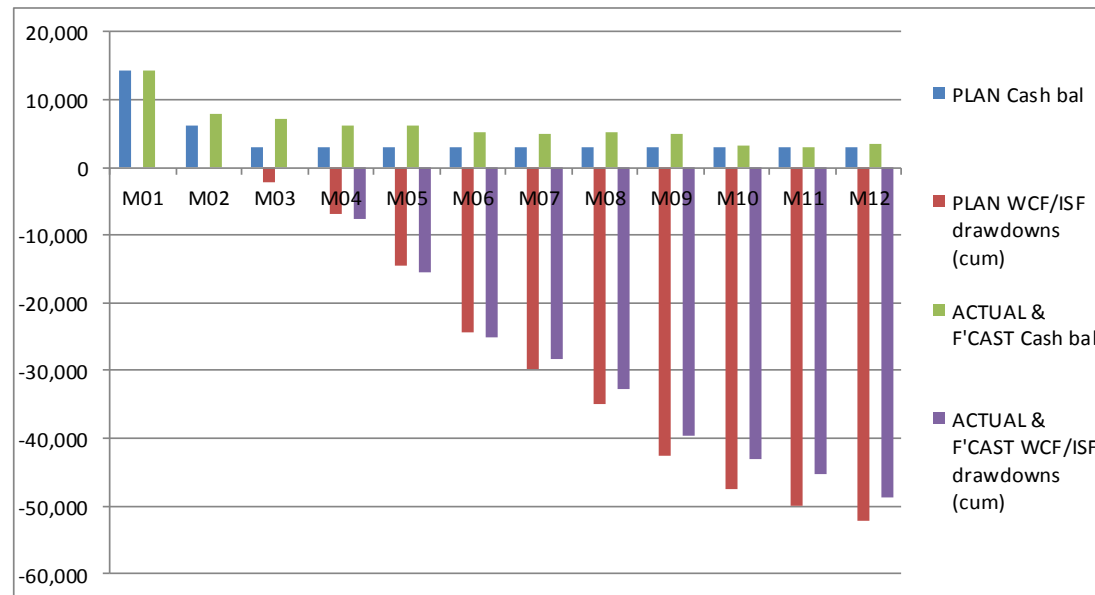
- Actual cash balance was £6.1m at 31<sup>st</sup> August including cumulative WCF drawdowns of £15.6m.
- Plan cash balance was £3m including cumulative WCF drawdown of £14.6m.
- Therefore the cash balance was £2.1m better than plan overall..
- The cash balance includes £12.3m unexpended LEEF loan for the energy performance contract and so the cash balance excluding LEEF would be negative: -£6.2m
- The main factors explaining the reduction in the cash balance since year end are:
  - revenue deficit of £31.3m and
  - deterioration of £3.2m in working capital (stock, debtors and creditors) – better than plan (-£5.8m).
- The better performance on working capital and the capital underspend offset the impact of the higher trading deficit enabling the Trust to achieve an August cash balance £2.1m above plan.



# Cash 2

- The Trust is estimating an interim cash support funding request of £48.7m (Plan £52.2m) for the year to finance the planned revenue deficit.
- Additional cash has been secured since July using the £25m approved working capital facility. The Trust drew down £7.9m on 17<sup>th</sup> August bringing cumulative drawdowns to £15.6m. Since month-end the Trust has drawn down a further £9.4m and so has exhausted the WCF in September – in line with previous forecasts.
- Therefore the Trust requires a new temporary loan/facility from October and the Trust has advised Monitor it requires £18.2m cash from October to January inclusive. This would take cumulative WCF/interim borrowing to £43.2m for the 10 month period ended 31/01/15 – consistent with previous forecasts. From the end of January the Trust will use the agreed **interim support funding (ISF)** for further cash requirements. The ISF will be confirmed with Monitor/ITFF as result of the re-forecasting exercise.
- The Trust has developed measures including longer standard supplier payment terms (60 days implemented w/e 10<sup>th</sup> July), reduced debtor levels and lower inventory levels to support the cash position. Stretch targets have now been set for reductions in overdue debt by year end which would increase the level of cash benefits to approx £20m if achieved in full. The Trust has included approx £7m of these cash benefits into the monthly cash forecast (appendix E) and this benefit mitigates the £7.14m I&E risk relating to the allocation of contingency and divisional control totals in respect of unavoidable cost pressures which was approved by the board w/c 17/08.

**CASH AND ISF/WCF funding: Actual/Forecast vs Plan**

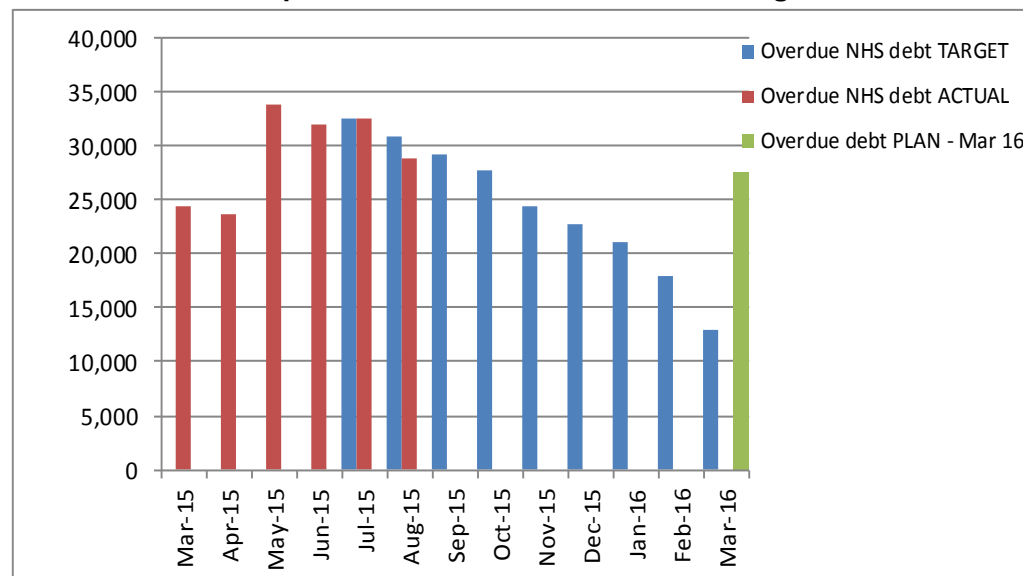


# Cash 3

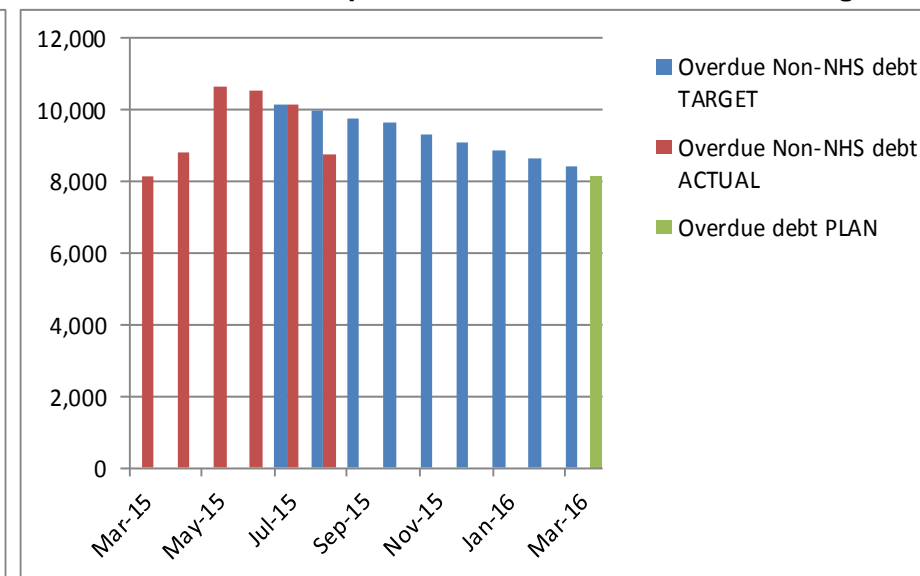
## Debt reduction targets

- The Cash Committee has approved 'stretch' debt reduction targets for 2015/16. The baseline for these stretch targets is the level of overdue debt (over 30 days old) as at M04.
- Target for NHS debt – reduction in overdue debt of 60% by March 2016
- Target for non-NHS debt – reduction in overdue debt of 18% by March 2016. The non-NHS stretch targets exclude DWP/CRU debt and overseas patients debt as these categories are not sensitive to Trust collection activity
- Delivery of the stretch targets by March 2016 would reduce the requirement for interim support funding by approx £14.2m
- Performance in August: **overdue debt reduced by £5m vs £1.8m target.**
- The detailed aged debt report is in appendix G.

Overdue NHS debt: performance vs stretch reduction targets



Overdue non-NHS debt: performance vs stretch reduction targets



# 10 Balance sheet as at M05 2015/16

## ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Finance Department

### Balance sheet AUGUST 2015

	Aug-15 Plan £000	Aug-15 Actual £000	Variance £000	Explanations of balance sheet variances
Fixed assets	344,698	334,699	9,999	Lower capital expenditure - so lower fixed assets
Stock	6,932	7,751	-819	Pharmacy stock reduced from last month but central store stock higher than plan
Debtors	78,733	82,669	-3,936	See appendix D
<b>Cash</b>	3,000	6,100	-3,100	Lower capex, better working capital movement - see appendix D Cash is £2.1m better than Plan (£3.1m - £1m re: more WCF drawn: £5m min cash bal)
Creditors	-84,602	-91,957	7,355	See appendix D
Capital creditors	-3,476	-2,424	-1,052	
PDC div creditor	-2,950	-2,950	0	
Int payable creditor	-181	-221	40	
Provisions< 1 year	-602	-512	-90	
Borrowings< 1 year	-21,544	-6,366	-15,178	(NB: WCF is classified as non-current liability c/f Plan)
<b>Net current assets/-liabilities</b>	<b>-24,690</b>	<b>-7,910</b>	<b>-16,780</b>	
Provisions> 1 year	-1,181	-1,146	-35	
Borrowings> 1 year	-89,799	-103,945	14,145	£7.7m WCF drawn in July. Lower capex financed by leases.
<b>Long-term liabilities</b>	<b>-90,980</b>	<b>-105,091</b>	<b>14,110</b>	
<b>Net assets</b>	<b>229,027</b>	<b>221,698</b>		
<b>Taxpayer's equity</b>				
Public Dividend Capital	133,761	133,761	0	
Retained Earnings	-7,244	-13,866	6,622	YTD I&E deficit worse than plan
Revaluation Reserve	101,360	100,653	707	
Other reserves	1,150	1,150	0	
<b>Total taxpayer's equity</b>	<b>229,027</b>	<b>221,698</b>		

# 11 Financial Sustainability Risk Rating (FSRR)

From August 2015 Monitor have implemented an update to the Risk Assessment Framework (RAF) requiring Foundation Trusts to assign a financial sustainability risk rating (FSRR) to their current financial performance, to replace the existing CoSRR. The FSRR includes the liquidity and capital servicing capacity metrics of the CoSRR, supplemented by two new metrics. The trust is required to calculate I&E margin (the degree to which the organisation is operating at a surplus/deficit) and variance from plan in relation to I&E margin (the variance between the organisation's plan and its actual margin). The details around scoring and weighting are outlined below (scoring for existing metrics are unchanged, whereas the weightings for each have halved to incorporate the new metrics):

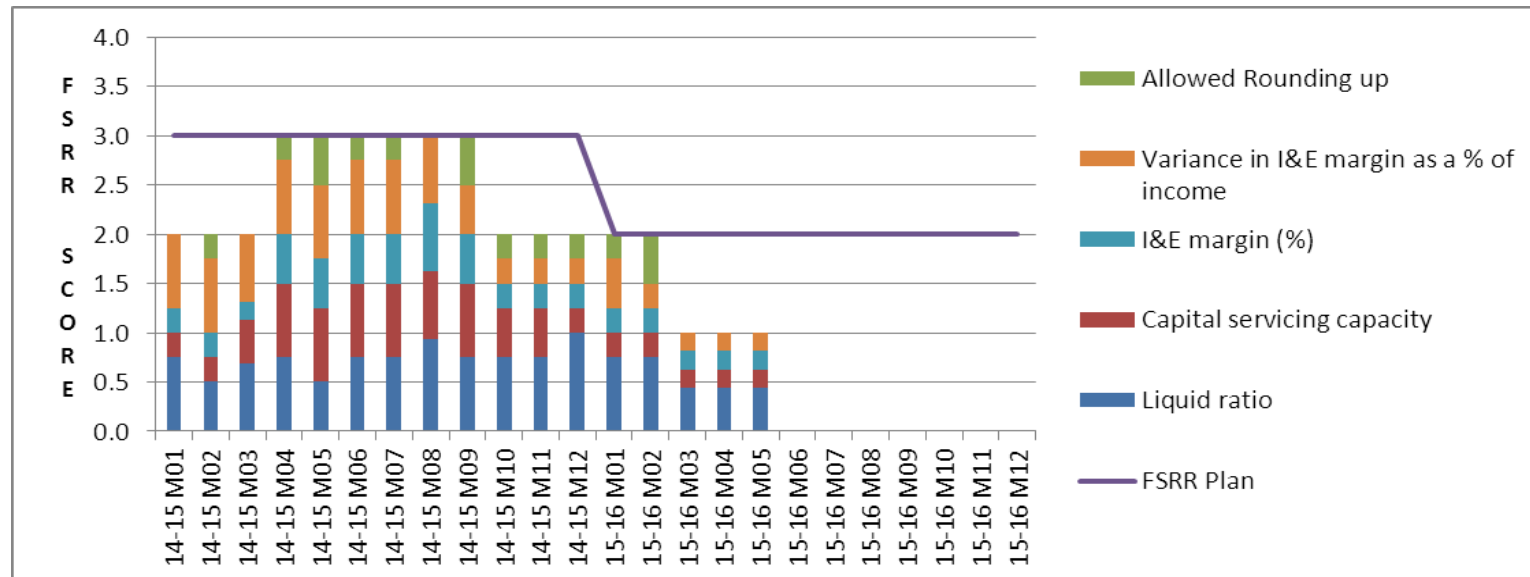
Financial criteria		Weight (%)	Metric	Rating categories**			
				1*	2***	3	4
Continuity of services	Balance sheet sustainability	25	Capital service capacity (times)	<1.25x	1.25 - 1.75x	1.75- 2.5x	>2.5x
	Liquidity	25	Liquidity (days)	<(14) days	(14)-(7) days	(7)-0 days	>0 days
Financial efficiency	Underlying performance	25	I&E margin (%)	≤(1)%	(1)- 0%	0-1%	>1%
	Variance from plan	25	Variance in I&E margin as a % of income	≤(2)%	(2)-(1)%	(1)-0%	≥0%

\*Scoring a 1 on any metric will cap the weighted rating to 2, potentially leading to investigation.  
 \*\*Scores are rounded to the nearest number, ie if the trust scores 3.6 overall, this will be rounded to 4; if the trust scores 3.4, this will be rounded to 3.  
 \*\*\*A 2\* rating may be awarded to a trust where there is little likelihood of deterioration in its financial position.

# Financial Sustainability Risk Rating (FSRR)

	14/15	14/15	14/15	14/15	14/15	14/15	14/15	14/15	14/15	14/15	14/15	14/15	15/16	15/16	15/16	15/16	15/16
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	M01	M02	M03	M04	M05
<b>Metric Scores</b>																	
Liquid ratio	-3.6	-7.7	-5.6	-5.5	-8.6	-0.6	-0.3	0.3	-2.2	-2.2	-4.5	1.4	-2.8	-6.6	-9.4	-7.7	-7.5
Capital servicing capacity	1.0	1.1	1.4	2.2	1.8	1.9	2.1	2.1	1.9	1.5	1.3	1.0	-3.6	-4.1	-3.6	-2.8	-2.8
I&E margin (%)	-3.0%	-2.4%	-1.7%	-0.7%	-0.7%	-0.4%	-0.1%	0.0%	-0.5%	-1.5%	-1.8%	-2.4%	-13.4%	-13.9%	-12.5%	-10.7%	-10.8%
Variance in I&E margin (%)	-0.3%	-0.3%	-0.3%	-0.2%	-0.4%	-0.6%	-0.8%	-0.7%	-1.0%	-2.1%	-2.4%	-3.1%	-2.0%	-2.7%	-3.3%	-2.8%	-2.5%
<b>Metric Rating (See Thresholds)</b>																	
Liquid ratio	3	2	3	3	2	3	3	4	3	3	3	4	3	3	2	2	2
Capital servicing capacity	1	1	2	3	3	3	3	3	3	2	2	1	1	1	1	1	1
I&E margin (%)	1	1	1	2	2	2	2	3	2	1	1	1	1	1	1	1	1
Variance in I&E margin (%)	3	3	3	3	3	3	3	3	2	1	1	1	2	1	1	1	1
<b>Weighted Average</b>	2.0	1.8	2.3	2.8	2.5	2.8	2.8	3.3	2.5	1.8	1.8	1.8	1.8	1.5	1.3	1.3	1.3
<b>Overriding Score</b>	2	2	2	3	3	3	3	3	3	2	2	2	2	2	1	1	1

In M05 the Trust achieved a 1 overall for FSRR with the liquidity metric 2 and all other metrics 1. These are all in line with the Annual Plan for M05 apart from the variance metric that has a plan of 4 and liquidity that has a plan of 1.



# Appendices

- A. Detailed Income & Expenditure
- B. Income & Expenditure time series of actuals
- C. Trend graphs of income and expenditure
- D. Movement in working capital chart and explanation
- E. Detailed cash flow plan 2015/16
- F. Detailed capital expenditure
- G. Aged Debt Profile
- H. Developments in financial reporting

# Appendix A– Detailed Income & Expenditure

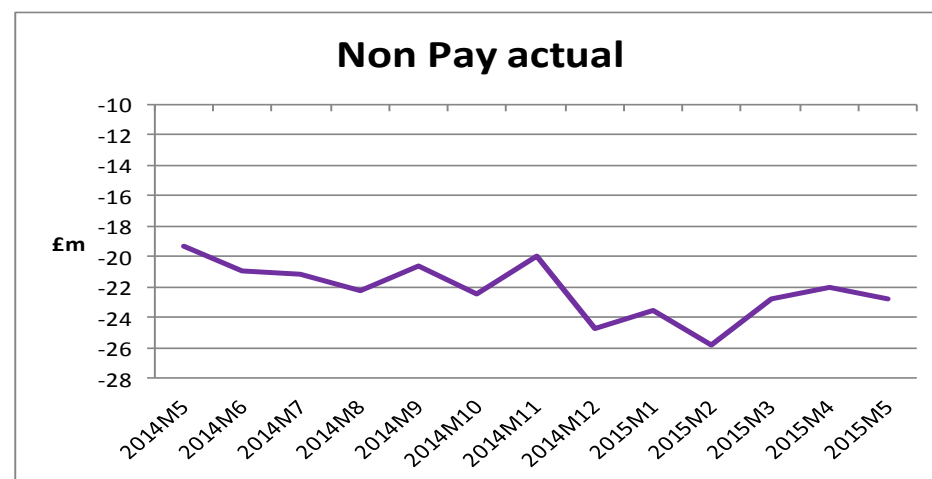
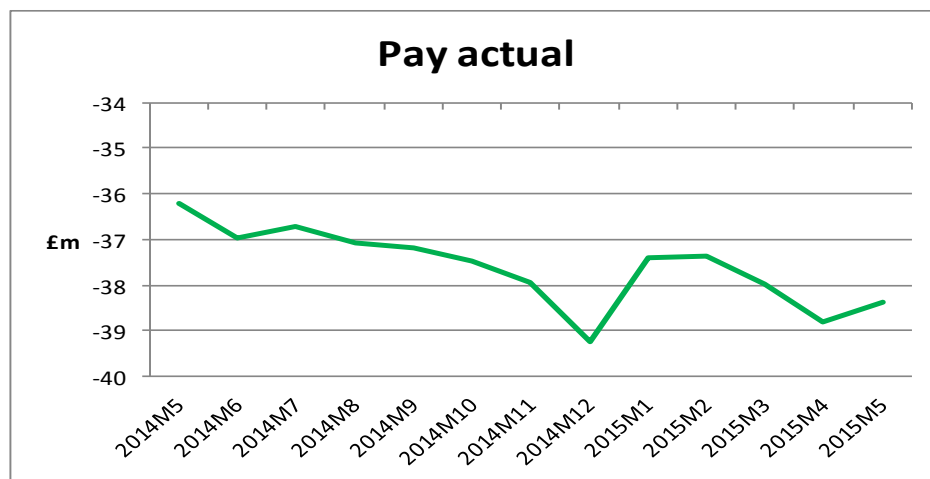
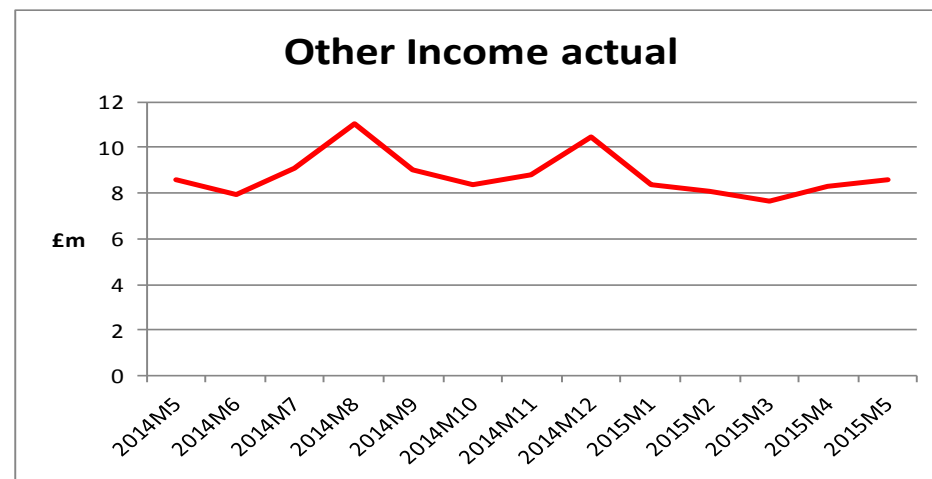
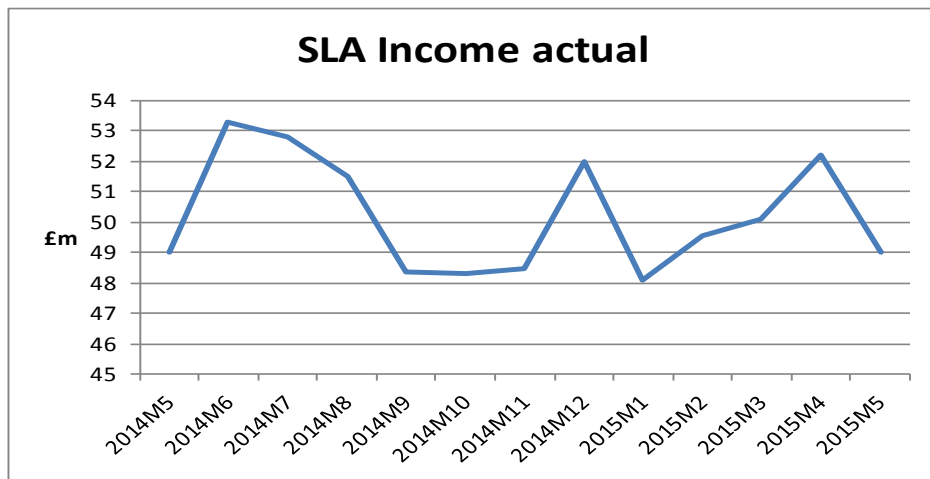
	CURRENT MONTH M5				CUMULATIVE YTD				Previous Variance (adv)/fav £m	Annual Budget £m
	Current Mth Budget £m	Current Mth Amount £m	Current Mth Variance (adv)/Fav £m	% Variance	YTD Budget £m	YTD Amount £m	YTD Variance (adv)/fav £m	% Variance		
<b>Income</b>										
SLA Elective	4.85	5.38	0.53 F	11.0%	26.08	26.60	0.52 F	2.0%	-0.01 A	64.54
SLA Daycase	2.25	2.32	0.08 F	3.3%	12.06	12.38	0.33 F	2.7%	0.25 F	29.27
SLA Non Elective	10.26	10.05	-0.21 A	-2.1%	50.51	50.47	-0.04 A	-0.1%	0.17 F	121.54
SLA Outpatients	11.12	10.36	-0.75 A	-6.8%	58.23	55.89	-2.34 A	-4.0%	-1.59 A	142.48
SLA A&E	1.58	1.54	-0.04 A	-2.5%	7.79	7.66	-0.13 A	-1.7%	-0.09 A	18.63
SLA Bed Days	4.94	4.58	-0.36 A	-7.3%	24.42	24.01	-0.40 A	-1.7%	-0.04 A	61.22
SLA Exclusions & Programme	5.68	5.92	0.23 F	4.1%	27.54	27.91	0.38 F	1.4%	0.15 F	76.23
SLA Other	9.80	9.31	-0.49 A	-5.0%	48.15	46.40	-1.75 A	-3.6%	-1.26 A	114.95
SLA Provisions QiPP/KPIs & Y/E Settlement	-0.38	-0.47	-0.09 A	-24.6%	-1.88	-2.50	-0.62 A	-32.8%	-0.52 A	-4.51
Subtotal - SLA Income	50.11	48.99	-1.12 A	-2.2%	252.89	248.84	-4.06 A	-1.6%	-2.94 A	624.36
Private & Overseas Patient	0.23	0.40	0.17 F	74.5%	1.86	2.10	0.24 F	12.6%	0.07 F	4.51
RTAs	0.50	0.65	0.15 F	30.0%	1.88	1.76	-0.12 A	-6.4%	-0.27 A	4.52
Other Healthcare Income	0.01	-0.01	-0.02 A	-209.7%	0.06	0.11	0.05 F	93.9%	0.08 F	0.14
Levy Income	3.65	3.65	0.00 A	0.0%	18.26	18.23	-0.03 A	-0.2%	-0.03 A	43.83
Other Income	4.58	3.92	-0.66 A	-14.4%	19.37	18.76	-0.61 A	-3.1%	0.05 F	46.88
<b>Total income</b>	<b>59.07</b>	<b>57.59</b>	<b>-1.48 A</b>	<b>-2.5%</b>	<b>294.33</b>	<b>289.80</b>	<b>-4.53 A</b>	<b>-1.5%</b>	<b>-3.04 A</b>	<b>724.24</b>
<b>Expenditure</b>										
Pay Total	-38.09	-38.36	-0.26 A	-0.7%	-186.56	-189.89	-3.33 A	-1.8%	-3.07 A	-450.38
Drugs	-4.04	-5.03	-0.99 A	-24.5%	-22.43	-23.93	-1.50 A	-6.7%	-0.51 A	-61.35
Clinical Consumables	-8.22	-8.50	-0.28 A	-3.5%	-41.35	-40.77	0.58 F	1.4%	0.87 F	-98.33
Reserves	-0.93	-0.03	0.90 F	96.5%	-4.70	-2.76	1.94 F	41.2%	1.04 F	-13.04
Other Total	-10.52	-9.27	1.25 F	11.9%	-48.71	-49.66	-0.95 A	-2.0%	-2.20 A	-110.70
<b>Total expenditure</b>	<b>-61.80</b>	<b>-61.19</b>	<b>0.61 F</b>	<b>1.0%</b>	<b>-303.74</b>	<b>-307.00</b>	<b>-3.27 A</b>	<b>-1.1%</b>	<b>-3.88 A</b>	<b>-733.80</b>
EBITDA (note 1)	-2.72	-3.60	-0.87 A	-31.9%	-9.41	-17.20	-7.79 A	-82.8%	-6.92 A	-9.56
Disposal of Assets	0.00	0.00	0.00 F	0.0%	0.00	0.00	0.00 F	0.0%	0.00 F	0.00
Interest payable	-0.38	-0.35	0.03 F	7.3%	-1.74	-1.68	0.06 F	3.7%	0.04 F	-5.03
Interest receivable	0.01	0.00	0.00 A	-59.7%	0.03	0.01	-0.02 A	-57.5%	-0.01 A	0.08
PDC Dividend	-0.59	-0.59	0.00 A	0.0%	-2.95	-2.95	0.00 A	0.0%	0.00 A	-7.08
Depreciation	-2.05	-1.97	0.08 F	4.1%	-9.87	-9.45	0.42 F	4.2%	0.33 F	-24.61
<b>Total interest, dividends &amp; deprec'n</b>	<b>-3.02</b>	<b>-2.91</b>	<b>0.11 F</b>	<b>3.6%</b>	<b>-14.53</b>	<b>-14.07</b>	<b>0.46 F</b>	<b>3.2%</b>	<b>0.36 F</b>	<b>-36.65</b>
<b>NET +Surplus /-Deficit</b>	<b>-5.74</b>	<b>-6.50</b>	<b>-0.76 A</b>	<b>-13.3%</b>	<b>-23.94</b>	<b>-31.27</b>	<b>-7.33 A</b>	<b>-30.6%</b>	<b>-6.57 A</b>	<b>-46.21</b>

# Appendix B - Time series of Actuals

I&E Type	Type	Category	2014M5	2014M6	2014M7	2014M8	2014M9	2014M10	2014M11	2014M12	2015M1	2015M2	2015M3	2015M4	2015M5	
Income	SLA Income	SLA A&E	-1.19	-1.29	-1.32	-1.24	-1.33	-1.22	-1.20	-1.33	-1.53	-1.54	-1.10	-1.95	-1.54	
		SLA Bed Days	-4.72	-5.08	-4.93	-4.93	-5.35	-4.88	-5.11	-5.57	-4.83	-5.01	-4.99	-4.61	-4.58	
		SLA Daycase	-2.11	-2.32	-2.58	-2.15	-2.00	-2.22	-2.16	-2.49	-2.31	-2.39	-2.79	-2.57	-2.32	
		SLA Elective	-5.04	-4.73	-5.26	-4.61	-4.01	-4.79	-4.23	-5.32	-5.08	-4.86	-5.50	-5.77	-5.38	
		SLA Exclusions	-4.09	-3.40	-4.11	-3.46	-3.98	-2.12	-3.54	-3.50	-4.23	-3.75	-4.32	-4.92	-4.92	
		SLA Non Elective	-8.94	-10.21	-9.84	-9.17	-9.25	-8.98	-8.86	-9.19	-10.10	-10.34	-10.24	-9.75	-10.05	
		SLA Other	-12.64	-13.88	-13.67	-14.09	-13.08	-12.84	-12.67	-13.47	-8.32	-9.41	-7.97	-9.36	-8.84	
		SLA Outpatients	-8.86	-10.80	-9.87	-10.29	-8.01	-9.84	-9.18	-9.65	-10.58	-10.54	-12.06	-12.34	-10.36	
	SLA Programme	-1.41	-1.55	-1.19	-1.57	-1.37	-1.43	-1.53	-1.46	-1.09	-1.68	-1.11	-0.91	-1.00		
	<b>SLA Income Total</b>			<b>-49.02</b>	<b>-53.25</b>	<b>-52.77</b>	<b>-51.49</b>	<b>-48.38</b>	<b>-48.32</b>	<b>-48.48</b>	<b>-51.97</b>	<b>-48.06</b>	<b>-49.53</b>	<b>-50.08</b>	<b>-52.17</b>	<b>-48.99</b>
	Other Income	Levy Income		-3.98	-3.96	-4.11	-4.13	-4.31	-4.00	-3.75	-3.84	-3.65	-3.63	-3.64	-3.66	-3.65
		Other Healthcare Income		-0.01	-0.01	-0.01	-0.02	-0.01	-0.01	-0.01	-0.02	-0.04	-0.02	-0.03	-0.02	0.01
		Private & Overseas Patient RTAs		-0.25	-0.31	-0.48	-0.50	-0.54	-0.61	-0.27	-0.51	-0.45	-0.33	-0.48	-0.44	-0.40
		Other Income		-0.32	-0.32	-0.36	-0.43	-0.35	-0.45	-0.45	-0.38	-0.36	-0.27	-0.30	-0.18	-0.65
	<b>Other Income Total</b>			<b>-8.56</b>	<b>-7.91</b>	<b>-9.11</b>	<b>-11.01</b>	<b>-9.00</b>	<b>-8.39</b>	<b>-8.79</b>	<b>-10.48</b>	<b>-8.33</b>	<b>-8.07</b>	<b>-7.64</b>	<b>-8.32</b>	<b>-8.60</b>
<b>Income Total</b>			<b>-57.58</b>	<b>-61.16</b>	<b>-61.88</b>	<b>-62.50</b>	<b>-57.38</b>	<b>-56.71</b>	<b>-57.27</b>	<b>-62.45</b>	<b>-56.40</b>	<b>-57.59</b>	<b>-57.73</b>	<b>-60.49</b>	<b>-57.59</b>	
Expenditure	Pay	Pay Consultants	5.53	5.52	5.54	5.73	5.55	5.91	6.11	6.35	5.83	5.81	5.90	6.39	5.91	
		Pay Jnr Drs	4.15	4.23	4.56	4.32	4.71	4.28	4.38	4.31	4.25	4.24	4.19	4.16	4.25	
		Pay Non Clinical	6.19	6.40	6.00	6.01	5.72	5.89	5.98	6.44	6.10	5.95	6.08	7.52	6.59	
		Pay Nursing	12.50	13.85	13.44	13.42	13.48	14.09	14.30	15.05	14.62	14.68	15.02	14.09	14.48	
		Pay Other	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	-0.01	0.00	0.01	0.00	
		Pay Sci, Techs, Therap	7.84	6.96	7.17	7.57	7.73	7.28	7.17	7.08	6.58	6.68	6.79	6.63	7.13	
	<b>Pay Total</b>			<b>36.21</b>	<b>36.96</b>	<b>36.72</b>	<b>37.06</b>	<b>37.20</b>	<b>37.47</b>	<b>37.93</b>	<b>39.23</b>	<b>37.39</b>	<b>37.36</b>	<b>37.98</b>	<b>38.80</b>	<b>38.36</b>
	Non Pay	Drugs		3.53	4.23	4.11	3.94	4.20	3.80	4.15	5.41	4.55	4.41	4.57	5.37	5.03
		Clinical Consumables		7.36	7.69	6.98	7.64	7.97	8.57	7.92	7.16	7.50	8.51	8.26	8.00	8.50
		Clinical Negligence		0.81	0.83	0.92	0.76	0.79	0.83	0.75	0.83	1.22	1.21	1.22	1.44	1.29
		Establishment		0.90	0.67	1.03	0.86	0.81	0.90	0.79	0.87	0.81	1.04	0.96	1.04	0.87
		General Supplies		1.31	1.46	1.42	1.54	1.39	1.15	1.33	1.14	1.35	1.37	1.42	1.42	1.51
		PFI Unitary payment		0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.59	0.58	0.58	0.58	0.58
		Premises		2.35	3.05	3.42	3.29	2.97	2.95	3.31	3.95	3.39	3.45	4.12	3.77	2.61
	Other		2.57	2.47	2.74	3.65	1.90	3.69	1.13	4.75	4.12	5.29	1.95	0.44	2.44	
<b>Non Pay Total</b>			<b>19.39</b>	<b>20.98</b>	<b>21.20</b>	<b>22.25</b>	<b>20.60</b>	<b>22.46</b>	<b>19.95</b>	<b>24.69</b>	<b>23.54</b>	<b>25.86</b>	<b>22.83</b>	<b>22.06</b>	<b>22.83</b>	
<b>Expenditure Total</b>			<b>55.60</b>	<b>57.94</b>	<b>57.92</b>	<b>59.31</b>	<b>57.80</b>	<b>59.93</b>	<b>57.89</b>	<b>63.93</b>	<b>60.93</b>	<b>63.22</b>	<b>60.81</b>	<b>60.86</b>	<b>61.19</b>	
Post Ebitda	Other Income	Interest Receivable	0.00	-0.01	-0.01	-0.01	-0.01	-0.01	0.00	-0.01	0.00	0.00	0.00	0.00	0.00	
	<b>Other Income Total</b>			<b>0.00</b>	<b>-0.01</b>	<b>-0.01</b>	<b>-0.01</b>	<b>-0.01</b>	<b>-0.01</b>	<b>0.00</b>	<b>-0.01</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
	Other	Depreciation		1.69	1.69	1.73	1.73	1.73	2.19	1.75	1.85	2.05	1.80	1.67	1.97	1.97
		Disposal of Assets		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.09	0.00	0.00	0.00	0.00	
		Interest Payable		0.26	0.27	0.26	0.26	0.29	0.29	0.27	0.31	0.40	0.28	0.32	0.33	0.35
PDC Dividend			0.61	0.63	0.71	0.64	0.64	0.62	0.64	0.64	0.57	0.61	0.59	0.59	0.59	
<b>Other Total</b>			<b>2.56</b>	<b>2.60</b>	<b>2.71</b>	<b>2.63</b>	<b>2.66</b>	<b>3.10</b>	<b>2.66</b>	<b>2.90</b>	<b>3.02</b>	<b>2.68</b>	<b>2.58</b>	<b>2.89</b>	<b>2.91</b>	
<b>Post Ebitda Total</b>			<b>2.56</b>	<b>2.59</b>	<b>2.70</b>	<b>2.62</b>	<b>2.65</b>	<b>3.09</b>	<b>2.65</b>	<b>2.89</b>	<b>3.02</b>	<b>2.68</b>	<b>2.58</b>	<b>2.88</b>	<b>2.91</b>	
<b>Grand Total</b>			<b>0.59</b>	<b>-0.63</b>	<b>-1.25</b>	<b>-0.57</b>	<b>3.07</b>	<b>6.31</b>	<b>3.27</b>	<b>4.36</b>	<b>7.56</b>	<b>8.30</b>	<b>5.66</b>	<b>3.25</b>	<b>6.50</b>	



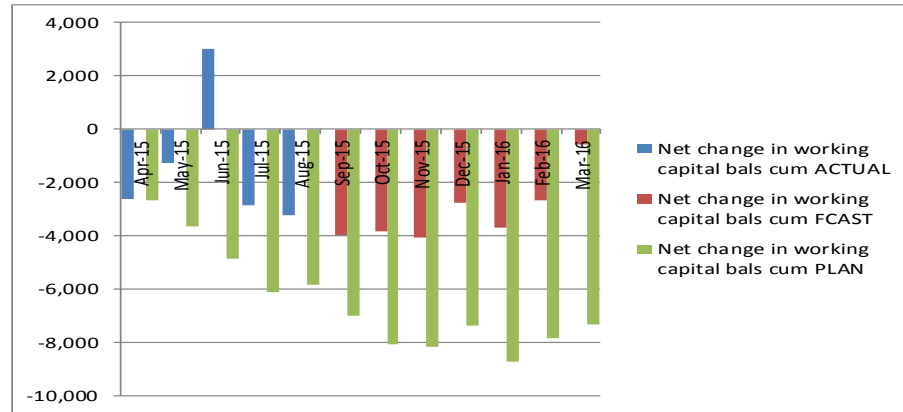
# Appendix C – Trends of Income and Expenditure



Please note that the recode of £1.2m of interim staffing costs from non pay to pay in M04 will have impacted on these graphs

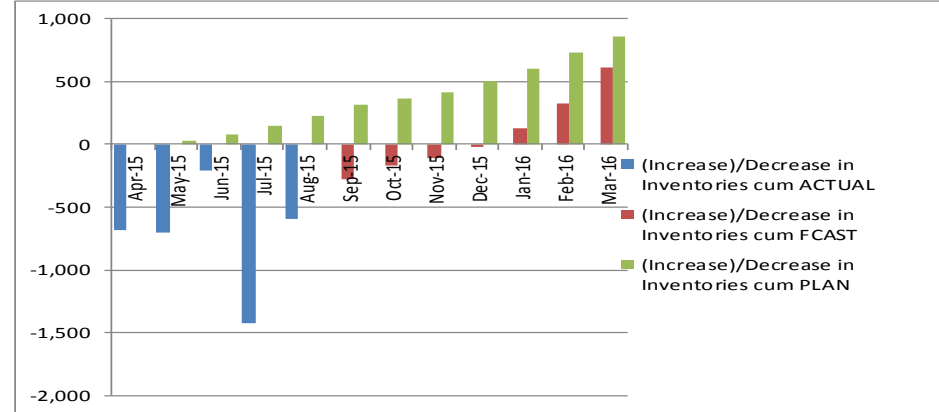
# Appendix D - Working Capital movements – YTD and forecast

**Change in all working capital balances 2015/16 actuals vs plan**



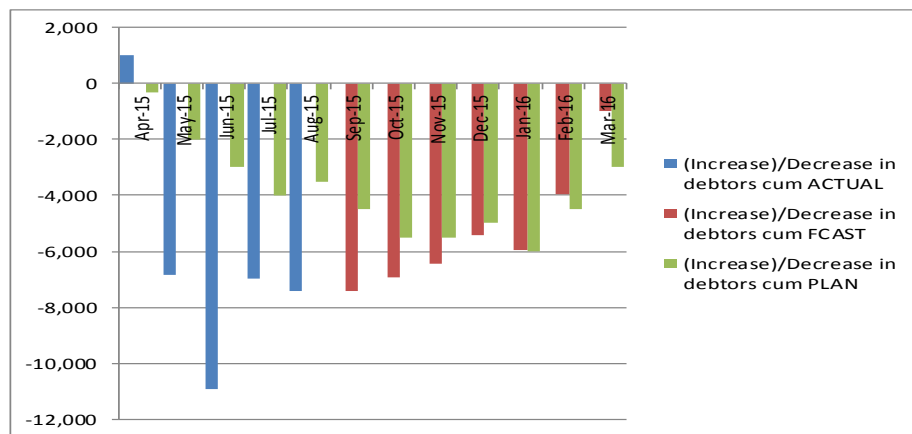
Working capital bals deteriorated by £0.4m M05 but YTD is still better than plan by £2.6m. Other 3 graphs on this slide break down this movement by inventories, debtors and creditors.

**Change in inventories 2015/16 actuals vs plan**



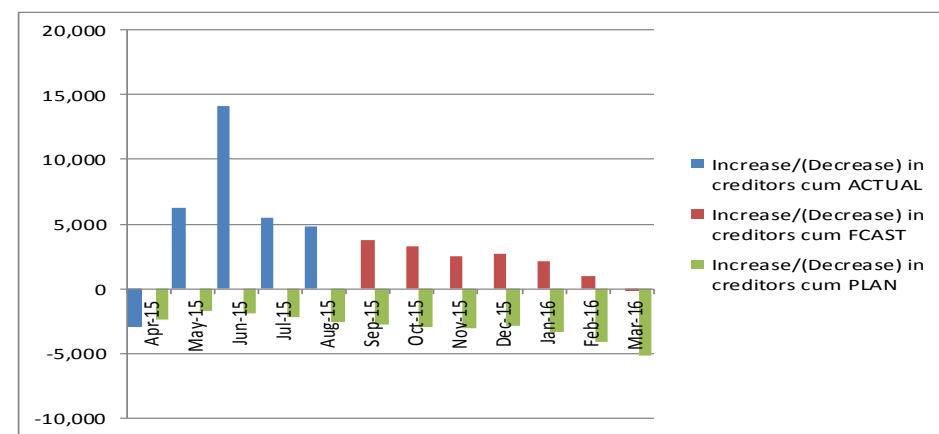
Inventories reduced by £0.8m in M05: reported pharmacy stock in line with financial system. Steady reduction (releasing cash) planned to year end - mainly from Central Store.

**Change in debtors 2015/16 actuals vs plan**



Debtors increased by £0.5m in M05 and are £4m worse than plan | total. However the increase relates to current (,30 days) debt and overdue debt reduced by £5m - exceeding the target for the month by £3.2m. See separate Debt Reduction targets slide.

**Change in creditors 2015/16 actuals vs plan**



Trust again reduced backlog of supplier invoices and at the end of August was able to pay invoices due up to 20th August.

# Appendix E - Detailed monthly cash flow forecast 15/16

2015/16 projected monthly cash flow			PLAN 2015/16	Actual 2015/16	VAR 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	PLAN 2015/16	TOTAL
	YTD £000	YTD £000	YTD £000	Sep-15 £000	Sep-15 £000	Oct-15 £000	Oct-15 £000	Nov-15 £000	Nov-15 £000	Dec-15 £000	Dec-15 £000	Jan-16 £000	Jan-16 £000	Feb-16 £000	Feb-16 £000	Mar-16 £000	Mar-16 £000	Mar-16 £000	Mar-16 £000	£000
<b>EBITDA</b>																				
IFRS net surplus/-deficit	-23,942	-23,942	0	-3,195	-3,195	-2,375	-2,375	-3,192	-3,192	-6,002	-6,002	-3,425	-3,425	-2,508	-2,508	-1,561	-1,561	-1,561	-1,561	-46,200
<b>I&amp;E risk - control totals approved by board w/c 17/08</b>																				
Profit on disposal of fixed assets		-7,330	-7,330																	
Add back:																				
Interest payable	1,699	1,679	-20	406	406	438	438	448	448	477	477	502	501	490	489	515	527	527	527	4,974
Interest receivable	-31	-14	17	-6	-7	-6	-7	-6	-7	-6	-8	-6	-8	-6	-8	-6	-12	-12	-12	-75
PDC Dividend	2,950	2,950	0	590	590	590	590	590	590	590	590	590	590	590	590	592	592	592	592	7,082
Depreciation	9,870	9,454	-416	2,050	1,967	2,100	2,017	2,100	2,017	2,100	2,017	2,130	2,047	2,130	2,047	2,130	2,047	2,130	2,047	24,610
<b>EBITDA</b>	<b>-9,455</b>	<b>-17,203</b>	<b>-7,748</b>	<b>-155</b>	<b>-239</b>	<b>747</b>	<b>663</b>	<b>-60</b>	<b>-144</b>	<b>-2,841</b>	<b>-2,926</b>	<b>-210</b>	<b>-295</b>	<b>695</b>	<b>610</b>	<b>1,670</b>	<b>1,590</b>	<b>1,670</b>	<b>1,590</b>	<b>-9,609</b>
	<b>YTD £000</b>	<b>YTD £000</b>	<b>YTD £000</b>	<b>Sep-15 £000</b>	<b>Sep-15 £000</b>	<b>Oct-15 £000</b>	<b>Oct-15 £000</b>	<b>Nov-15 £000</b>	<b>Nov-15 £000</b>	<b>Dec-15 £000</b>	<b>Dec-15 £000</b>	<b>Jan-16 £000</b>	<b>Jan-16 £000</b>	<b>Feb-16 £000</b>	<b>Feb-16 £000</b>	<b>Mar-16 £000</b>	<b>Mar-16 £000</b>	<b>Mar-16 £000</b>	<b>Mar-16 £000</b>	<b>£000</b>
Opening cash balance	24,179	24,179	3,000	6,097	3,000	5,265	3,000	5,039	3,000	5,227	3,000	5,000	3,000	3,102	3,000	3,000	3,000	3,000	3,000	24,179
EBITDA	-9,455	-17,203	-7,748	-155	-239	747	663	-60	-144	-2,841	-2,926	-210	-295	695	610	1,670	1,590	1,670	1,590	-9,609
Non-cash income	-73	-72	1	-15	-14	-15	-14	-15	-14	-15	-15	-15	-15	-15	-14	-15	-14	-15	-14	-174
Interest paid	-1,617	-1,558	59	-342	-342	-371	-371	-484	-484	-530	-530	-436	-436	-529	-529	-449	-490	-449	-490	-4,759
PDC dividend paid	0	0	0	-3,540	-3,540											-3,542	-3,542			-7,082
Operating surplus/-deficit less interest and dividends paid	-11,145	-18,833	-7,688	-4,052	-4,135	361	278	-558	-642	-3,386	-3,471	-660	-746	152	67	-2,336	-2,456			-21,623
Change in working capital																				
Change in stock	225	-594	-819	89	320	50	110	50	50	93	93	100	150	125	200	125	285	125	285	857
Change in debtors	-3,500	-7,437	-3,937	-1,000	0	-1,000	500	0	500	500	1,000	-1,000	-250	1,500	1,750	1,500	2,937	1,500	2,937	-3,000
Change in creditors (excl int pay/cap/pdc)	-2,550	4,806	7,356	-250	-2,962	-150	-500	-150	750	200	160	-450	-660	-750	-689	-1,108	-1,113			-5,208
Net change in working capital	-5,825	-3,225	2,600	-1,161	-2,642	-1,100	110	-100	1,300	793	1,253	-1,350	-760	875	1,261	517	2,109			-7,351
Provisions used		-126	-126	0	-34	0	-23	0	-23	0	-23	0	-23	0	-23	0	-23	0	-23	0
Interest received	31	13	-18	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	75
Proceeds from sale of fixed assets	0	0	0																	2,500
Capital spend (pyrmts) - external finance	-6,831	-1,183	5,648	-2,208	-2,256	-1,252	-3,200	-674	-1,949	-880	-544	-841	-1,426	-772	-1,518	-773	-885			-14,231
Capital spend (pyrmts) - internal capital	-14,025	-11,900	2,125	-2,672	-2,453	-3,475	-442	-3,146	-2,386	-2,979	-3,269	-1,769	-2,058	-1,576	-1,140	-1,696	-1,258			-31,338
Net cash inflow/-outflow from investing activities	-20,824	-13,070	7,754	-4,874	-4,701	-4,721	-3,634	-3,814	-4,327	-3,853	-3,805	-2,604	-3,476	-2,341	-2,650	38	-2,135			-42,994
Working capital loan received																				
<b>Interim support funding</b>	<b>14,625</b>	<b>15,580</b>	<b>955</b>	<b>9,858</b>	<b>9,420</b>	<b>5,324</b>	<b>3,256</b>	<b>5,093</b>	<b>4,488</b>	<b>7,644</b>	<b>6,981</b>	<b>5,074</b>	<b>3,480</b>	<b>2,274</b>	<b>2,116</b>	<b>2,293</b>	<b>3,379</b>			<b>52,185</b>
Loans received - LEEF	0	0	0																	0
Loans received - DH capital	4,125	3,569	-556	882	1,825	595	234	26		0		0		0		0				5,628
Loan repayments - LEEF	0	0	0							-739	-739									-739
Working capital loan repayments	-500	-500	0											-499.5	-499.5					-999
Loans repayments - DH capital	0	0	0													0				-186
Loans repaid - SALIX	0	0	0	-193	-193					-186	-186									-193
PFI & finance lease repayments	-1,636	-1,478	158	-460	-372	-460	-447	-460	-422	-460	-422	-460	-372	-460	-373	-511	-373			-4,907
PDC capital (assume £1.5m extra received)	0	0	0																	0
Net cash inflow/-outflow from financing	16,615	17,172	557	10,087	10,680	5,459	3,043	4,473	3,880	6,445	5,820	4,614	3,108	1,314	1,244	1,782	3,006			50,789
Net cash movement in period	-21,179	-18,083	3,097	0	-832	0	-226	1	188	-1	-227	0	-1,898	0	-102	1	501			1
<b>Closing cash balance</b>	<b>3,000</b>	<b>6,097</b>	<b>3,097</b>	<b>3,000</b>	<b>5,265</b>	<b>3,000</b>	<b>5,039</b>	<b>3,000</b>	<b>5,227</b>	<b>3,000</b>	<b>5,000</b>	<b>3,000</b>	<b>3,102</b>	<b>3,000</b>	<b>3,000</b>	<b>3,000</b>	<b>3,501</b>			<b>3,000</b>
LEEF loan	-13,303	-13,303		-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303	-13,303			-13,303
EPC capital exp (cumulative)	1,875	1,050		3,201	2,509	3,858	2,970	4,506	3,362	5,386	4,332	6,227	5,263	6,999	6,167	7,772	7,015			7,772
Exclude unexpended LEEF loan	-11,428	-12,264		-10,102	-10,794	-9,445	-10,333	-8,797	-9,941	-7,917	-8,971	-7,076	-8,040	-6,304	-7,136	-5,531	-6,288			-5,531
<b>Cash balance excl unexpended LEEF loan</b>	<b>-8,428</b>	<b>-6,167</b>		<b>-7,102</b>	<b>-5,529</b>	<b>-6,445</b>	<b>-5,294</b>	<b>-5,796</b>	<b>-4,714</b>	<b>-4,917</b>	<b>-3,971</b>	<b>-4,076</b>	<b>-4,938</b>	<b>-3,305</b>	<b>-4,136</b>	<b>-2,531</b>	<b>-2,787</b>			<b>-2,531</b>
Interim support funding cumulative (WCF £25m)	14,625	15,580	955	32,117	25,000	37,441	28,256	42,534	32,744	50,178	39,725	55,252	43,205	57,526	45,321	59,819	48,700			
Trust will apply for increase in WCF facility on 20/07/15 to provide cash support through to 31/01/16 pending results of re-forecasting exercise.																				

# Appendix F – capital programme 2015/16

CPG Finance report Month 05								BUDGETS APPROVED BY FINANCE COMMITTEE JUNE 2015: Discretionary budgets have been removed M04-M12 inclusive																
	NEW	Budget	Budget	Budget	Budget	Budget	Budget	Actual	Actual	Actual	Actual	Actual	Actual	Variance	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Budget	Forecast	Forecast
Summary cap exp	Budget	M01	M02	M03	M04	M05	YTD	M01	M02	M03	M04	M05	YTD	YTD	M06	M07	M08	M09	M10	M11	M12	Total	Outturn	Outturn var
by source of finance	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Internal capital	24,994	1,164	2,302	3,499	2,517	2,640	12,122	1,165	2,304	2,098	1,489	1,456	8,512	3,610	2,876	2,312	3,339	2,399	1,821	1,140	1,258	24,994	23,658	1,337
LEEF loan	6,782	-210	107	312	332	276	817	-210	107	190	150	11	248	569	1,459	461	392	970	931	904	848	6,782	6,213	569
DH capital loans	6,810	922	363	1,219	1,217	1,029	4,750	922	363	377	850	347	2,859	1,891	682	769	504	444	495	614	37	6,810	6,404	406
PDC capital	1,103	137	0	188	75	75	475	137	0	219	41	24	421	53	192	100	100	0	237	0	0	1,103	1,050	54
Lease finance	8,337	266	1,036	825	100	500	2,727	265	1,035	450	24	1	1,775	952	1,574	2,431	1,445	100	100	100	100	8,337	7,625	712
<b>Total</b>	<b>48,027</b>	<b>2,279</b>	<b>3,808</b>	<b>6,043</b>	<b>4,241</b>	<b>4,519</b>	<b>20,890</b>	<b>2,279</b>	<b>3,809</b>	<b>3,334</b>	<b>2,554</b>	<b>1,839</b>	<b>13,815</b>	<b>7,075</b>	<b>6,783</b>	<b>6,073</b>	<b>5,780</b>	<b>3,913</b>	<b>3,584</b>	<b>2,758</b>	<b>2,243</b>	<b>48,027</b>	<b>44,949</b>	<b>3,078</b>
Summary cap exp	Annual	Budget	Budget	Budget	Budget	Budget	Budget	Actual	Actual	Actual	Actual	Actual	Actual	Variance	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Budget	Forecast	Forecast
by budget category	budget	M01	M02	M03	M04	M05	YTD	M01	M02	M03	M04	M05	YTD	M02	M06	M07	M08	M09	M10	M11	M12	Total	Outturn	Outturn Var
and source of finance	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Infrastructure renewal</b>																								
Internal capital	2,608	165	184	247	238	279	1,113	165	185	197	470	650	1,667	-554	153	173	228	256	308	296	82	2,608	3,161	-553
LEEF loan	6,782	-210	107	312	332	276	817	-210	107	190	150	11	248	569	1,459	461	392	970	931	904	848	6,782	6,213	569
Lease finance	240	0	0	240	0	0	240	0	0	0	0	0	0	240	240	0	0	0	0	0	0	240	240	0
<b>Medical equipment</b>																								
Internal capital	3,980	144	1,065	297	132	475	2,113	145	1,066	10	191	174	1,586	527	563	359	970	268	73	66	213	3,980	4,098	-119
Lease finance	8,097	266	1,036	585	100	500	2,487	265	1,035	450	24	1	1,775	712	1,334	2,431	1,445	100	100	100	100	8,097	7,385	712
<b>IMT</b>																								
Internal capital	5,423	240	470	1,811	784	648	3,953	240	470	1,005	270	339	2,324	1,629	641	546	375	487	302	119	97	5,423	4,891	532
PDC capital	1,103	137	0	188	75	75	475	137	0	219	41	24	421	53	192	100	100	0	237	0	0	1,103	1,050	54
<b>Major Projects</b>																								
Internal capital	10,927	365	431	806	1,165	1,146	3,913	365	431	689	568	205	2,258	1,655	1,296	1,093	1,625	1,197	906	427	644	10,927	9,445	1,481
DH capital loans	6,810	922	363	1,219	1,217	1,029	4,750	922	363	377	850	347	2,859	1,891	682	769	504	444	495	614	37	6,810	6,404	406
<b>Other</b>																								
Internal capital	1,557	168	131	295	157	50	801	168	131	192	44	82	617	184	181	100	100	150	150	150	150	1,557	1,598	-41
<b>SWL Path</b>																								
Internal capital	500	82	21	42	42	42	229	82	21	5	-54	6	60	169	42	42	42	42	82	82	72	500	464	36
<b>Total</b>	<b>48,027</b>	<b>2,279</b>	<b>3,808</b>	<b>6,043</b>	<b>4,241</b>	<b>4,519</b>	<b>20,890</b>	<b>2,279</b>	<b>3,809</b>	<b>3,334</b>	<b>2,554</b>	<b>1,839</b>	<b>13,815</b>	<b>7,075</b>	<b>6,783</b>	<b>6,073</b>	<b>5,780</b>	<b>3,913</b>	<b>3,584</b>	<b>2,758</b>	<b>2,243</b>	<b>48,027</b>	<b>44,949</b>	<b>3,078</b>
<b>Forecast assumptions</b>																								
1 Contingency budget of £1m. £100k committed at M04 leaving unallocated budget of £0.9m. Forecast assumes remaining contingency budget is spent in full by year end. Lithotripsy and DSU equipment unfunded - potential call on contingency of £822k.																								
2 PPU land disposal £2.5m capital receipt is NOT received in 2015/16																								
3 CCU2 scheme (£900k) is now included - replaced Mortuary which is deferred to 2016/17 following executive review of programme.																								



## Appendix H - Developments in financial reporting

A significant amount of work is being undertaken to improve the financial reporting to the organisation. The following have been reflected in the month 5 finance report:

### a) Specific accounting changes

- a) Updated how CIPs are shown in the Divisions – only 'Green' Schemes are removed in detail from Divisional budgets. However all other schemes 'Amber' 'Red' and 'run-rate' are contributing to the Divisional positions and a schedule of the impact of these is include in this pack
- b) SLA challenges have been devolved to Divisions / Directorates as they are best placed to have an impact on the challenges
- c) Excluded drugs – rather than report over-achievement of income targets and overspends on expenditure budgets (or the converse), the in-month budget has been re-profiled to remove these variances. This simplifies the understanding of the individual income and expenditure positions by removing a set of equal and opposite variances and does not affect the bottom-line position.

### b) Reporting developments

- a) An additional view of the I&E position has been included showing the underlying trend
- b) Clarity has been refined over the treatment of central adjustments and true reserves with the establishment of unique cost-centres to record these items
- c) The reporting ledger hierarchies have been overhauled to be able to make reporting meaningful (eg removal of Other/Other categories) and to clearly separate business as usual operations from technical adjustments
- d) In month 4 we reallocated £1.2m from non pay to pay relating to interim staff costs that had previously been recorded against 'professional services/consultancy'. This includes £0.9m relating to months 1 to 3
- e) Some other costs were also been moved from the 'professional services/consultancy' code to more appropriate codes within non pay in month 4.

## MINUTES OF THE COUNCIL OF GOVERNORS

9<sup>th</sup> July 2015

Hyde Park Room, Lanesborough Wing, St George's Hospital

**Present:**

Christopher Smallwood (CRS) (chair)	Yvonne Langley (YL)
Kathryn Harrison (KH)	Anneke de Boer (AdB)
Sue Baker (SB)	Felicity Merz (FM)
Sheila Eden (SE)	Doulla Manolas (DM)
Hilary Harland (HH)	Derek McKee (DMc)
Mia Bayles (MB)	Gail Adams (GA)
Edward Crocker (EC)	Cllr Sarah McDermott (SMc)
Dr Tim Hodgson (TH)	Jenni Doman (JD)
Stuart Goodden (SG)	David Flood (DF)
Mike Grahn (MG)	Dr Val Collington (VC)
Cllr Philip Jones (PJo)	Dr Frances Gibson (FG)
Dr Patrick Bower (PB)	Dr JP van Besouw (JPvB)
Jan Poloniecki (JP)	Noyola McNicolls-Washington (NW)

**In attendance:**

- Miles Scott (Chief Executive) (MS)
- Peter Jenkinson (Director of Corporate Affairs) (PJ)
- Andrew Burn (Turnaround Director) (AB)

**Apologies:** Stephen Miles (SM)

### 15.00x Chair's opening remarks

CRS opened the meeting by welcoming Dr Tim Hodgson (Merton clinical commissioning group), Brian Dillon (Merton Healthwatch) and Will Hague (Staff governor, Allied Health Professionals) as new governors

### 15.00x Declarations of interest

No new declarations of interest were noted.

### 15.00x Minutes from the meeting held on 2<sup>nd</sup> April 2015

The council accepted the minutes from the previous meeting as an accurate record.

JP raised a question regarding how the agenda for the meeting was agreed. CRS and KH confirmed the process, including the draft agenda being shared with governors for comment and final sign-off by the chairman of the council.

JP also noted that an old version of the constitution was published on the trust website. PJ agreed to check and confirm the correct version. GA also asked that the additional wording for the constitution, relating to equality, was circulated to other governors.

PJ  
July-15

### 15.00x Quality and performance report

The Council welcomed Hazel Tonge (HT), Deputy Chief Nurse, to the meeting.

HT presented the quality and performance report, highlighting ongoing performance issues in achieving waiting time standards in A&E, RTT (18 weeks) and Cancer. She also highlighted actions being taken to strengthen the existing quality assurance framework, including the recommencement of the quality inspection programme, a focus on serious incidents and the investigation process, and the establishment of a quality standards group which would identify cross-organisational quality themes and issues using a range of data and feedback in order to direct any required intervention. She also explained the use of the safety thermometer as a quality tool, the concept of harm-free care, and the aggregation of quality data to identify issues.

The Council reviewed performance in the various domains of quality.

### **Safety**

The Council noted the incidence of a never event, relating to a procedure completed in 2009 and welcomed current performance against infection control standards. Concern was recorded regarding the level of compliance against level 3 safeguarding training requirements, but HT assured the Council that additional training provision was being provided and compliance would be pursued with relevant groups of staff.

### **Experience**

The Council noted the complaints profile as presented, and noted that the most common theme in complaints was now communication.

### **Well-led domain**

The Council noted the work being done on safe staffing levels, including in inpatient areas and the use of benchmarking to validate self-assessments.

GA asked about the membership and governance processes for reviewing serious incidents. HT explained the terms of reference of the weekly Serious Incident Declaration Meeting (SIDM) and its role in declaring and reviewing outcomes of incident investigations. She also explained the role of the Patient Safety Committee, reporting to the Quality and Risk Committee, in ensuring that lessons were learnt from incidents and action plans were implemented.

JPvB asked whether there were sanctions for non-compliance with mandatory standards, such as the WHO safer surgery checklist. HT confirmed that there were individual sanctions available where necessary, and that services could be placed into 'special measures' where non-compliance was found to be at service level.

JP asked whether the trust had a policy on 'duty of candour'. HT confirmed that there was a policy, contained within the incident management policy. The Council also noted that the trust's compliance with its obligations under the duty of candour was monitored monthly by the commissioners.

DM highlighted the sickness levels in neurosciences and children's services. The Council noted that sickness management would be discussed as part of the workforce report. The trust generally compared favourably against benchmarks in sickness management, but the purpose of the heatmap was to identify any hotspots where specific intervention was required. JPvB highlighted that the high sickness levels were in areas traditionally difficult to recruit to and asked for



assurance that safety was maintained in these areas. HT advised that staff would be moved around to cover any significant risk areas and that the daily staffing alert system was used to identify those areas where staffing was needed to ensure safe staffing levels.

The Council noted the absence of community data in the report. HT confirmed that community quality indicators were monitored and would be included in future reports.

GA advised Council that guidance was being published regarding safe staffing levels and that NHS England had published guidance that week regarding mental health services, which could be helpful in supporting offender healthcare. She also suggested that the heat map should include health and safety indicators.

#### **15.00x Workforce report**

The Council welcomed Wendy Brewer (WB), Director of Workforce, to the meeting.

WB presented the workforce report and highlighted key risks – vacancy rates and turnover rates. The council noted that turnover rates remained comparable to other London trusts but had seen an increase. WB also highlighted the reduction in requests for temporary staffing, as a result of controls put in place as part of turnaround.

The Council discussed the concerns around the levels of compliance in mandatory and statutory training, highlighting in particular level 3 safeguarding and basic life support. WB reported that the training capacity was being reviewed and the recording of attendance strengthened.

GA highlighted the amber rating for conflict resolution training and opined that this was important in order to reduce bullying and harassment. WB advised that the key issue was releasing staff from clinical areas for training and ensuring that time is allowed for training. There was also an issue with community staff not being able to access on-line training. She advised that other actions were ongoing as well as training to promote conflict resolution and reduce bullying and harassment.

The Council also discussed the impact of turnaround actions on recruitment and turnover. WB advised that the vacancy control panel was adding a delay into the recruitment process but that this was being kept to a minimum, and that there was currently no evidence of impact of the run-rate controls on absence. However the reasons for staff leaving were captured and analysed and it was clear that work pressures was one of the reasons given.

The Council noted the impact of market forces on retention and turnover in the NHS. TH advised that therefore the trust needed to think about other benefits for staff, such as crèche facilities. WB advised that the trust had a leadership development programme in place and also provided other health and wellbeing initiatives including crèche facilities. However she advised that the greatest driver for turnover is staff experience.

KH reflected on her recent visit to the human resources team, which was very positive. She asked how those staff who had not had appraisals were being captured and followed up. WB advised that appraisal data was held at individual level so could be followed up with individual managers and services where necessary through the performance management framework.

GA asked what additional support was being offered to community services and offender healthcare. WB reported that a dedicated HR manager was working with these areas to support in recruitment and retention.

The committee also noted that preparation was ongoing for the implementation of the appraisal and nursing revalidation.

#### **15.00x Finance report**

The Council welcomed Simon Milligan (SMi), interim deputy chief financial officer, to the meeting.

SMi presented the monthly finance report and highlighted recent changes in financial systems and processes to strengthen financial management and reporting.

The Council noted the received and considered a tabled summary of changes in budget from 2014/15 to 2015/16, explaining the key factors driving the deficit budget set for 2015/16 of £46m. MS advised the Council that, as the trust would be delivering a deficit for 2015/16, liquidity was critical and therefore the budget would ensure sufficient working capital.

SM asked what level of confidence the trust had in delivering sufficient cost savings. CRS reported that the trust had a good track record of delivering cost savings in previous years but had come up short of the target in the last year. He advised that it was becoming proportionately harder to deliver savings, so transformational change would be needed as well as continued workforce controls and income generation schemes.

BD asked for details of the working capital loan and the impact of that in the future on the organisation as a going concern. AB gave an explanation of the working capital facility and loans, totalling £25m. He advised that the trust was not deemed to be a high risk to lenders as losses would be ultimately guaranteed.

#### **15.00x Update on Monitor investigation**

MS gave reminded the Council of the process and timetable for the Monitor investigation into the sudden deterioration in the trust's financial position, and the likely conclusion of the investigation being confirmation that the trust had breached its licence. He advised that as part of this process Monitor had accepted some undertakings from the trust, actions to be taken by the trust to address the breach in licence, and that Monitor would also place some additional conditions on the trust's licence which would place additional requirements on the board to make the necessary changes to ensure financial and operational sustainability. Under these licence conditions, Monitor would reserve the right to additional intervention if the undertakings were not achieved.

MS advised that the trust was currently agreeing these undertakings with Monitor and they would be shared with the Council once approved by the board of directors. Key undertakings would include the development of recovery plans to be submitted to Monitor, including a one year (a reset of 2015/16 budget), two year (2016/17 budget) and a five year plan.

MS also advised that the trust had developed an action plan in response to the recommendations coming from the independent accounting review completed by PwC.

The Council discussed the process to develop the recovery plans and MS agreed that the Council would be involved in that process.

#### **15.00x Financial recovery update**

The Council welcomed Andrew Burn (AB), turnaround director, to the meeting and were introduced to his role as a turnaround director and the additional support being provided by KPMG to the trust to assist in the delivery of the financial recovery.

AB then explained the approach and timeframe for the recovery, including the different phases of focus, from 'grip' to 'build' and 'grow', to firstly stabilise the financial position of the trust and then to ensure sustainable financial performance. The Council noted examples of the types of action being taken within each of these phases. It was noted that the 'grow' phase would include considering the strategy for south west London and the possibilities of collaborating with partners in the provision of back-office services.

NW reported on the impact of the changes to standing financial instructions which limited the number of managers able to authorise expenditure, which had increased the workload of some managers. AB accepted that this change had an impact but stressed the importance of managers to scrutinise orders in order to control expenditure. The Council recognised the risk of 'grade escalation' but also recognised the need for short-term expenditure control.

The Council discussed rates of pay for staff in terms of retaining staff once recruited. MS advised that there was a need for consistent rates of pay and the trust would review any area of the trust where there was evidence of the trust's rates of pay were below other benchmarks. He reported that WB was working with other London trusts to create a shared staff bank in order to support the reduction in use of agency.

The Council also considered the opportunities for income generation. AB confirmed that the trust had a commercial board established which oversaw the development of opportunities to increase income, both NHS and non-NHS, although increased NHS income was constrained by the lack of additional capacity.

The Council noted the importance of improving quality to enable financial savings and not just financial controls. MS agreed that restructuring of services needed to be based on better models of care that reduced length of stay and therefore reduced costs. GA advised that the opportunities for developing services should be considered as well as stopping services.

#### **15.00x Audit committee report and auditor's opinion**

The Council received and noted the annual report from the audit committee, noting in particular that the internal audit service was being tendered with a view to having new auditors in place for April 2016. It was agreed that, although the Council had no role in approving the internal auditor appointment, that one governor would be invited to join the selection panel.

The Council also noted that there was due to be a quality review of external audit, to be reported to the audit committee in November 2016. This would be shared with governors once concluded.

The Council received the external auditor opinion on the trust's annual accounts

and quality account, noting that there were two sets of accounts; one covering the period as an NHS trust and one covering the two months as a foundation trust. The Council noted that the auditors had been satisfied with the accounts, and had given unqualified opinions, but had raised concerns about the organisation's 'going concern' as this had been dependent on the trust securing external financial support in the form of working capital loans. The Council noted that in respect of the quality account, the auditors could not test the 'community outcomes data' indicator selected by the Council due to lack of auditable data. This was being addressed by the trust through the quality and risk committee.

#### **15.00x SW London healthcare system – strategy**

The Council welcomed Rob Elek (RE), director of strategy, to the meeting.

The Council noted the update presented around several key strategic developments in south west London. The Council noted the case for change for south west London health economy, in particular the financial and workforce case, noting the reference back to the outputs of the Better Services Better Value programme, recommendations from which were agreed but not implemented.

Leading on from this, the South West London Collaborative Commissioning programme had been established to take the case for change forward and to set out the options to deliver the change required.

A partnership of acute providers in south west London, the Acute Providers Collaborative, had also been established to develop solutions from an acute perspective to support the collaborative commissioning.

The Council also noted the update provided on the bids submitted by the trust to be part of the national programme of 'vanguard sites', projects established with national funding support to deliver different models of care. The trust had submitted two bids – one with the south west London acute providers collaborative to support delivery of that programme and a second bid in partnership with Imperial and Marsden to create an accountable care network for cancer services.

The Council concluded that there was at least work ongoing in order to develop a plan for south west London, to agree on the configuration of services across the health economy.

TH endorsed the approach being taken with health and social care partners across the region to provide sustainable services and endorsed the importance of the programme. The Council agreed, but also agreed that there needed to be good communication across these organisational boundaries.

The Council considered the political support for this programme to enable its implementation and the hurdles to overcome to ensure sufficient support. MS opined that there was better chance if all partners are consistent in their proposals and that this would be more likely if the clinical and quality argument was made and agreed.

GA opined that there was cohesion in the document across acute and community services, but that there was a lack of support in the case for change. There was a need to ensure public engagement in the process so that they could understand and therefore support proposals.

**15.00x Any other business**

No other business was raised.

**15.00x Meeting evaluation**

Governors suggested that papers could be linked from the agenda to make it easier to navigate through to papers.

**15.00x Questions from the public**

No questions were raised.

## Chairman – job description

# The Chair

Accountable to the Council of Governors, the Chair will play a pivotal role in the success of the Trust, having responsibility for leadership of the Board of Directors and the Council of Governors and representing the Trust to its partners and stakeholders.

The Chair's main duties and responsibilities include:

### Leadership and strategy

- Demonstrating visible and ethical personal leadership by modelling the highest standards of personal behaviour, safeguarding the Trust's values and ensuring the Board of Directors emulates this example.
- Providing leadership to the Board of Directors in setting the strategic direction of the trust and holding the Chief Executive accountable for the effective management and delivery of the Trust's strategic aims and objectives.
- Pro-actively directing and managing major board decisions and their development, ensuring that 'due process' has been applied at all stages of decision making and full and complete consideration has been given to all options during the process.
- Ensuring that constructive relations based on candour, trust and mutual respect exist between executive and non-executive directors, and between the Board of Directors and the Council of Governors, and that they work effectively together.
- Developing a close and constructive relationship with the Chief Executive, providing support and guidance while respecting executive responsibility.
- Reviewing and evaluating present and future opportunities, threats and risks in the external environment and current and future strengths, weaknesses and risks to the Trust.
- Providing vision to the Trust to capitalise on the freedoms it enjoys as a Foundation Trust.

### External relations

- Developing and maintaining constructive relationships with key stakeholders, including regulators, commissioners, partner organisations, members and the wider community.
- Acting as an ambassador for the Trust, and representing its views with national, regional or local bodies.
- Working with the Chief Executive to establish and develop partnerships and networks to support the furtherance of the Trust's strategy and reputation.

### Governance

- Chairing meetings of the Board of Directors and Council of Governors, ensuring that agendas are focussed on strategy, performance, quality and accountability and that the style and tone of discussions promotes constructive debate and challenge.
- Ensuring that both Board and Council members receive accurate, high quality, timely and clear information, and that there is a good flow of information between the Board and the Council.

- Ensuring that the Board of Directors identifies the key risks faced by the Trust in implementing its strategy, and that prudent processes and controls are in place to appropriately monitor and manage those risks.
- Facilitating the effective contribution of all members of the Board of Directors, ensuring the Board collectively, and members individually, apply sufficient challenge before taking significant decisions.
- Facilitating systems and processes that enable the Council of Governors to hold the non-executive directors individually and collectively to account for the performance of the Board.
- Ensuring that Board committees that support accountability are properly constituted.

### Appointments, succession planning and development

- Ensuring the Board has the right balance and diversity of skills, knowledge and perspective, building an effective and complementary Board of Directors.
- Chairing the Trust’s Nominations Committee and Appointments and Remuneration Committee, initiating change and succession planning to meet the needs of the Trust, and ensuring the continual improvement in quality and calibre of executives.
- Establishing a programme of Board development to ensure the Board of directors continues to meet standards and best practice guidance in performance of its duties.
- Ensuring appropriate induction, evaluation and development for Board and Council members.
- Conducting the Chief Executive’s annual performance appraisal.

## Person specification – Chair

Skills and experience required	Method of testing
<p><b>Knowledge and experience</b></p> <ul style="list-style-type: none"> <li>• Senior executive and non-executive experience in large and complex organisations, ideally including experience as a chair.</li> <li>• Experience of the NHS and/or wider public sector, as either an executive or a non-executive, is highly desirable.</li> <li>• A significant track record of leadership and achieving positive strategic change.</li> <li>• Experience of leadership at a regional or national level.</li> <li>• Organisational and governance skills including strategic planning, financial management, risk management, people management, performance management and service development.</li> <li>• An understanding of the political, social and economic issues</li> </ul>	<p>Application</p> <p>Application</p> <p>Application / interview</p> <p>Application</p> <p>Application / interview</p> <p>Interview</p>

surrounding the health economy.	
<b>Skills and personal qualities</b> <ul style="list-style-type: none"> <li>• Ability to demonstrate empathy with the aims and values of the NHS, and the Trust.</li> <li>• Strong strategic skills, political astuteness and the ability to cope with complexity and ambiguity.</li> <li>• Combined ambition and realism when setting objectives and targets.</li> <li>• Excellent communication and stakeholder management skills.</li> <li>• Demonstrable leadership skills, with an inclusive style of decision making.</li> <li>• Independence of judgement and integrity.</li> </ul>	<p>Interview</p> <p>Interview</p> <p>Interview</p> <p>Interview</p> <p>Interview</p> <p>Interview</p>

## Terms of appointment

To be appointed as Chair a person must:

- be a Member of the Public Constituency of the Trust, and
- satisfy the requirements of the fit and proper person test, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the guidance issued by the Care Quality Commission.

Remuneration will be determined by the Council of Governors, plus travel and subsistence reimbursement in line with Trust policy, for an average time commitment of around 2/3 days per week.

As for all Directors of the Trust, the Chair has the following duties:-

- to avoid a situation in which they have a direct or indirect interest that conflicts (or may conflict) with the interests of the Trust, and
- not to accept a benefit from any third party by reason of being a Director or doing/not doing anything in that capacity.

Further details on conflicts of interest are available in the Trust's Constitution or from the Trust Secretary.

---



## **Non-executive Director – job description**

# **The role of Non-executive Director**

### **Principles**

The Board of Directors is collectively responsible for the success of St. George's University Hospitals NHS Foundation Trust by directing and supervising its affairs. This includes responsibility to maintain financial viability, using resources effectively within appropriate financial controls, ensuring high levels of probity and value for money and to deliver high standards of clinical governance, ensuring that all health standards are met. The post holder must demonstrate high standards of corporate conduct and personal probity. Strong non-executive directors are clear and strategic thinkers with the confidence, credibility and sensitivity to engage with a wide range of audiences both inside and outside the Trust.

### **Corporate responsibility**

Shared with other directors, Non-executive Directors' corporate responsibility includes:

- setting the corporate strategic aims, ensuring that the necessary financial and human resources and infrastructure are in place for the Trust to meet its objectives, and that performance is effectively monitored and reviewed;
- providing entrepreneurial leadership to the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed; and
- setting the Trust's values and standards and ensuring that its obligations to its stakeholders and the wider community are understood and met.

### **Specific responsibilities**

Specific responsibilities of the Non-executive Directors are to:

- constructively challenge and help develop the Trust's strategic direction and proposals on individual supporting strategies;
- scrutinise the performance of the organisation in meeting agreed goals and objectives and monitor the reporting of performance;
- satisfy themselves on the integrity of financial information and that financial controls and systems of risk management are robust and defensible;
- determine appropriate levels of remuneration and terms of appointment for executive directors; and
- take an active part in committees established by the Board of Directors to exercise delegated responsibility, taking part in at least one of these.

### **Person specification**

The successful candidate will bring an established track record of experience at board level in a complex organisation with an understanding of corporate governance requirements. They will also have a strong interpersonal style, able to empathise with and relate easily to people, both internally within the Trust and externally in the wider community. The candidates will be expected to demonstrate how they will live by and exemplify the trust's values: excellent, kind, responsible and respectful.

Additionally, the successful candidate will be able to demonstrate specific skills and experience in:

- significant skills and experience in finance including a relevant financial qualification, (eg chartered accountant)

## Terms of appointment

### Appointment and Tenure

Non-executives will be appointed for an initial period of 3 years from the date of the resolution to appoint by the Council of Governors. Re-appointments may be made at the end of the period of appointment, subject to the approval of the Council of Governors and satisfactory appraisal.

This post is a public appointment or statutory office and is not subject to the provisions of employment law. Non-executives are appointees not employees. To ensure that public service values are maintained at the heart of the NHS, all Directors are required, on appointment, to agree to and abide by the Code of Conduct for the Trust's Board of Directors.

### Personal Development Review

The Chair will undertake an annual personal development review. In the event of an individual's performance not being satisfactory, the Council of Governors can terminate the appointment.

### Conflict of Interest

Non-executive Directors are required to declare any conflict of interest in respect of relevant business interests, other appointments or connections with commercial or NHS bodies. The declaration is required on appointment and at any time during the execution of the Trust's business, where a conflict of interest may arise. A Register of Interests will be presented to the Board of Directors on an annual basis and minuted. The Register will be published in the Foundation Trust's Annual Report and will be available for public inspection.

### Time Commitment

The time commitment is approximately six 'man-days' per month, based on an assumption of half day for board sub-committees and a whole day for board meetings.

There are twelve Board of Directors' meetings per year in addition to which there are regular board development / strategy sessions. Non-executive directors are expected to be a member of at least one board sub-committees and to participate in board initiatives such as quality inspections. Attendance at meetings of the Board of Directors is reported on in the annual report.

### Remuneration

Remuneration, as determined by the Council of Governors is currently £12,000 per annum. Remuneration is taxable under Schedule E and subject to Class 1 National Insurance contributions. It is not pensionable.

Non-executive Directors are also eligible to claim allowances for travel and subsistence costs necessarily incurred on Trust business.

The Appointments and Remuneration Committee will review and recommend levels of future remuneration, subject to the Council of Governors' approval.

### **Independence Requirements**

Non-executives must be independent in character and in judgement, with no relationships or circumstances which are likely to affect, or could appear to affect, their judgement.

Additionally they must demonstrate that they have no:

- conflict of interest;
- material interests;
- related party transaction; or
- transfer of resources, services, or obligations between related parties, regardless of whether a price is charged.

## Paper to Council of Governors – 27 October 2015

### Report from the Nominations and Remuneration Committee

#### Chair and non-executive director appointments

##### **Purpose**

To make recommendations to the Council for the:

- 1. Succession planning / new appointment of the trust chairman (recommendations 1 and 2);**
- 2. Succession planning / new appointment of a non-executive director to replace Mike Rappolt (recommendations 3 and 4);**
- 3. Reappointment of Sarah Wilton as non-executive director (recommendation 5);**
- 4. Succession planning for the Principal of St. George's University of London (recommendation 5).**
- 5. Amendment of the constitution to allow for the appointment of an additional non-executive director (recommendation 7)**

The Council is asked to consider the recommendations from the Council's Nominations and Remuneration Committee regarding the appointment of chairman and non-executive directors. The trust's constitution outlines the Council's powers and duties in regard to appointments of chairman and non-executive directors:

26.1 "The Council of Governors, at a general meeting [...] shall appoint or remove the chairman of the trust and the other non-executive directors"

##### **Background / principles**

At its meeting in February 2015, the Council agreed that when a current non-executive director or the chairman is coming to the end of their term of office, the Council's nominations and remuneration committee would consider the options for the appointment process and make a recommendation to the Council for consideration:

- An open competitive process;
- Reappointment of the current non-executive director or chairman for a standard term (three years); or
- Reappointment of the current non-executive director or chairman for a shorter term.

The Council also agreed at that meeting that the option to re-appoint a non-executive director should be one of the options considered by the Council, informed by appraisal information, when only one term of office had been completed. Past that an open and competitive process should be followed.

The recommendations below are the output of discussions at the nominations and remuneration committee meeting on 1<sup>st</sup> October 2015, including recommendations for Council to consider.

## **1.0 Succession planning / new appointment of the trust chairman**

### **1.1 Appointment**

Christopher Smallwood was appointed as trust chairman in September 2011 on a four year term of office. At the Council meeting in February 2015, his appointment was confirmed as the initial chairman of the foundation trust, with an extension to his existing term of office, in accordance with clause 27.1 of the trust constitution, to expire on 1<sup>st</sup> February 2016. He has therefore served one term of four years and six months in this role.

The chairman has indicated that he does not wish to be re-appointed at the end of his current term. The Council will therefore need to appoint a new chairman.

### **1.2 Appointment process**

The Code of Governance sets out guidance on the appointment process “B.2.5. The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.”

The committee therefore considered an appointment process to include:

- Timeline
- Job description / person specification
- Advertising / search approach
- Interview panel and shortlisting process
- Recommendation of appointment for approval by the Council

#### **1.2.1 Timeline**

Although the chairman’s term of office concludes at the end of January 2016, it is important that the incoming chairman is involved in the appointment of the new non-executive director (see section 2 below). Therefore the timeline is designed to appoint a new chairman before Christmas so he / she can be involved in shortlisting and interviewing.

The committee agreed an indicative timescale as outlined below:

Committee agreement on recommendation to Council, including: <ul style="list-style-type: none"><li>• Person specification</li><li>• Remuneration</li><li>• Advertising</li><li>• Interview panel composition</li></ul>	01-Oct-15
Council of Governors approval of process, person spec and remuneration range	27-Oct-15
Advertise vacancy and formal search	30-Oct 15 to 20-Nov-15
Shortlisting	w/c 7-Dec-15
Interviews	w/c 21-Dec-15
Appointment to be approved by Council of Governors (extraordinary council meeting will need to be arranged week commencing 21 <sup>st</sup> December)	w/c 21-Dec-15
Appointment, to be in post from	02-Feb-16 w/c 4-Jan-16

### **1.2.2 Job description / person specification**

The committee considered a draft job description, attached as an appendix.

### **1.2.3 Search approach**

Given the importance of this appointment, the trust executive has commissioned recruitment specialists Saxton Bampfylde to support the appointment process by conducting a proactive search for suitable candidates. In using external support the Council of Governors will not lose their decision-making ability over the appointment, but will be assured that the candidate list to select from is the best possible.

### **1.2.4 Shortlisting and Interview panel**

The committee considered the composition of the interview panel. It is important that governors make up the majority of the panel, but are supported by external expertise. The suggested composition of the panel is:

- Chair of Council of Governors (chair of the panel)
- Deputy Chair of the Council's Noms and Rems Committee
- Lead Governor
- Two additional governors
- External chairman
- External support (from Saxton Bamfylde)

The committee agreed how the two governors should be selected. It is proposed that governors are invited to express an interest in joining the panel and the chair and deputy chair of the committee will then select the most appropriate from those nominations to ensure a balanced interview panel. The external chairman will be selected in consultation with Monitor.

It is recommended that shortlisting should be completed by the chair, deputy chair of this committee, lead governor and external chair.

In order to enable all governors and external stakeholders to input into this selection process, the committee agreed that there should be focus group sessions with the shortlisted candidates, say a day before the interviews, so that governors can meet the candidates and give feedback ahead of the interview.

#### ***Recommendation 1:***

***The Council should consider the recommendation for the process for the new appointment of a chairman to replace Christopher Smallwood from February 2016, as outlined above.***

### **1.4 Remuneration**

When setting the initial remuneration for the chairman in April 2015, the Council agreed an initial remuneration of £45,000, with a commitment to increase the chairman's remuneration to the mean market rate (currently £65,500 based on benchmark information available for large foundation trusts in London) but on an incremental basis – this would be reviewed in the autumn 2015.

The recommendation is that a suitable range to consider in terms of offers would be £55,000 to £60,000, but that for exceptional candidates the Council should be prepared to offer the

current market rate (£65,000). The committee agreed that there should be a performance review after 6 months, conducted by the senior independent director and the committee.

**Recommendation 2:**

***The Council is asked to consider the recommendation regarding an acceptable range for the remuneration for the new chairman.***

**2.0 Succession planning / new appointment of a non-executive director to replace Mike Rappolt**

**2.1 Appointment**

Mike Rappolt’s term of office as non-executive director expires on 1<sup>st</sup> February 2016. Mike was originally appointed to this role in September 2004 so has now served 10 years as a non-executive director. Mike has decided to step down as a non-executive director at the end of his current term; therefore the Council will need to appoint a new non-executive director to replace him. As Mike is currently also the deputy chairman and senior independent director (SID), these roles will also need to be appointed to.

The Trust’s constitution states that the Council of Governors shall appoint one of the non-executive directors as the deputy chair and that the appointment of the SID by the Board of Directors should be made in consultation with the Council of Governors. This process will need to be completed by the Council overseen by the new chairman. The committee agreed that a recommendation regarding these appointments would be made to the January Council meeting.

As this requires a new appointment, the committee recommends an open competitive process is followed for the appointment of a new non-executive director.

**2.2 Appointment process**

**2.2.1 Timeline**

As outlined in section 1 above, the timetable for the appointment process should reflect the need for the new chairman to be involved in the selection process. An indicative timeline is therefore:

Committee agreement on recommendation to Council, including: <ul style="list-style-type: none"> <li>• Person specification</li> <li>• Remuneration</li> <li>• Advertising</li> <li>• Interview panel composition</li> </ul>	20-Oct-15
Council of Governors approval of process, person spec and remuneration range	27-Oct-15
Advertise vacancy and proactive search	20-Nov-15 to 18-Dec-15
Shortlisting	w/c 02-Jan-15
Interviews	w/c 18-Jan-15
Appointment to be approved by Council of Governors (existing Council meeting on 12 January 2016 to be rearranged or extraordinary council meeting will need to be arranged week commencing xx January 2016)	w/c 25-Jan-15
Appointment, with start date to be confirmed depending on	w/c 25-Jan-15

### 2.2.2 Person specification

The Code of Governors state: "B.2.7. When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position."

The Board of Directors has discussed the skills and experience required for this new appointment, in the context of the current priorities. The Board and the committee recommends that the person specification for this appointment should focus on significant skills and experience in finance including a relevant financial qualification, (e.g. chartered accountant). This new appointment would be expected to replace the chairman as the chair the board's finance and performance committee, in accordance with the recommendation from PwC's independent accounting review.

### 2.2.3 Search approach

Given the importance of this appointment, the trust has commissioned recruitment specialists to support the appointment process by conducting a proactive search for suitable candidates. In using external support the Council of Governors will not lose their decision-making ability over the appointment, but will be assured that the candidate list to select from is the best possible.

### 2.2.4 Interview panel

The committee considered the composition of the interview panel. It is important that governors make up the majority of the panel, but are supported by external expertise. The recommendation to the Council regarding the composition of the panel is:

- Chairman (to be appointed through above process)
- Deputy Chair of the Council's Noms and Rems Committee
- Lead Governor
- Two additional governors
- External support (from Saxton Bamfylde)

The committee agreed how the two governors should be selected. It is proposed that governors are invited to express an interest in joining the panel and the chair and deputy chair of the committee will then select the most appropriate from those nominations to ensure a balanced interview panel. It is recommended that shortlisting should be completed

***Recommendation 3:***

***The Council should therefore consider the recommendation from the nominations and remuneration committee regarding the person specification and appointment process for the appointment of a new non-executive director.***

by the chairman, deputy chair of this committee and lead governor.

### 2.3 Remuneration

In April 2015, the Council agreed a fixed remuneration for non-executive directors of £12,000 per annum, with no additional remuneration for additional responsibilities. It is therefore recommended that this agreed level of remuneration is maintained for this appointment.

***Recommendation 4:***

***The Council should therefore consider the recommendation from the committee regarding the remuneration for this non-executive director appointment, in line with other non-executive director remuneration.***



### **3.0 Sarah Wilton, non-executive director**

Sarah was originally appointed by the Trust Development Authority (TDA) as an associate non-executive director in December 2010 for 3 years. In April 2013 Sarah was appointed by the TDA as a non-executive director from July 2013 to June 2015, with two years in order to carry the trust through to after foundation trust status. She was then appointed as non-executive director of the foundation trust by the Council of Governors in February 2015 until February 2016, in accordance with the trust's constitution.

Sarah therefore will have served one term of two years and six months as a voting non-executive director by the end of her current term of office, and an additional two years and six months as an associate non-executive director (five years in total).

Bearing in mind the loss of the two most senior non-executive directors from the board, it is vital for continuity and balance of board composition that the board retains its next most senior non-executive director.

The chairman will be providing feedback on Sarah's appraisal as part of this meeting which the Council should use to inform their decision. Sarah is chair of the trust's quality and risk committee, member of the audit committee and a valued member of the board. She also brings significant experience and knowledge of community services.

The committee agreed a recommendation that Sarah is therefore re-appointed for another term of three years. At the end of this next term it would be expected that this post is appointed to through an open and competitive process.

***Recommendation 5:***

***The Council should therefore consider a recommendation from the committee to re-appoint Sarah as non-executive director for another term of three years.***

### **4.0 Succession planning for the Principal of St. George's University of London**

Professor Kopelman was appointed in September 2014 into his second term of office as a non-executive director, due to come to an end in September 2018. However Professor Kopelman has tendered his retirement as Principal of SGUL and will leave office on 1<sup>st</sup> November, continuing to work at SGUL until 31<sup>st</sup> December 2015 to support the incoming Principal, Professor Jenny Higham.

Peter's appointment as a non-executive director is on the basis of him representing the university and he will therefore also stand down as a non-executive director when he leaves the university. This role is appointed to through agreement with the university rather than open competition.

The trust gains a lot of benefit from having the principal of the university on its board, including having another clinician in its composition and promotion of close collaboration and partnership working through joint appointments and development of joint academic and clinical services.

Therefore although there is no requirement for the Board of Directors to have a representative of the university as a non-executive on this basis, the Council is asked to

consider the replacement of Prof Kopelman with Prof Higham as a non-executive director from 1<sup>st</sup> November.

**Recommendation 6:**

***The Council should therefore consider a recommendation from the committee regarding the succession for Professor Kopelman, with the appointment of the incoming SGUL Principal as a non-executive director.***

## **5.0 Appointment of additional non-executive director**

Given the significant challenges faced by the trust in the next few years, it is important that the composition and capacity of the board is as strong as it could be, in particular the non-executive directors. The PwC independent accounting review stressed the importance of scrutiny by the non-executive directors, in respect of the financial planning and performance. It also recommended that the finance and performance committee should not be chaired by the trust chairman as current.

Given the limited time allowance for non-executive directors and the fact that the current non-executive directors are already stretched, the board consider that the skills composition of the board would be enhanced further by recruiting an additional non-executive director.

The committee discussed the skills required from such an appointment and agreed that the key gap in skills is in business application of IT, in particular from non-executive directors currently in business or employment.

Currently the foundation trust's constitution limits the number of non-executive directors to six, plus the chairman. To appoint another non-executive director the constitution will need to be amended. The trust may make amendments of if more than half of the members of the Council of Governors of the trust voting approve the amendments; and more than half of the members of the Board of Directors of the trust voting approve the amendments.

**Recommendation 7:**

***The Council is therefore asked to consider a recommendation to appoint an additional non-executive director, with skills and experience in applying IT in a business environment, and a recommendation to amend the constitution to allow for an additional non-executive director to be added to the composition of the Board of Directors.***

## **ADDENDUM TO RECOMMENDATIONS FROM THE NOMINATIONS AND REMUNERATION COMMITTEE**

Since the nominations and remunerations committee, Judith Hulf has tendered her resignation as non-executive director stating a desire to step down from the end of January 2016.

The Council is therefore asked to consider an additional recommendation for the appointment of a new non-executive director to replace Judith.

### **6.0 Appointment of a non-executive director to replace Judith Hulf**

#### **6.1 Appointment**

Although Judith's term of office as non-executive director expires on 1<sup>st</sup> February 2017, Judith has expressed a desire to step down early, from the end of January 2016. Judith is a valued member of the quality and risk committee and audit committee and brings significant clinical experience to the board.

As this requires a new appointment, the committee recommends an open competitive process is followed for the appointment of a new non-executive director.

#### **6.2 Appointment process**

##### **6.2.1 Timeline**

As outlined in section 1 above, the timetable for the appointment process should reflect the need for the new chairman to be involved in the selection process. An indicative timeline is therefore:

Committee agreement on recommendation to Council, including: <ul style="list-style-type: none"><li>• Person specification</li><li>• Remuneration</li><li>• Advertising</li><li>• Interview panel composition</li></ul>	20-Oct-15
Council of Governors approval of process, person spec and remuneration range	27-Oct-15
Advertise vacancy and proactive search	20-Nov-15 to 18-Dec-15
Shortlisting	w/c 02-Jan-15
Interviews	w/c 18-Jan-15
Appointment to be approved by Council of Governors (existing Council meeting on 12 January 2016 to be rearranged or extraordinary council meeting will need to be arranged week commencing xx January 2016)	w/c 25-Jan-15
Appointment, to be in post from 02-Feb-16	w/c 25-Jan-15

##### **6.2.2 Person specification**

The Code of Governors state: "B.2.7. When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position."

The Board and the committee recommends that the person specification for this appointment should focus on replacing the skills and experience provided by Judith and therefore

maintain the current skills composition – significant skills and experience in quality in healthcare.

### **6.2.3 Search approach**

Given the importance of this appointment, the trust has commissioned recruitment specialists to support the appointment process by conducting a proactive search for suitable candidates. In using external support the Council of Governors will not lose their decision-making ability over the appointment, but will be assured that the candidate list to select from is the best possible.

### **6.2.4 Interview panel**

The committee considered the composition of the interview panel. It is important that governors make up the majority of the panel, but are supported by external expertise. The recommendation to the Council regarding the composition of the panel is:

- Chairman (to be appointed through section 1)
- Deputy Chair of the Council's Noms and Rems Committee
- Lead Governor
- Two additional governors
- External support (from Saxton Bamfylde)

It is proposed that governors are invited to express an interest in joining the panel and the chair will then select the most appropriate from those nominations to ensure a balanced interview panel.

It is recommended that shortlisting should be completed by the chairman, deputy chair of this committee and lead governor.

***Recommendation 8:***

***The Council should therefore consider the recommendation from the nominations and remuneration committee regarding the person specification and appointment process for the appointment of a new non-executive director.***

### **6.3 Remuneration**

In April 2015, the Council agreed a fixed remuneration for non-executive directors of £12,000 per annum, with no additional remuneration for additional responsibilities. It is therefore recommended that this agreed level of remuneration is maintained for this appointment.

***Recommendation 9:***

***The Council should therefore consider the recommendation from the committee regarding the remuneration for this non-executive director appointment, in line with other non-executive director remuneration.***

## **Appendix 1 - Governing principles for the appointment of chair and non-executive directors**

### **Code of Governance (extract)**

#### Appointments to the Board

B.2 Appointments to the board Main principle B.2.a There should be a formal, rigorous and transparent procedure for the appointment of new directors to the board. Directors of NHS foundation trusts must be “fit and proper” to meet the requirements of the general conditions of the provider licence. 27 Supporting principles B.2.b The search for candidates for the board of directors should be conducted, and appointments made, on merit, against objective criteria and with due regard for the benefits of diversity on the board and the requirements of the trust.

#### Code provisions

B.2.1. The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS foundation trust and the skills and expertise required within the board of directors to meet them. B.2.2. Directors on the board of directors and governors on the council of governors should meet the “fit and proper” persons test described in the provider licence. For the purpose of the licence and application criteria, “fit and proper” persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations.

B.2.5. The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.

B.2.7. When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.

### **B.7 Re-appointment of directors and re-election of governors**

#### **Main principle**

B.7.a All non-executive directors and elected governors should be submitted for re-appointment or re-election at regular intervals. The performance of executive directors of the board should be subject to regular appraisal and review. The council of governors should ensure planned and progressive refreshing of the non-executive directors.

#### **Code provisions**

B.7.1. In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive’s independence.

### **Relevant statutory requirements**

B.7.4 Non-executive directors, including the chairperson should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.

### **Trust Constitution (March 2015) (extract)**

#### **1. Board of Directors – qualification for appointment as a non-executive director**

A person may be appointed as a non-executive director only if:

- 1.1 he/she is a member of a Public Constituency; or
- 1.2 where any of the trust's hospitals includes a medical or dental school provided by a university, he/she exercises functions for the purposes of that university; and
- 1.3 he/she is not disqualified by virtue of paragraph 31 below.

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Performance & Quality Report to the Trust Board

Month 5 - August 2015



*Excellence in specialist and community healthcare*

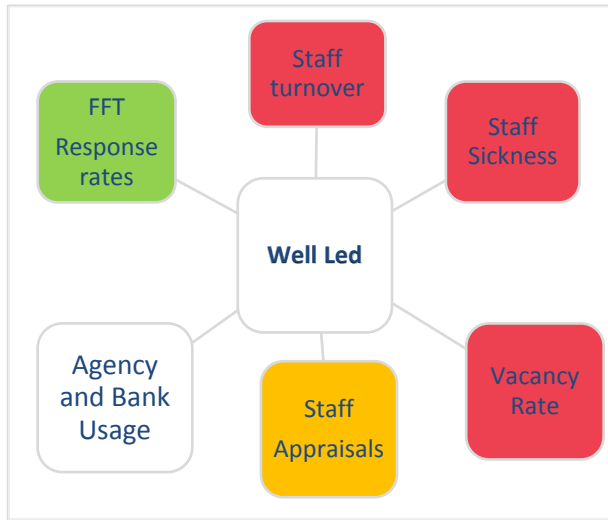
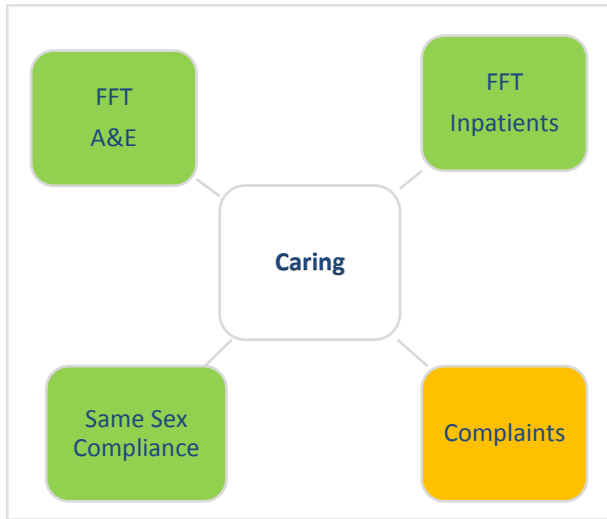
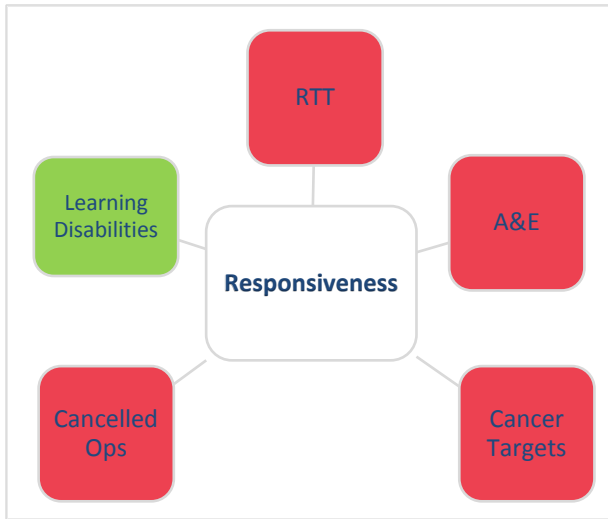
# CONTENTS

SECTION	CONTENT	PAGE
1	<b>Executive Summary</b>	3
2	<b>Performance against Frameworks</b>	
	<b>Monitor Risk Assessment Overview</b>	5
	<b>TDA Accountability Framework Overview</b>	6
3	<b>Performance – Areas of Escalation</b>	
	A&E : 4 Hour Standard	8
	RTT 52+ Week Waiters	9
	Cancer Performance	10
	Cancelled Operations	12
	Diagnostic 6+ Weeks Wait	13
4	<b>Divisional KPIs</b>	14
5	<b>Corporate Outpatient Performance</b>	
	Performance Overview Dashboard	17
	Key Messages	18
6	<b>Clinical Audit and Effectiveness</b>	
	Mortality	20
	Clinical Audits	21
	NICE Guidance	24

SECTION	CONTENT	PAGE
7	<b>Patient Safety</b>	
	Incident Profile – Sis	26
	Safety Thermometer	27
	Incident Profile – Pressure Ulcers	28
	Incident Profile - Falls	29
	Infection Control	30
	VTE	31
	Safeguarding: Adults	32
	Safeguarding: Children	33
8	<b>Patient Experience</b>	
	Friends and Family Test	35
	New Patient Experience Reports	37
	Complaints	38
	Service User Comments	41
9	<b>Workforce</b>	
	Safe Staffing profile for inpatient areas	43
	Safe Staffing Alerts	45
10	<b>Community Services Scorecard</b>	46
	Appendix 1 : Monitor Framework Overview	49



# 1. Executive Summary - Key Priority Areas August 2015\*



The above shows an overview of August 2015 performance for key areas within each domain and also as detailed in the Monitor Risk Assessment Framework. These domains 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 July as reported one month in arrears)

This report is produced in line with the trust performance management framework which encompasses the Monitor regulatory requirements.

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Performance against Frameworks

*Excellence in specialist and community healthcare*

## 2. Monitor Risk Assessment Framework KPIs 2015/16: August 15 Performance (Page 1 of 1)

ACCESS	Metric	Standard	Weighting	Score	YTD	Jul-15	Aug-15	Movement
	Referral to Treatment Admitted	90%	N/A	N/A		85.25%	80.20%	↑ -5.05%
	Referral to Treatment Non Admitted	95%	N/A	N/A		95.18%	93.00%	↓ -2.18%
	Referral to Treatment Incomplete	92%	1	1		90.62%	89.70%	↓ -0.92%
	A&E All Types Monthly Performance	95%	1	1	92.67%	91.88%	94.25%	↑ 2.37%
	Metric	Standard	Weighting	Score	YTD	Q1	Q2*	Movement
	62 Day Standard	85%	1	1	79.63%	79.27%	80.52%	↑ 1.24%
	62 Day Screening Standard	90%			84.56%	82.08%	90.70%	↑ 8.62%
	31 Day Subsequent Drug Standard	98%	1	0	100%	100%	100%	⇒ 0.00%
	31 Day Subsequent Surgery Standard	94%			95.33%	95.18%	95.83%	↑ 0.65%
31 Day Standard	96%	1	0	97.54%	97.24%	98.45%	↑ 1.21%	
Two Week Wait Standard	93%	1	1	91.08%	92.38%	86.01%	↓ -6.37%	
Breast Symptom Two Week Wait Standard	93%	1		91.28%	90.45%	94.49%	↑ 4.04%	

\* Not Yet Avaliable (NYA)

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

The trust's quality governance rating is 'Red' as the trust has a governance score of 4 and Monitor have imposed additional license conditions in relations to governance. ( further details in appendix 1.)

OUTCOMES	Metric	Standard	Weighting	Score	YTD	Jul-15	Aug-15	Movement	
	Clostridium( C.) Difficile - meeting the C.difficile objective (de minimis of 12 applies)	31	1	0	13	2	2	⇒ 0	
	<b>Certification of Compliance Learning Disabilities;</b>								
	Does the Trust have mechanism in place to identify and flag patients with learning disabilities and protocols that ensure the pathways of care are reasonably adjusted to meet the health needs of these patients?	Compliant	1	0	Yes	Yes	Yes	⇒	
	Does the Trust provide available and comprehensive information to patients with learning disabilities about the following criteria: - treatment options; complaints procedures; and appointments?	Compliant	1	0	Yes	Yes	Yes	⇒	
	Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?	Compliant	1	0	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	1	0	Yes	Yes	Yes	⇒	
	Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	Compliant	1	0	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	1	0	Yes	Yes	Yes	⇒	
	<b>Data Completeness Community Services:</b>								
Referral to treatment * data is for April and May 2015	50%	1	0		55.1%	55.1%	⇒ 0.0%		
Referral Information	50%	1	0		87.9%	87.9%	⇒ 0.0%		
Treatment Activity	50%	1	0		70.7%	72.3%	↑ 1.6%		

Areas of underperformance for quality governance are:

- A&E 4 Hour Standard
- Cancer Waits
- Diagnostic Waits > 6weeks
- Cancelled Operations

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

\*Cancer Data is reported a month in arrears. Q2 relates to June and July.

Legend	
↑	Positive Performance Change
↓	Negative Performance Change
⇒	No Performance Change

<b>Trust Overall Quality Governance Score</b>	<b>4</b>	<b>4</b>	<b>⇒</b>	<b>0</b>
---	----------	----------	----------	----------

<b>MONITOR GOVERNANCE THRESHOLDS</b>	<b>Green:</b> a service performance score of <4.0 or <3 consecutive quarters' breaches of a single metric
	<b>Governance Concern Trigger and Under Review :</b> a service performance score of >=4.0 or 3 consecutive quarters' breaches of single metric with monitor undertaking a formal review, with no regulatory action.
	<b>Red:</b> a service performance score of >=4 and >=3 consecutive quarters' breaches of single metric and with regulatory action to be taken

## 2. Trust Key Performance Indicators 2015/16: August 15 Performance (Page 1 of 1)

RESPONSIVENESS

Metric	Standard	YTD	Jul-15	Aug-15	Movement
Referral to Treatment Admitted	90%		85.25%	80.20%	↑ -5.05%
Referral to Treatment Non Admitted	95%		95.18%	93.00%	↓ -2.18%
Referral to Treatment Incomplete	92%		90.62%	89.70%	↓ -0.92%
Referral to Treatment Incomplete 52+ Week Waiters	0	11	3	3	↑ 0
Diagnostic waiting times > 6 Weeks	1%		2.03%	2.33%	↓ 0.30%
A&E All Types Monthly Performance	95%	92.67%	91.88%	94.25%	↑ 2.37%
12 Hour Trolley Waits	0	0	0	0	⇒ 0.00%
Urgent Ops Cancelled for 2nd time (number)	0	0	0	0	⇒ 0.00%
Proportion of patients not treated within 28 days of last minute cancellation	0%	16.67%	11.11%	16.22%	↓ 5.11%
Certification against compliance with requirements regarding access to health care with a learning disability	Compliant	Yes	Yes	Yes	⇒
Metric	Standard	YTD	Jun-15	Jul-15	Movement
62 Day Standard	85%	79.63%	79.19%	80.52%	↑ 1.32%
62 Day Screening Standard	90%	84.56%	87.50%	90.70%	↑ 3.20%
31 Day Subsequent Drug Standard	98%	100%	100%	100%	⇒ 0.00%
31 Day Subsequent Surgery Standard	94%	95%	100%	96%	↓ -4.17%
31 Day Standard	96%	97.54%	98.41%	98.45%	↑ 0.04%
Two Week Wait Standard	93%	91.08%	91.67%	86.01%	↓ -5.65%
Breast Symptom Two Week Wait Standard	93%	91.28%	98.40%	94.49%	↓ -3.91%

SAFE

Metric	Standard	YTD	Jul-15	Aug-15	Movement
Clostridium Difficile - Variance from plan	31	13	2	2	⇒ 0
MRSA Bacteremia	0	2	0	0	⇒ 0
Never Events	0	5	1	1	⇒ 0
Serious Incidents	0	73	9	13	↓ 4
Percentage of Harm Free Care	95%		94.8%	93.8%	↓ 0
Medication Errors causing serious harm	0	1	0	1	↓ 1
Overdue CAS Alerts	0	10	2	2	⇒ 0
Maternal Deaths	1	1	0	0	⇒ 0
VTE Risk Assessment (previous months data)*	95%		96.6%		

EFFECTIVENESS

Metric	Standard	YTD	Jul-15	Aug-15	Movement
Hospital Standardised Mortality Ratio (DFI)	100		88.2	87.2	↑ -1.0
Hospital Standardised Mortality Ratio - Weekday	100	0	86.1	86.1	⇒ 0.0
Hospital Standardised Mortality Ratio - Weekend	100	0	83.7	83.7	⇒ 0.0
Summary Hospital Mortality Indicator (HSCIC)	100	0	89	89	⇒ 0.0
Emergency Re-admissions within 30 days following Elective or emergency spell within the Trust	5%	3.10%	2.20%	2.90%	↓ 0.7%
Bed Occupancy - Midnight Count	85%		94.4%	95.0%	↓ 0.006
LOS - Elective			4.3	4.3	⇒ 0.0
LOS - Non-Elective			4.8	4.3	↑ -0.5

CARING

Metric	Standard	YTD	Jul-15	Aug-15	Movement
Inpatient Scores - Friends & Family Test	60		94	93.6	↓ -0.400
A&E Scores - Friends & Family Test	46		85.8	86.5	↑ 0.7
Complaints			83	87	↓ 4.0
Mixed Sex Accommodation Breaches	0	0	0	0	⇒ 0.0

WELL LED

Metric	Standard	YTD	Jul-15	Aug-15	Movement
Inpatient Response Rate Friends & Family	30%		43.8%	41.9%	↓ -1.9%
A&E Response Rate Friends & Family	20%		29.6%	21.7%	↓ -7.9%
NHS Staff recommend the Trust as a place to work	58%	62.0%			
NHS Staff recommend the Trust as a place to receive treatment	4	3.78			
Trust Turnover Rate	13%		17.4%	10.0%	↑ -7.4%
Trust level sickness rate	4%		3.4%	3.9%	↓ 0.44%
Total Trust Vacancy Rate	11%		14.3%	14.5%	↓ 0.2%
% of staff with annual appraisal - Medical	85%		87.1%	84.5%	↓ -2.6%
% of staff with annual appraisal - non medical	85%		74.6%	72.6%	↓ -2.0%

The trust continues to monitor the above key performance indicators following authorisation as a Foundation Trust. The indicators are grouped into domains parallel to that defined by the CQC. The trust is currently reviewing additional indicators for inclusion which will be incorporated in forthcoming reports.

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Performance – areas of escalation

*Excellence in specialist and community healthcare*



### 3. Performance Area of Escalation (Page 1 of 6)

#### - A&E: 4 Hour Standard

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

Lead Director	Jul-15	Aug-15	Movement	2015/2016 Target	Forecast for	Forecast for	Date expected to meet standard
					Aug-15	Sep-15	
FA	91.88%	94.25%	↑ 2.37%	>= 95%	R	R	TBC

Peer Performance July 2015 (Rank)

STG	Croydon	Kingston	King's College	Epsom & St Helier
2	3	4	5	1
91.88%	91.80%	90.80%	89.60%	96.10%

The ED target is that 95% or more of patients should be seen and discharged within 4 hours of attending the Emergency Department. Performance remains challenged being below that target at both the weekly and monthly level. In August 94.25% of patients were seen within 4 hours, this is a marked improvement on July performance of 91.88%. The trust is also below the target YTD with performance of 92.67%.

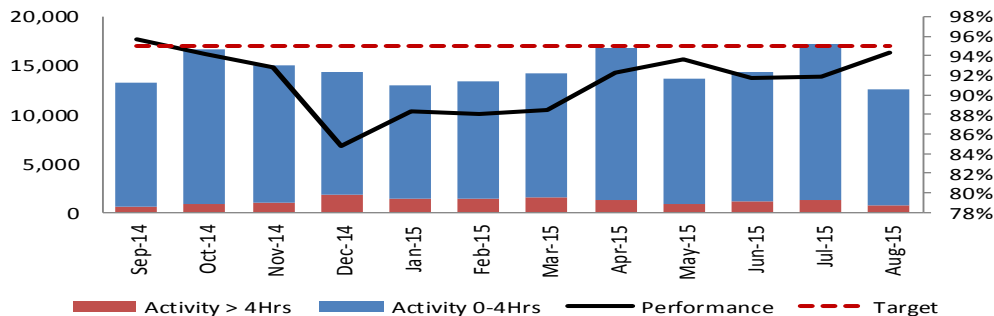
Factors that continue to affect performance include:

- Increase in breaches for patients awaiting a specialist opinion.
- Number of mental health patients breaching. Even though the initial assessment from mental health has improved, long delays in placing the patient into the appropriate setting is resulting in breaches.
- Increase in the numbers of delayed transfer of care patients (DTC) and the level of delay remains a focus area for the organisation as this has a significant impact on flow through the hospital and impact upon ED flow into the organisation. As at 07/09/2015 there were 15 delayed transfer of care patients within the hospital accounting to 204 bed days lost due to delays. In addition to this there were also 19 NDTC (pending delays) patients within the organisation, of which 7 were due to requiring either nursing home placement or homecare packages.

As at 07/09/2015 there were 73 of 471 patients being tracked within the organisation that were medically fit for discharge. These encompass the DTC, NDTC, patients awaiting transfer to another provider and patients going home that day. The trust is working with commissioners and external agencies to expedite this.

The trust continues to implement Joint Investigation action plans to recover performance which continue to be reviewed monthly. In addition to this and following a process of continual review further internal actions continue to be taken, both by the ED department who focus on what direct impact changes they can make from initiatives within ED and as a whole system approach by the rest of the organisation as to how they can implement initiatives which will continue to enhance flow and release capacity within ED. This is being reviewed pro-actively by the Executive Director of Delivery bi-weekly in an ED performance improvement forum.

ED 4 Hour Performance



Performance Overview by Type

Period	ED (Type 1)	MIU (Type 3)	ED & MIU (Type 1+3)
Month to Date (Aug)	93.66%	99.82%	94.25%
Quarter to Date	92.13%	99.89%	92.89%
Year to Date	91.89%	99.54%	92.67%



### 3. Performance Areas of Escalation (Page 2 of 6) - RTT Incomplete 52+ Week Waiters

Referral to Treatment Incomplete 52+ Week Waiters

Lead Director	Jul-15	Aug-15	Movement	2015/2016 Target	Forecast for	Forecast for	Date expected to meet standard
					Aug-15	Sep-15	
MW	3	3	→ 0	0	R	R	Oct-15

Specialty	Patient Type	Date for patient to be treated	Commentary
Haematology	OP	14/09/2015	This patient is being pro-actively actioned by the service. An appointment was expedited for 14/09/2015. The patient attended the appointment and we are currently awaiting a clinical decision from the consultant.
Urology	IP	02/09/2015	The patient has been contacted about the delays in booking their treatment. An appointment for pre-operative assessment has been agreed and scheduled for 25/08/2015, with a subsequent date for surgery of 21/09/2015.
Gynae	OP Cont	23/09/2015	The patient attended an OP appointment on 09/09/2015 and has been added to the WL for a Cystoscopy. This has now been scheduled for 23/09/2015.

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 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 review of all patients waiting greater than 44 weeks, detailing reasons for delay and plans for treatment is being undertaken post submission and shared with commissioners going forward.
- A monthly RTT Compliance meeting chaired by the Executive Director of Delivery and Improvement 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<sub>9</sub> performance.



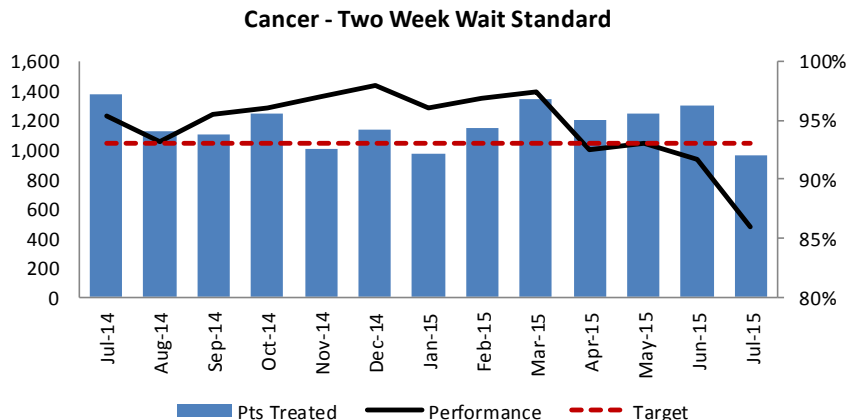
### 3. Performance Areas of Escalation (Page 3 of 6) - Cancer Performance

Cancer Performance								Peer Performance Latest Published July 2015- 2016				
Lead Director – CC	Jun-15	Jul-15	Movement	2015/2016 Target	Forecast for	Forecast for	Date expected to meet standard	STG	Croydon	Kingston	King's College	Epsom & St Helier
					Jul-15	Aug-15						
14 Day GP Referral for all Suspected Cancers	91.67%	86.01%	↓ -5.65%	93%	R	R	Jan-16	86.01%	94.34%	95.27%	97.49%	95.12%
62 Day Wait Standard	79.19%	80.52%	↑ 1.32%	85%	R	R	Oct-15	80.52%	81.51%	88.89%	86.77%	73.44%

The trust was non compliant against two of the national cancer wait targets for the month of July as detailed in the table above. In response to the recent underperformance in Q1, escalation actions including fortnightly escalation meetings continue as directed by the the Executive Director of Delivery. Continued areas of focus include:

- Rigorous PTL visibility and tracking.
- Actions being undertaken to address capacity constraints . In particular within the modalities of; Breast, Urology, and Lower GI and Lung.
- Renewed focus and improvements to MDT meetings. The meeting will also be expediting actions arising from MDT meetings.
- Reviewing DNA rates and patient choice breaches in accordance with guidance and highlighting mechanisms by which this could be reduced.

A trust cancer performance improvement action plan has been developed and is being reviewed at the escalation meetings. This forms part of the national work being undertaken by NHS England. The action plan has been focuses on actions by tumour type which need to be taken to address specific key issues within each modality, This was presented to commissioners in the September Clinical Quality Review meeting, where commissioners stated a feeling of assurance that appropriate actions are being taken by the trust to drive performance improvement. Supporting the action plans a resulting performance trajectory was presented detailing that the trust envisages to be compliant with all standards from January 2016 ( This is dependant on other provider organisations referring into the trust to deliver on their improvements in reducing shared breaches)



**Two Week Wait Standard** - Non-achievement of this target relates to 134 breaches which is unfortunately higher than the average number of breaches of 95 seen in Q1, with a correlating reduction in the number of treatments in month. Modalities of breach include: Breast, Gynae, Skin, Haematology and Upper GI. Key issues affecting performance in July:

- patient choice - this accounted for 36 patients breaching.
- Capacity in particular in relation to Gynae and Skin. Capacity is currently being reviewed to ensure for future performance sustainability and the following actions are also being undertaken:
- Recruitment of additional outpatient nursing staff to ensure additional clinics requested for 15/16 are consistently staffed.
- Work with affected services to achieve better capacity planning for the summer months. Use planning tools provided by the IST
- Daily update on capacity concerns and breach numbers from the Two Week Wait Referral Office.



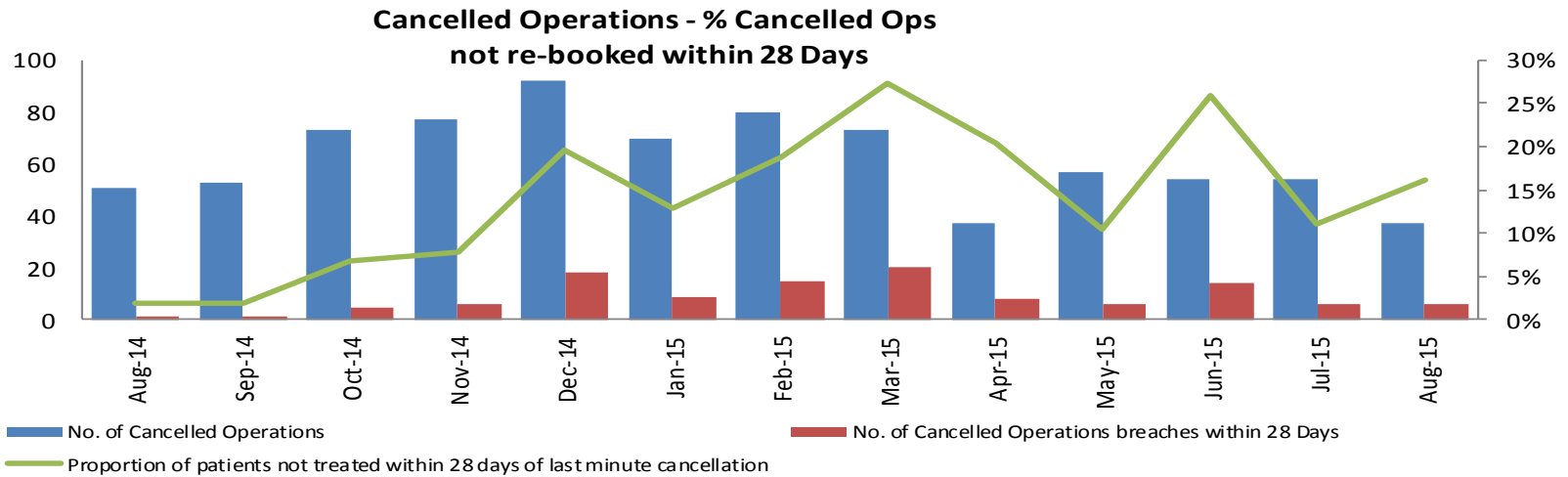




### 3. Performance Areas of Escalation (Page 5 of 6) - Cancelled Operations

Proportion of Cancelled patients not treated within 28 days of last minute cancellation							
Lead	Jul-15	Aug-15	Movement	2015/2016 Target	Forecast for Aug-15	Forecast for Sep-15	Date expected to meet standard
Director							
CC	11.11%	16.22%	↓ 5.11%	0%	G	G	Sep-15

Peer Performance Comparison – Latest Available Q1 2015/16				
STG	Croydon	Kingston	King's College	Epsom & St Helier
18.70%	2.04%	9.40%	7.60%	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 37 cancelled operations from 4055 elective admissions in August. 31 of those cancellations were rebooked within 28 days with 6 patients not rebooked within 28 days, accounting for 16.22 % of all cancellations. There were 244 operations cancelled in the year to date, with 201 rebooked within 28 days. The overall number of breaches in the year to date is 43.

The breaches were attributable to: Vascular, Paediatric surgery, Gynaecology and ENT. Key contributory factors for the cancellations were related to emergency cases taking precedent, insufficient time due to previous complex cases over running, ITU bed capacity issues, and cancellation due to technical theatre ventilation issues.

All 6 patients now have scheduled dates for their operations.



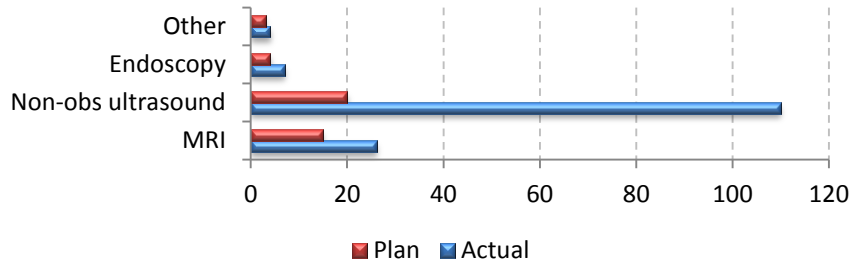
### 3. Performance Areas of Escalation (Page 6 of 6) - Diagnostic 6+ Weeks Wait

Diagnostic waiting times > 6 weeks							
Lead	Jul-15	Aug-15	Movement	2015/2016 Target	Forecast for Aug-15	Forecast for Sep-15	Date expected to meet standard
Director							
SC	2.03%	2.33%	↓ 0.30%	1%	R	R	Oct-15

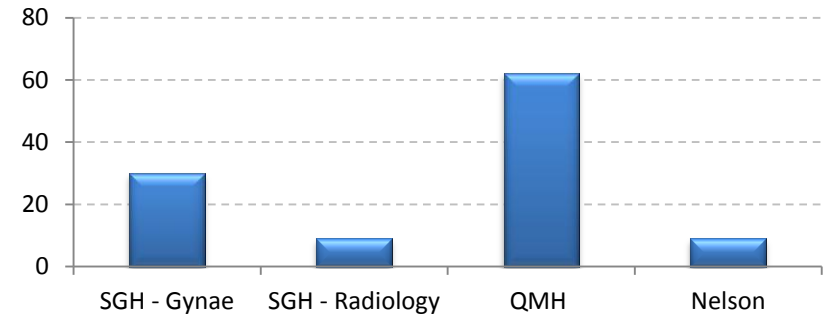
No of Patients waiting >6 weeks – Latest Published Data July 2015				
STG	Croydon	Kingston	King's College	Epsom & St Helier
93	10	14	122	22

The trust has maintained positive performance improvement with diagnostic waits greater than 6 weeks, with the exception of non-obstetric ultrasound. The trust is exceeding the target of number of patients waiting greater than 6 weeks of 1% of all waiters with performance at 2.33%. The trust continues to drive actions to further reduce the number of patients waiting in excess of 6 weeks. The pre-dominant modalities of challenge continue from Q1, namely; MRI and Non-obstetric ultrasound.

**Diagnostic Waits >6 weeks : Actual Vs Trajectory as at 13/09/2015**



**Non-Obstetric Ultrasound 6+Weeks Waits by Site**



Further actions continue to be undertaken to expedite recovery so we are back on track for non-obstetric ultrasound.

- Significant improvements within the modality of Gynaecology have been made. However, this has been seen to have increased over the last few weeks. Additional sessions to reduce waiting times and recover performance have now been scheduled. Further to this and to support long term stability, the trust is actively in the recruitment process for an additional sonographer, The vacancy has now closed, and the trust are hopeful that a successful appointment will be made.
- Radiology related non-obstetric ultrasound remains the key area of focus. A significant increase in waits greater than 6 weeks is being experienced at QMH. The pre-dominant factor driving this is in relation to the end of the trust contractual agreement with Kingston Hospital Trust delivering non-obstetric ultrasound services for SGH, in particular MSK sessions. The transitional departure was not as envisaged and has resulted in a lack of MSK sessions which were expected,
  - Additional sessions at QMH have been agreed and scheduled, in particular MSK sessions. This will support the reduction of the backlog created during August.
  - Continuation of additional sessions to at SGH to allow for continued sustainability.
  - Increased utilisation of capacity at the Nelson, to actively reduce the backlog within the Community Division.

The trust is currently in the process of collating a revised performance trajectory in view of the remedial actions being taken. This will be signed-off and along with actions for service improvement continued to be monitored weekly with executive oversight from the Executive Director of Delivery .

## 4. Divisional KPIs Overview 2015/16: August 15 Performance (Page 1 of 2)

		Aug 2015					
		COMMUNITY SERVICES	MEDICINE	SURGERY	WOMEN & CHILDREN	TRUST LEVEL	
<b>Access Metrics</b>	52 WEEK WAITERS	No.	0	0	0	0	
	A&E WAITS (4 HOURS)	%	99.8	93.7		94.3	
	CANCELLED OPERATIONS RE-BOOKED WITHIN 28 DAYS (DIVISION)	%	0	12.5	5.6	66.7	13.5
	LAS HANDOVER WITHIN 15 MINS	%					32.4
	LAS HANDOVER WITHIN 30 MINS	%					93
	LAS HANDOVER WITHIN 60 MINS	No.					2

**Note: Cancer performance is reported a month in arrears, thus for July 2015**

		Jul 2015					
		COMMUNITY SERVICES	MEDICINE	SURGERY	WOMEN & CHILDREN	TRUST LEVEL	
<b>Access Metrics</b>	2 WEEK GP REFERRAL TO FIRST OUTPATIENT (BREAST SYMPTOMS) - (DIVISION)	%	0	0	94.5	0	94.5
	2 WEEK GP REFERRAL TO FIRST OUTPATIENT (CANCER) - (DIVISION)	%	0	0	86	0	86
	31 DAY SECOND OR SUBSEQUENT TREATMENT (DRUGS) - (DIVISION)	%	0	0	100	0	100
	31 DAY SECOND OR SUBSEQUENT TREATMENT (SURGERY) - (DIVISION)	%			95.8		95.8
	31 DAY STANDARD FROM DIAGNOSIS TO FIRST TREATMENT - (DIVISION)	%			98.4		98.4
	62 DAY URGENT GP REFERRAL TO TREATMENT FOR ALL CANCERS - (DIVISION)	%			80.5		80.5
	62 DAY URGENT GP REFERRAL TO TREATMENT FROM SCREENING - (DIVISION)	%			90.7		90.7

## 4. Divisional KPIs Overview 2015/16: August 15 Performance (Page 2 of 2)

		COMMUNITY SERVICES	MEDICINE	SURGERY	WOMEN & CHILDREN	TRUST LEVEL	
<b>Outcome Metrics</b>	C-SECTIONS (APPLICABLE TO WOMEN & CHILDREN ONLY)	%			25.5	25.5	
	HSMR	Ratio				90.7	
	INCIDENCE OF C.DIFFICILE	No.	0	2	0	0	2
	INCIDENCE OF E-COLI	No.	1	3	2	1	7
	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	1	0	1	2
	NEVER EVENTS	No.	0	0	1	0	1
	SERIOUS INCIDENTS (DIVISION LEVEL)	No.	1	5	4	2	13
	SHMI	Ratio					0.9
	TRUST ACQUIRED PRESSURE ULCERS	No.	0	0	0	0	0
<b>Quality Governance Indicators</b>	PATIENT SATISFACTION (FRIENDS & FAMILY)	%	94.3	96.7	90.3	94.6	93.6
	PERCENTAGE OF STAFF APPRAISAL (MEDICAL) - (DIVISION)	%	84	85.2	84.3	84.1	84.5
	PERCENTAGE OF STAFF APPRAISAL (NON-MEDICAL) - (DIVISION)	%	72.8	74.8	75.2	69.2	71.7
	SICKNESS/ABSENCE RATE - (DIVISION)	%	5.7	3.9	3.1	3.7	3.8
	STAFF TURNOVER - (DIVISION)	%	21	17.5	13.7	17.4	17.3
	VOLUNTARY STAFF TURNOVER - (DIVISION)	%	16.2	15.4	12.3	14	14.3

### Key Messages:

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

LAS arrivals to patient handover times, continues to fluctuate. At the end of August, 32.4% of patients had handover times within 15 minutes and 93% within 30 minutes, both of which are not within target. The 30 minute handover data is currently being validated and is envisaged to significantly increase post validation. The trust had 2 60 minute LAS breaches in June which are being validated

The trust has a zero tolerance on avoidable pressure ulcers and has placed significant importance on its prevention. In August the trust had 1 grade 3 pressure ulcer SI's and 0 Grade 4. All grade 3 and 4 pressure ulcers acquired in our care are investigated as serious incidents, and a full investigation and Root Cause Analysis will be produced for each PU and reviewed at the Pressure Ulcer Strategy group, chaired by the Deputy Chief Nurse

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

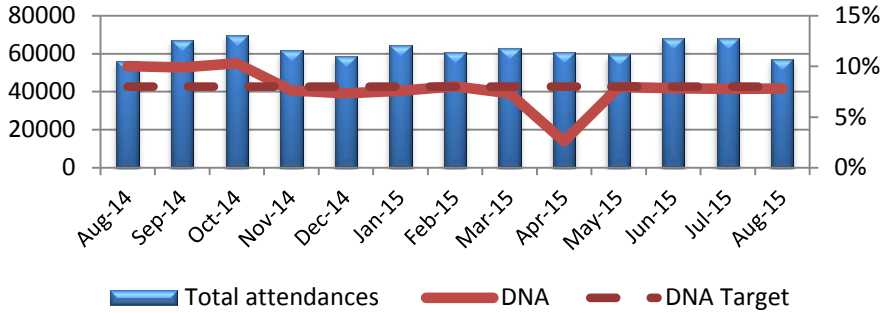
# Corporate Outpatient Services Performance

*Excellence in specialist and community healthcare*

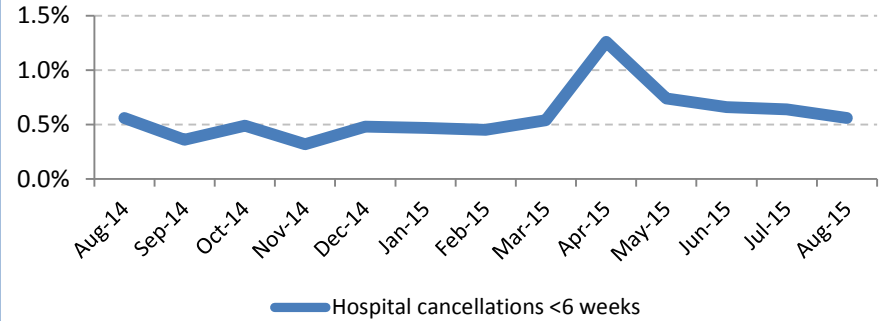
# 5. Corporate Outpatient Services (1 of 2)

## - Performance Overview

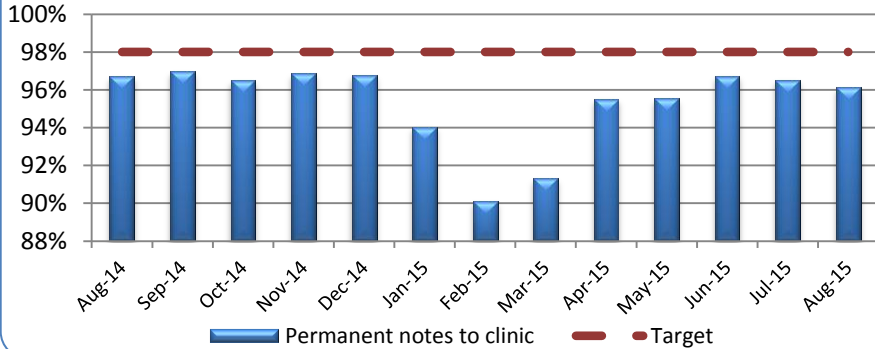
Activity - OP Attendances and DNA's



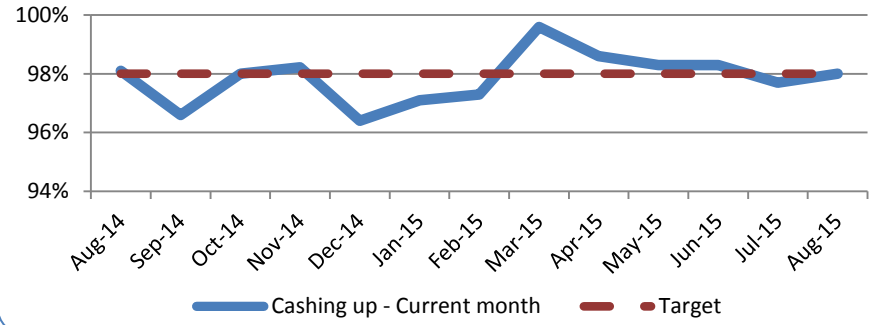
Outpatients - Hospital Cancellations < 6 Weeks



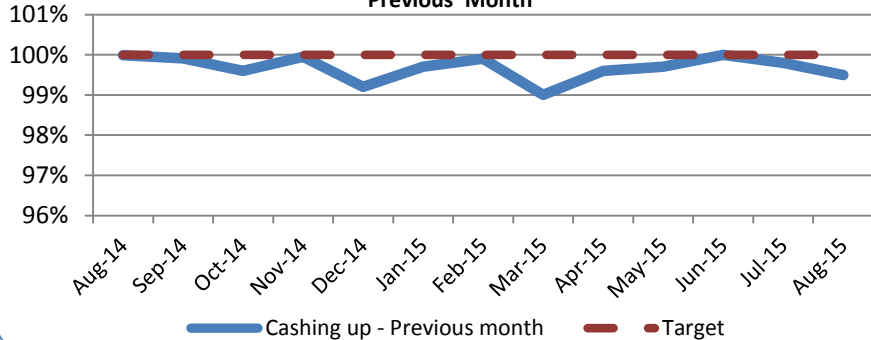
OP Department Performance - Permanent notes to clinic



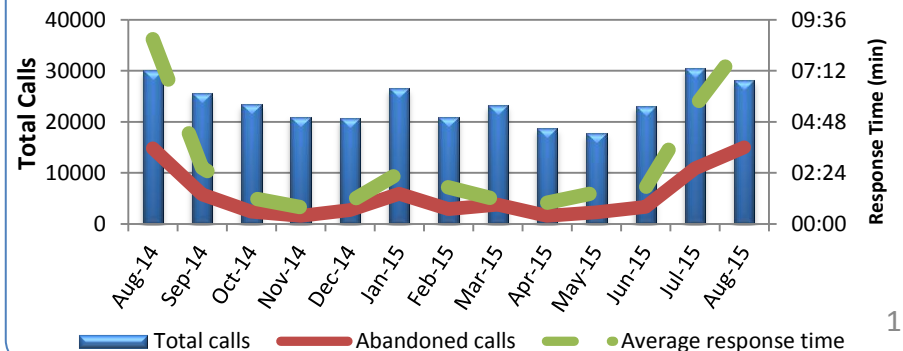
OP Department Performance - Cashing up Clinics Current Month Performance



OP Department Performance - Cashing up Clinics Previous Month



Call Centre Performance



## 5. Corporate Outpatient Services (2 of 2)

### - Performance Overview

		Target	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Activity	Total attendances	N/A	56102	67188	69507	61879	58659	64609	60659	62946	60564	59841	68002	68277	57188
	DNA	<8%	10.02%	9.89%	10.30%	7.64%	7.33%	7.58%	8.04%	7.33%	2.59%	7.97%	7.84%	7.77%	7.82%
	Hospital cancellations <6 weeks	<0.5%	0.56%	0.36%	0.49%	0.32%	0.48%	0.47%	0.45%	0.54%	1.26%	0.74%	0.66%	0.64%	0.56%
OPD Perf	Permanent notes to clinic	>98%	96.71%	96.98%	96.51%	96.88%	96.77%	94.05%	90.12%	91.32%	95.52%	95.54%	96.74%	96.54%	96.14%
	Cashing up - Current month	>98%	98.10%	96.60%	98.00%	98.22%	96.40%	97.10%	97.30%	99.60%	98.60%	98.30%	98.30%	97.70%	98.00%
	Cashing up - Previous month	100%	99.99%	99.91%	99.60%	99.95%	99.20%	99.70%	99.90%	99.00%	99.60%	99.70%	100.0%	99.80%	99.50%
Call Centre Perf	Total calls	N/A	30004	25674	23420	20964	20639	26565	20842	23235	18710	17732	22955	30426	28095
	Abandoned calls	<25%/<15%	14825	5794	2376	1558	2681	5923	2908	3782	1551	2237	3309	10828	15019
	Mean call response times	<1 minute	08:41	02:38	01:13	00:47	01:02	02:24	01:43	01:08	01:00	01:29	01:42	05:31	08:34

#### Key Messages:

- Decrease in activity from July position which is envisaged due to the holiday period. DNAs have marginally increased and remain within target of less than 8%. Hospital cancellations have seen a gradual continued reduction since May. However, this is still not within target of less than 0.5%. Performance of permanent notes to clinic maintains improvement from last month with performance greater than 96%, however this is still short of the trusts 98% target. This remains a priority area for the service.
- The level of activity and the number of abandoned calls have significantly increased since Q1, with 15,019 abandoned calls in August, which accounts for 54% of all calls. Key reasons for this are:
  - Re-instatement of PB1 process from Mid-June which has seen the level of calls significantly rise and has had a subsequent impact on the level of abandoned calls.
  - Annual leave and sick leave in August resulted in reduced capacity within the department with an increase call volume.
  - A programme of reducing agency staff to bank staff in COS during Q2 has resulted in a loss of capacity as some agency members have chosen to leave. Additional recruitment via staff bank is in operation. However, it takes approximately 8 weeks to get new starters fully trained and efficiently operating, thus affecting current performance.
  - Following change of telephone flow options, there are a high number of calls that have been abandoned within 30 seconds. It is thought that this is likely due to patients choosing incorrect options and abandoning the call.
- Correlating to the increase in abandoned calls in August is the increase in average response time to 8min 34 seconds which is in excess of the 1.0minute target. Renewed focus is being placed on this to ensure consistent low response times are achieved. **As from 07/09/2015 this has reduced to 5min.**



excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Clinical Audit and Effectiveness

*Excellence in specialist and community healthcare*

# 6. Clinical Audit and Effectiveness

## - Mortality

HSMR (Hospital standardised mortality ratio)						
Lead Director	June 15	July 15	Movement	2015/16 Target	Forecast March 16	Date expect to meet standard
SM	88.2	87.2	↓	<100	G	Met

SHMI (Summary hospital-level mortality indicator)				
Jul 2014	Oct 2014	Jan 2015	Apr 2015	Jul 2015
0.80	0.81	0.84	0.86	0.89

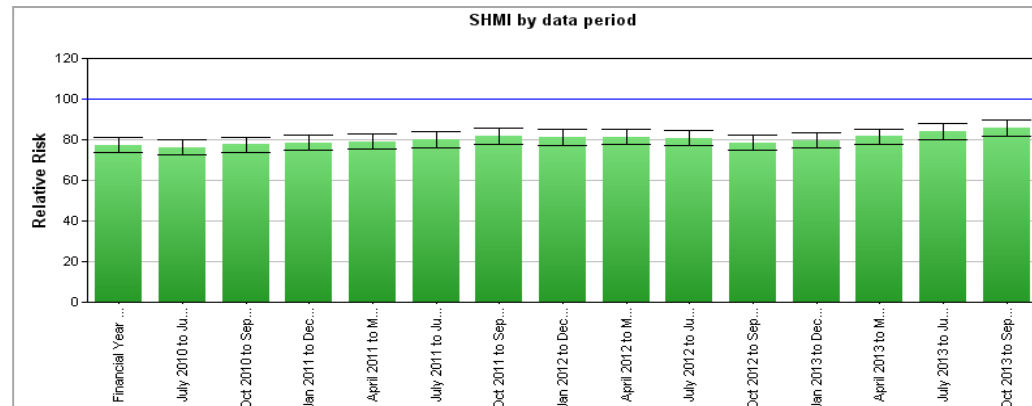
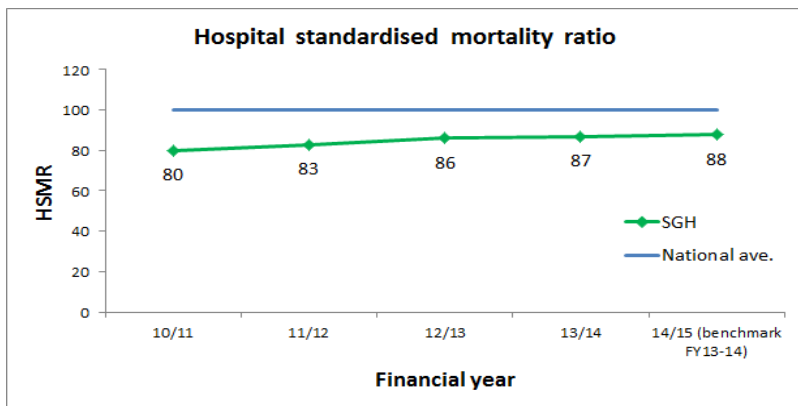
Note: Source for HSMR is Dr Foster Intelligence. Data is most recent 12 months available; currently June 2014 to May 2015 as data has not been updated since the last report, and benchmark period is to March 2014. SHMI data is published by the Health and Social Care Information Centre. The last 12 month period as published on 29<sup>th</sup> July 2015 relates to the period January 2014 to December 2014. The next publication will be issued in October.

### Overview:

Dr Foster Intelligence have made changes to their data update schedule and there has been no recent refresh, therefore our HSMR remains unchanged from that reported last month. It is expected that data up to June 2015 will be updated very shortly. We have held a number of meetings with Dr Foster in recent months and are due to meet with the Healthcare Information Specialist for London, when we will reiterate the importance of having a regular and reliable data refresh schedule.

A mortality outlier alert for the diagnosis group 'Coronary atherosclerosis + other heart disease' was received from the Dr Foster Unit at Imperial in June 2015, followed by an alert from the CQC. A full casenote review of deaths between March 2014 and February 2015 has been completed. This was led by Dr Nigel Kennea (AMD) with support from cardiology and cardiac surgery clinicians. The analysis concluded that the alert was contributed to by case mix issues due to the severe underlying conditions in this patient group, with several coding issues identified. The review considered 1 death possibly avoidable. Additionally the review identified 2 cases where the delivery of care was sub-optimal. These cases had been previously identified by the Trust's risk management processes and investigated as serious incidents.

The reviewers identified a number of learning and developmental points from individual reviews and also from evaluating the systems for documentation and coding that are described in the report. In the majority of cases there was a lack of a detailed clinical summary to the GP; this is highlighted as a principal area for improvement. Strengthening mortality review processes and ensuring this is applied to all deaths is also identified as a key area for action. These actions will improve the identification of coding issues in a timely way and work is underway to strengthen collaboration between clinicians and the coding team.



# 6. Clinical Audit and Effectiveness

## - National Audits

### Mental Health in the Emergency Department (College of Emergency Medicine)

#### Standards

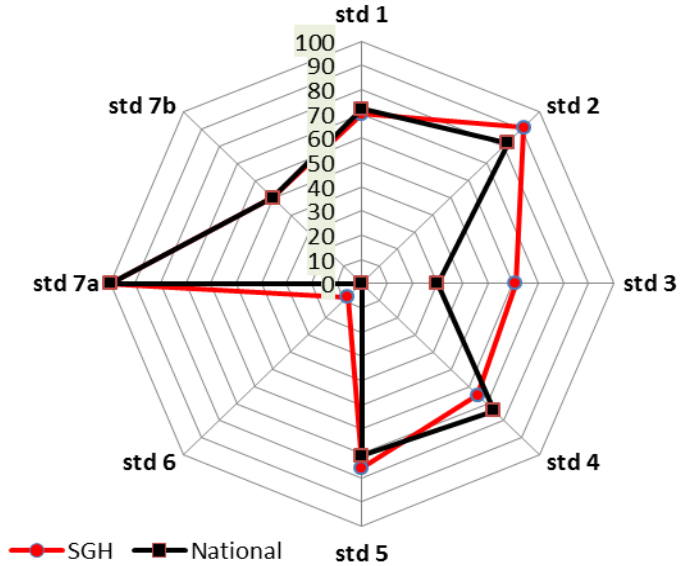
1	Risk assessment in the ED
2	Previous mental health issues documented
3	Mental state examinations documented
4	Provisional diagnosis documented
5	Referral or follow-up documented
6	Mental health practitioner sees patients within 1 hour of referral
7a	Appropriate assessment facility available (assessed at unit level)
7b	Assessment facility meets PLAN standards (assessed at unit level)

A total of 7913 patients from 183 Emergency Departments were audited. St George's submitted the required 50 cases.

Two standards are classified as fundamental, chosen to represent the minimum standard of safe and dignified care for patients with mental health issues and the staff who are looking after and assessing them. In these two areas St George's performance was very similar to the national average. 70% of patients met standard 1 (patients who have self harmed should have a risk assessment in the ED) and we met standard 7a, as the unit was judged to have an appropriate assessment facility. However, the room did not meet all the standards set out by the Psychiatric Liaison Accreditation Network (PLAN).

The remaining standards are classified as developmental and St George's performance is largely in line with national results. It is positive to note our compliance with Standard 2, indicating that mental health issues are both observed by clinicians and documented in patient notes; however, the quality of documentation as indicated by standards 3, 4 and 5, needs to be improved. The main issue requiring action is the time between referral to assessment by a mental health practitioner.

A number of actions are underway, led by ED consultant Dr Sunil Dasan.



#### Action plan

1	ED revising mental health risk assessment
2, 3, 4, and 5	Reinforcing good clinical documentation is an on-going piece of ED work in ED, and shall now include emphasis on reporting mental health. Meeting with trainees to discuss documentation. Improving
6	Meeting held between ED and Liaison team. Liaison team have data showing mean time from referral to being seen was 25 minutes. To improve accuracy of data Liaison team have been asked to inform ED co-ordinator when they attend to see a patient
7a, 7b	Facilities requests have been submitted to make the necessary changes to the assessment room. Requests supported by GM.

# 6. Clinical Audit and Effectiveness

## - National Audits

### Assessing for Cognitive Impairment in Older People (College of Emergency Medicine)

#### Standards

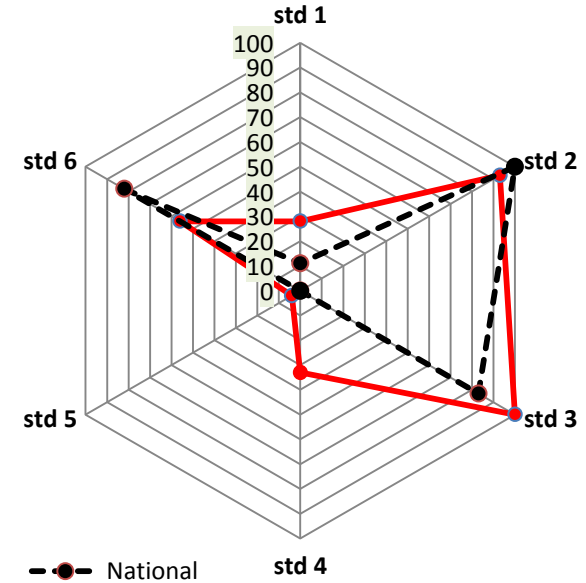
1	All over 75s are assessed for cognitive impairment (CI) in the ED
2	Use of a structured tool for CI assessment
3	CI assessment findings shared with admitting services
4	CI assessment shared with GP if new onset or deterioration
5	CI assessment shared with carers
6	All over 75s to have at least one Early Warning Score Assessment

A total of 13,748 patients aged over 75 from 170 Emergency Departments were audited. St George's submitted the required 50 cases.

**RESULTS:** The results indicated that compliance with standard 1 (cognitive assessments) is poor, although above the national average. However, where assessments occur 93% are correctly done using a structured assessment tool (standard 2) and the results are handed over on the transfer / admission of the patient. Information on cognitive impairment is inconsistently reported to GPs; although better than the national improvement is needed. Standard 6 requires that all patients aged over 75 should have at least one EWS assessment in ED; this was the only fundamental standard measured by the audit. St George's compliance rate is 56% compared to the national rate of 82% and action is required to improve.

**CONCLUSION:** St George's performance in standard 1 is above the national average but still requires improvement. Standards 3-5 are referred to by CEM as 'aspirational' standards and reflect relatively recent requirements of practice so new and continued focus is required to ensure these are met.

Standard 6 is classified as fundamental, and as this is part of nursing practice and documentation it requires a senior nurse to lead on



#### ACTION PLAN:

- ED clinical notes will need amending as they currently state that all patients >65 require assessment (Lead – Arv Sadana, ED Consultant).
- Information to the GP will require an iCLIP modification so that this information is transferred (Lead – Arv Sadana, ED Consultant).
- Further investigation of how information can be given to carers is required and how best practice units are achieving this (Lead – Arv Sadana, ED Consultant).
- Nursing input is required to ensure EWS scores are calculated and reported for all patients (Lead – Heather Jarman, Clinical Director)

## 6. Clinical Audit and Effectiveness

### - Local Audits

#### Tissue Handling Audit (HTA) 2015 (#DB1297)

Consent Audit Results	Plastic Surgery (n=2)	T&O (n=10)	Cardiac Surgery (n=10)
Discussion of procedure documented in the notes	50% (n=1)	80% (n=8)	100% (n=10)
Responsible health professional Identified	100% (n=2)	50% (n=5)	100% (n=10)
Proposed treatment detailed	100% (n=2)	100% (n=10)	100% (n=10)
Procedure specifically indicated graft	100% (n=2)	20% (n=2)	100% (n=10)
Explanation of procedure documented	100% (n=2)	100% (n=10)	100% (n=10)
Patient ticked the boxes to indicate agreement	100% (n=1/1)	86% (n=6/7)	N/A
Name of procedure indicated graft	100% (n=2)	20% (n=2)	100% (n=10)

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

**Storage:** In July 2015 on 4 days the T&O freezer temperature in St James Wing was not documented. For frozen bone samples details of the type of allograft were not recorded for 2 out of 5 samples, and in one case the time taken out and staff signature were not recorded. All 5 samples were recorded in the Bone Graft Book, as per policy. For freeze dried bone all 5 samples audited had all the details recorded and were recorded in the bone graft book.

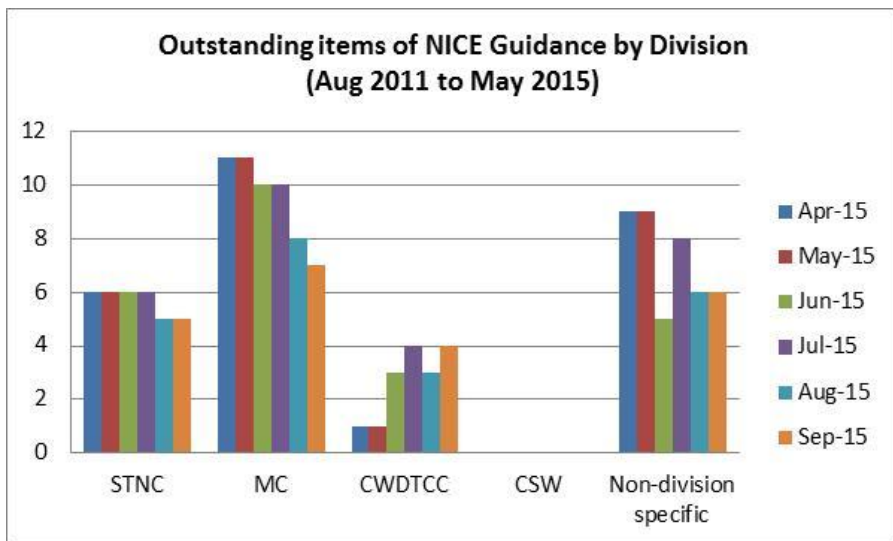
**Consent:** 22 sets of notes were audited. Documentation, as recorded on the consent form, was generally high but there are aspects that require improvement. Providing the name of the Consultant responsible is important and needs to be significantly improved in T&O. When detailing the procedure on both the consent form and the operation note it should be clear that a graft procedure will be carried out. This needs to be significantly improved in T&O where in only 20% of cases it was clear that a bone graft would be used. In all cases in Cardiac Surgery and Plastic Surgery the graft was specifically indicated. Effort should also be made to ensure that patients fully complete the consent form and indicate that they either consent to, or refuse to allow, the use of tissue in diagnosis and audit, teaching and research. Discussion with the patient at the time of decision to operate was not evident in 3 cases.

**Knowledge:** Knowledge of the SOPs and their rationale appears to be generally good and comparable to the previous audit in 2014. However, out of the 50 staff members audited there were some aspects where the knowledge was not complete, such as storage/testing requirements, quarantine process and procedure, and the act/legislation. It is recommended that staff are formally trained and competency assessed by implementing a training schedule to cover all activities, including the information regarding legal requirements.

It is recommended that theatre matrons schedule regular teaching sessions and presentations. All new staff should be supervised to promote adherence to the protocols and SOPs, ensuring clinical competence. All the SOPs and quarantine procedures for autologous tissues are to be reviewed by the theatre team. The report will be presented in the STNC and M+C divisional governance boards and discussed in theatres care group meeting for local action planning. The findings of this report have been discussed and actioned through the quarterly tissue quality meetings with theatre staff.

## 6.Clinical Audit and Effectiveness

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



**Items of NICE Guidance with Compliance Issues (Jun 2010 to Feb 2015)**

Division	2010	2011	2012	2013	2014	2015
STNC (n=7)		1	2	1	3	
M+C (n=12)	2	2	4	1	3	
CWDTCC (n=15)	3	1	1	3	6	1
CSW (n=0)						
Non-division specific (n=8)		2		4	1	1

#### Overview

A large amount of guidance was released in June and July 2015, with 44 items issued. To date we have received 26 responses.

Our position in terms of compliance remains unchanged from that reported last month. Divisional reports were issued in August. These include details of all items of guidance outstanding and guidance where there are aspects with which we are either non-compliant or partially compliant. It is expected that there will be discussion at each of the next Divisional Governance Boards and updates to Clinical Effectiveness have been requested.

We are currently in discussion with our commissioners to agree a level of reporting that will provide them with greater insight and a more in-depth understanding of implementation at the trust. The detailed report that is considered at the Clinical Effectiveness and Audit Committee has been submitted for consideration and we await feedback.

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Patient Safety

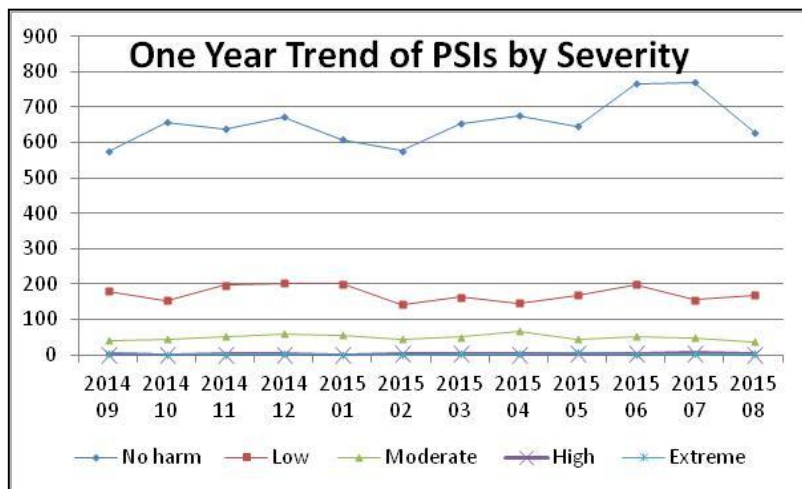
*Excellence in specialist and community healthcare*

# 7. Patient Safety

## - Incident Profile: Serious Incidents and Adverse Events

S	Q1 SIs Declared by Division (Inc. Pus)				
	Med & Card	Surgery & Neuro	Comm unity	Children's and Womens	Corporate
June	6	3	2	5	0
July	3 (1 shared)	3 (1 shared)	0	3 (including 1 never)	1 in Pathology
August	5 (1 shared)	4 (1 shared)	1	2	1 (shared )

Table 1



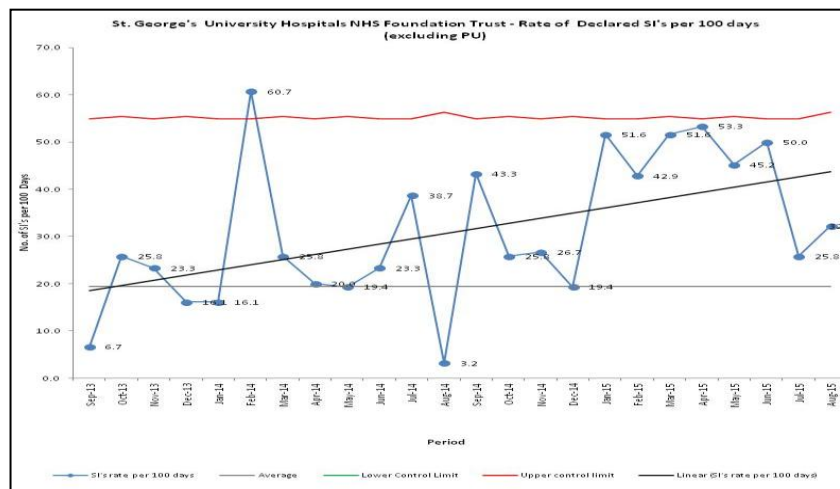
**Overview:**

The numbers of general reported incidents are shown in Table 1. The number of no harm incidents has steadied this month. This trend should be observed carefully in conjunction with the trends and profile of SIs. High reporting of low or no harm incidents is generally felt to be an indication of a good reporting culture.

The annual trend for new serious incidents excluding pressure ulcers shown in Table 2 continues to show an increase. There were 10 general SIs reported in August (+1 pressure ulcer) and the subjects are varied.

Closed Serious Incidents (not PUs)					
Type	May	June	July	Aug	Movement
Total	9	8	9	11	▲
No Harm	7	5	4	8	▲
Harm	2	3	5	3	▼

Table 2



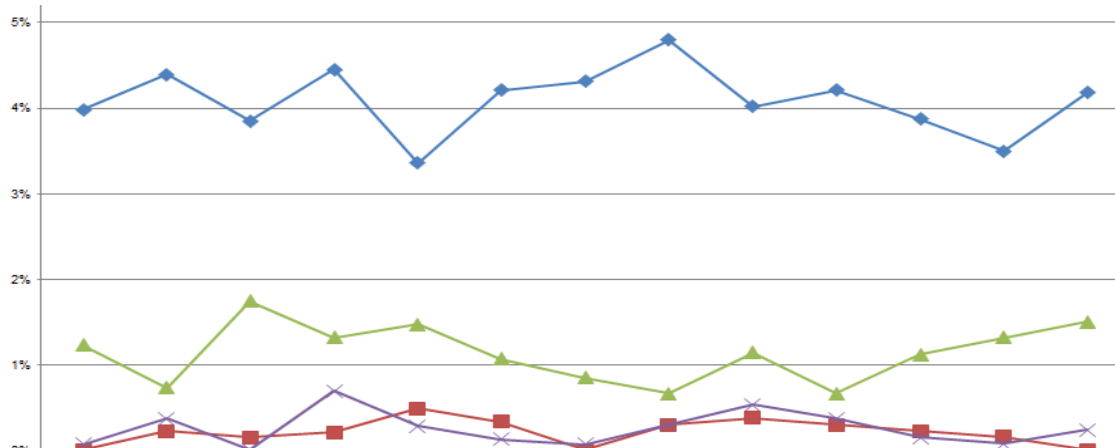
The 10 general SIs declared in August relate to a range of issues. They include:

- 2 maternity unexpected admissions to the neo-natal unit
- A delay in handover from London Ambulance Service
- 2 surgical SIs including one retained foreign object
- 3 related to clinical omissions/errors
- 1 medical device incident
- 1 medication SI



# 7. Patient Safety - Safety Thermometer

% Harm Free Care							
Lead Director	June 2015	July 2015	August 2015	Movement	2015/2016 Target	National Average August 2015	Date expected to meet standard
J Hall	94.56%	95.25%	94.40%	↓	95.00%	94.10%	March 16



	Aug14	Sep14	Oct14	Nov14	Dec14	Jan15	Feb15	Mar15	Apr15	May15	Jun15	Jul15	Aug15
Pressure Ulcers	3.98	4.39	3.85	4.45	3.36	4.21	4.31	4.8	4.02	4.21	3.87	3.5	4.18
Falls	0	0.22	0.15	0.21	0.49	0.33	0	0.3	0.38	0.3	0.22	0.16	0
Catheter & UTI	1.23	0.73	1.74	1.32	1.47	1.07	0.85	0.66	1.14	0.66	1.12	1.32	1.5
New VTE	0.07	0.37	0	0.69	0.28	0.13	0.07	0.3	0.53	0.37	0.15	0.08	0.24
Patients	1458	1368	1377	1439	1429	1495	1415	1355	1320	1354	1343	1285	1268

## Pressure ulcers (53)

- 29 grade 2 (9 new, 20 old)
- 20 grade 3 (2 new, 18 old)
- 4 grade 4 (0 new, 4 old)

## CAUTI (19)

- 12 new
- 7 old

## Falls (0)

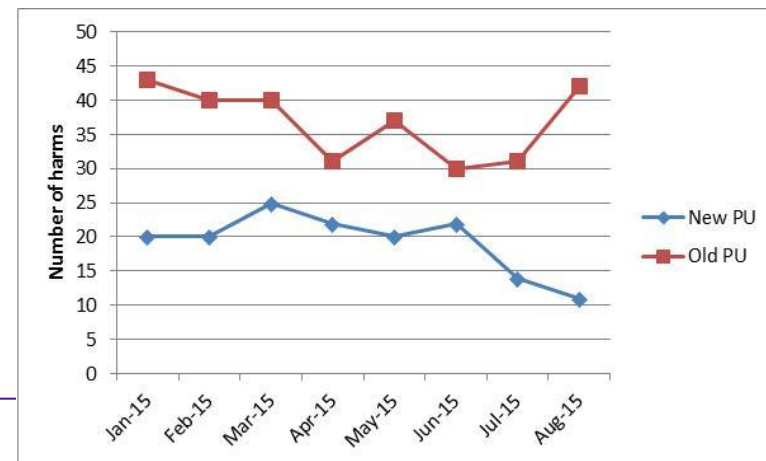
- No falls with harm

## VTE (3)

- 1 new DVT
- 2 new PE

In August 2015 the proportion of our patients that received harm free care was 94.4%, which is a slight decline and just below our target, but remains above the national average. We reported 75 harms to 71 patients; 67 patients experienced one harm and 4 patients had 2 harms. 26 harms are categorised as new, meaning that they either developed or treatment began whilst under our care. All harms, other than falls, increased this month. However, it should be noted that this increase is largely due to a higher incidence of old harms, with 49 reported.

The increase in pressure ulcers is attributable to a greater number of old pressure ulcers, as shown alongside. It is encouraging that the number of new harms continues to decrease. Catheter associated urinary tract infections increased once again, with the number of newly treated infections rising to 12 this month.

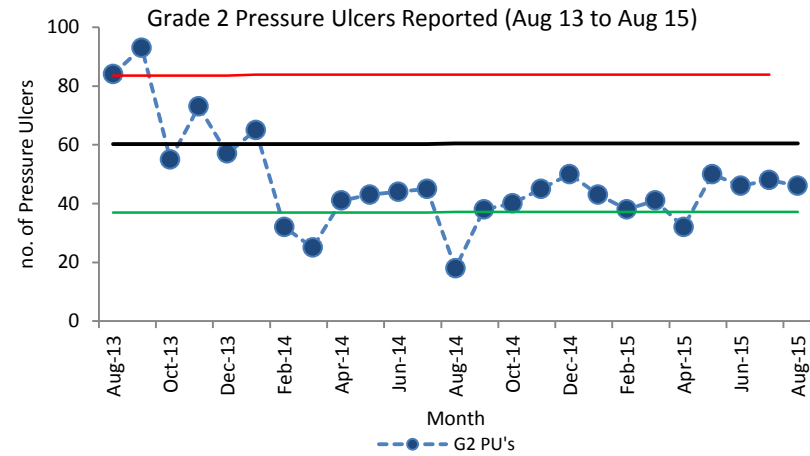
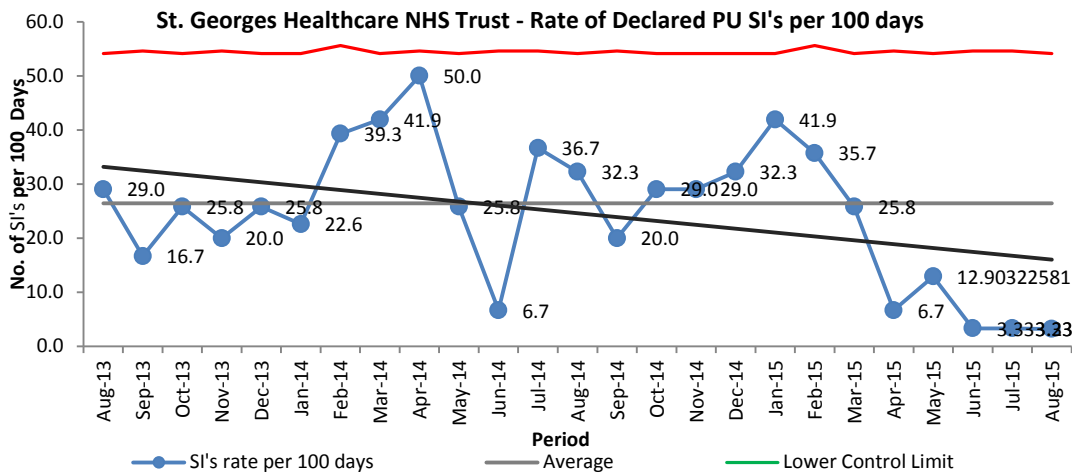


# 7. Patient Safety

## - Incident Profile: Pressure Ulcers

Serious Incident – Grade 3 & 4 Pressure Ulcers										
Type	Apr	May	Jun	Jul	Aug	YTD April – May 2016	Movement	2015/2016 Target	Forecast March 2015	Date expected to meet standard
Acute	1	4	1	1	0	7	▼		G	-
Community	1	0	0	0	1	2	▲		G	-
Total All	2	4	1	1	1	9	▬		G	-
Total Avoidable	2	4	1	1	1	9		40		-

Grade 2 Pressure Ulcers					
Apr	May	Jun	Jul	Aug	Movement
25	37	28	25	23	▼
7	17	18	23	23	▬
32	50	46	48	46	▼



**Overview:**

August continued the trusts trend of only having 1 avoidable pressure ulcer declared, this is for the 3<sup>rd</sup> month in a row. A reduction was also seen in the number of Grade 2 pressure ulcers overall with further reductions seen in the acute sector for the 3<sup>rd</sup> month running.

**Actions:**

- Recruitment underway for both acute and community TVN services
- Job description for Acute revised to incorporate integration of services
- Planning under way with Community services to further integrate TVN's and provide seamless service
- Business case for mattress provision submitted to BCAG
- Trial of mattresses underway within Orthopaedics and GICU, this will enable us to evaluate the effectiveness and suitability of the selected companies which were chosen following the Show and Tell day

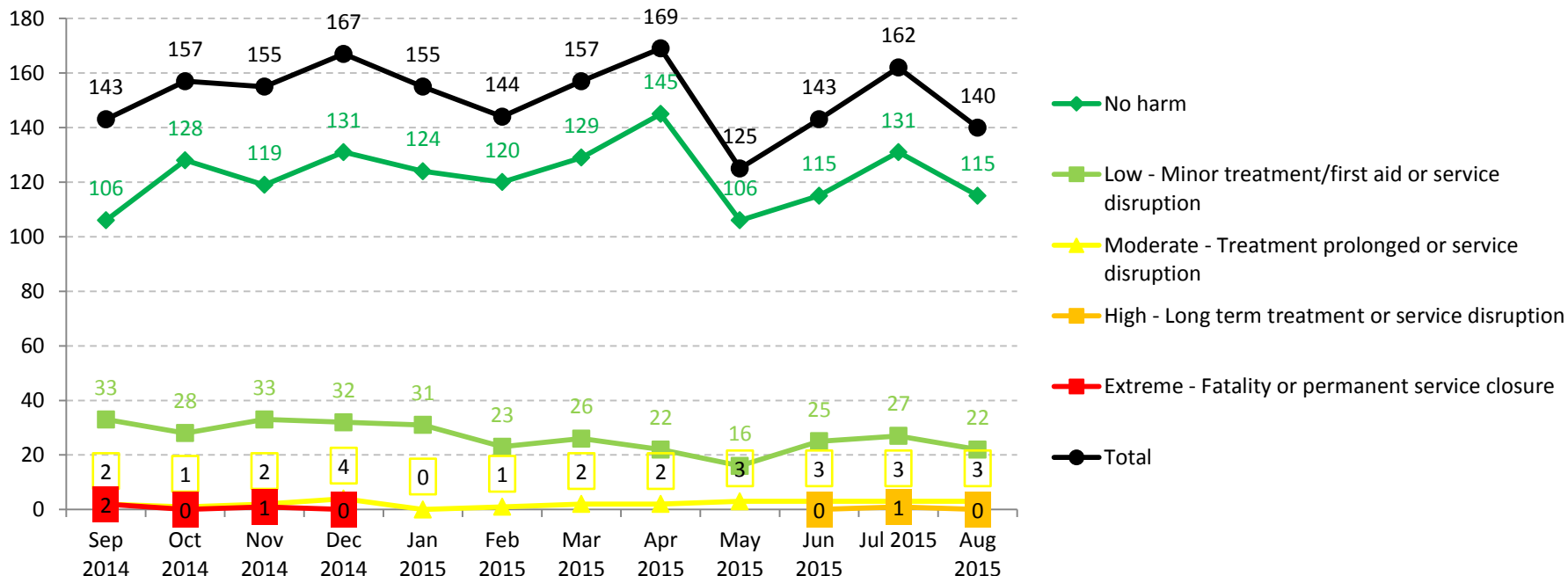
# 7. Patient Safety: August 2015

## - Incident Profile: Falls

Falls																
Lead Director	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Movement	2014/2015 Target	Date expected to meet standard
JH	125	143	157	154	169	154	144	157	165	126	144	163	140	>	100	Jul-15

Falls with Harm April 2014- to date				
No Harm	Moderate	Severe	Death	Falls related Fractures
2445	29	3	0	7

### Patient Falls by Incident date (Month and Year) and Severity



**Overview:** The graph shows the profile of falls across both acute and community services including bed-based care and patients' own homes. It is important to note that this data is sourced from incident reporting and is not individually verified. There has been a decrease in falls incidence this month which may be a seasonal variation as the decrease has been linked to reduced bed occupancy in the AMU. The Falls Prevention Committee have completed a Trust wide bed rail risk assessment audit. Preliminary analysis has shown poor compliance in assessment of bed rails across the Trust. **Actions:** Results from audit to be shared across all areas with action plan to raise awareness of safe use of bed rails. Post fall protocol audit data collection to commence September 2015.

# 7. Patient Safety - Infection Control

MRSA						
Lead Director	July	August	Movement	2015/2016 Threshold	Forecast September-15	Date expected to meet standard
JH	0	1	▲	0	G	-

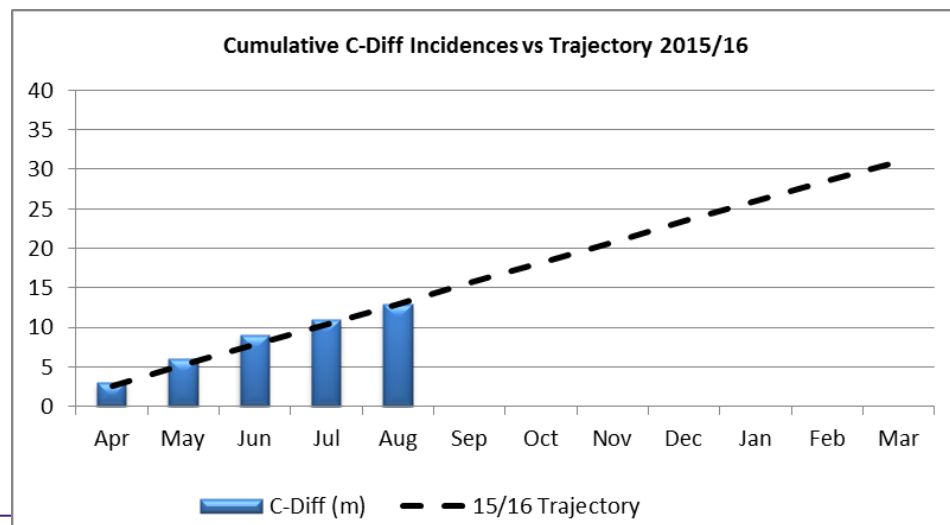
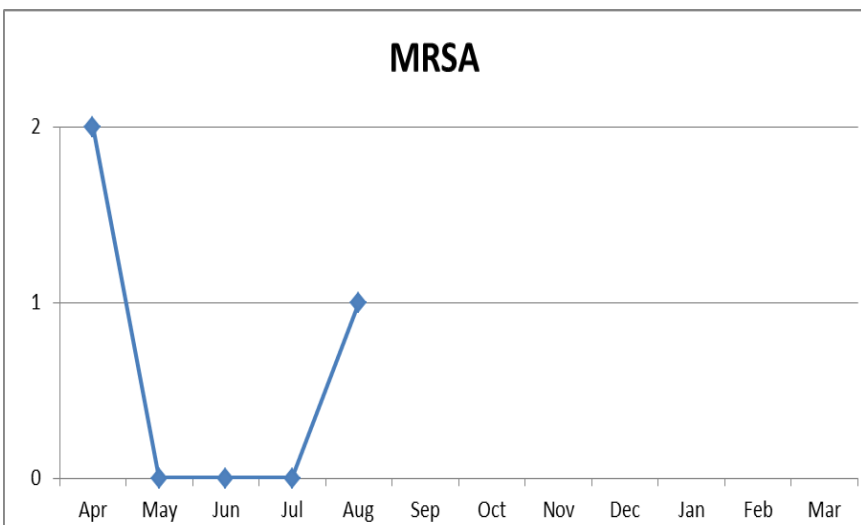
Peer Performance – YTD August 2015				
STG	Croydon	Kingston	King's College	Epsom & St Helier
3	2	0	0	2

C-Diff						
Lead Director	July	August	Movement	2015/2016 Threshold	Forecast September-15	Date expected to meet standard
JH	2	2	➤	31	G	-

Peer Performance – YTD August 2015 (annual trajectory in brackets)				
STG	Croydon	Kingston	King's College	Epsom & St Helier
13 (31)	12(16)	8(9)	39(72)	11(39)

The MRSA bacteraemia threshold is zero. There were no cases of MRSA bacteraemia in July, and 1 case in August. The one case in August will go for arbitration and this case may be subsequently be removed from the trusts numbers. The trust is non-compliant, with 3 incidents in total.

In 2015/16 the Trust has a threshold of no more than 31 C. diff incidents. In Jul and August there was 2 C. diff incidents each, a total of 13 for the FY to end August. We are right on trajectory.



# 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	Sept	Oct	Nov	Dec	Jan (2015)	Feb	Mar	April	May	June	July	August
Unify2	96.84%	94.91%	93.18%	93.51%	95.94%	96.03%	96.27%	96.64%	96.45%	96.75%	96.56%	

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. **NB. The RAG ratings for the safety thermometer changed in April 2015 to be consistent with the UNIFY targets. This accounts for many of the red rated months below**

Data Source	Sept	Oct	Nov	Dec	Jan (2015)	Feb	Mar	April	May	June	July	August
Safety Thermometer (SGH)	86.44%	85.39%	86.56%	75.92%	79.08%	83.89%	85.74%	89.83%	90.19%	95.14%	94.84%	92.38%
National average	85.50%	85.04%	84.19%	83.98%	84.69%	84.82%	84.69%					

### Comparison of data streams:

Although there are differences in the methodology of collecting the different data streams, triangulation of both shows similar trends. 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 (**from April 2015 onward**) are as follows: **Green** >95%, **Amber** >90-<95%, **Red** <90% (this may differ to RAG ratings used in other reporting tools).

### Current and Future developments:

- An electronic prompt has been installed in iClip to alert physicians if an admission VTE assessment has not been completed when a patient record is opened (a second prompt also triggers 18 hours after completion of the admission assessment if the follow up assessment has not been completed). Initial reports indicate that this has had a significantly positive impact on risk assessment completion and the timeliness of assessment completion in the 'live' areas. It has recently become possible to audit individual clinicians who are overriding alerts and to cross reference the speciality with data on risk assessments which allows clear accountability to be established.

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

Year		2015
HAT cases identified to date (attributable to admission at SGH)		130
Mortality rate	Total	12.3% (16/130)
	VTE primary cause of death	5.38% (7/130)
Initiation of RCA process		100%
RCA pending	<28 days since notification	20
	>28 days since notification (notes requested)	5
RCA complete		80.8% (105/130)

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.

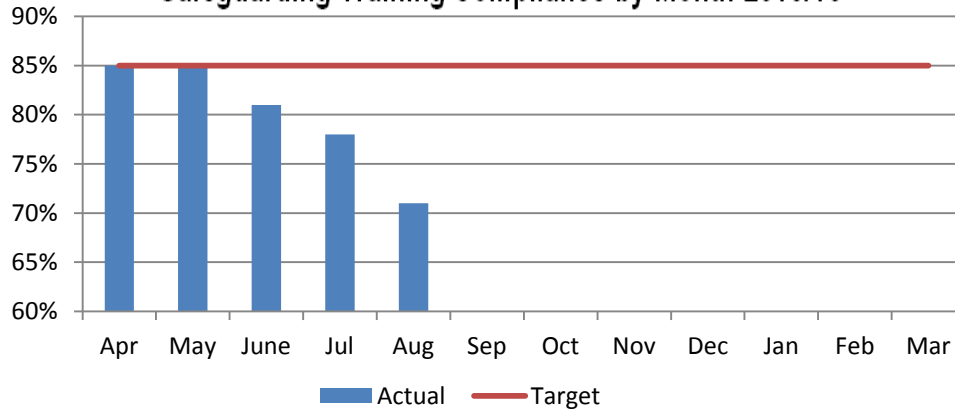
# 7. Patient Safety

## - Safeguarding: Adults

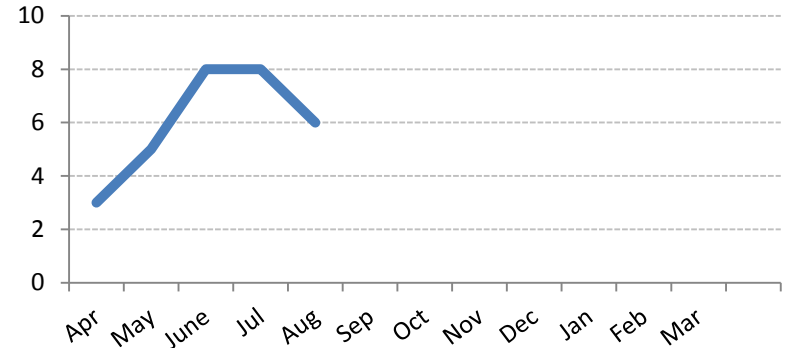
Safeguarding Training Compliance - Adults									
Lead Director	Mar	April	May	June	July	Aug	2015/20165 Target	Forecast April 2015	Date expected to meet standard
JH	87%	85%	85%	81%	78%	71%	85%	A	-

Safeguarding Adults Training Compliance by Division – Aug 15				
Med & Card	Surgery & Neuro	Community	Children's and Womens	Corporate
70%	71%	83%	70%	39%

Safeguarding Training Compliance by Month 2015/16



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.

Apr 90, May – 70, June 78, July 70, Aug 60

**DOLS:** Since April 2014 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 . New Law Society Guidance now indicates that the a significant number of patients are being understandably deprived of their liberty in their best interests. This is not necessarily a reflection of poor care and treatment.

**Actions:**

Continue to monitor safeguarding training via ARIS. **Divisions to take action around low compliance**

Review procedures following implementation of Care Act - Awaiting revision of Pan London Procedures due Dec 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 Law Society guidance. 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 procedure in place to ensure reporting of those subject to DOLS are reported to the coroner. ~~July 15 – fresh legal advice obtained around risk to organisation and patients with regard to non application of DoLs. Revised briefing paper prepared for QRC July 2015.~~ Task and Finish Group to commence work on outstanding actions Autumn 2015

## 7. Patient Safety - Safeguarding Children

Division	No. requiring Level 3 training	No of staff compliant	compliant %	no. of staff not compliant	additional no. of staff to be trained to achieve 85% compliance
Children and Women's Diagnostic and Therapy Services	621	500	81%	121	30
Community Services	203	143	70%	60	29
Corporate	5	4	80%	1	1
Medicine and Cardiovascular	193	132	68%	61	32
Surgery & Neurosciences	13	0	0%	13	13
<b>Total</b>	<b>1035</b>	<b>779</b>	<b>75%</b>	<b>256</b>	<b>96</b>

**Training** : Following an in-depth look at the training figures by the Safeguarding Children team, it was evident that staff who were known to be compliant were not recorded as such on ARIS. This is still an unresolved issues, which is being addressed through monthly meetings between the Safeguarding Children team and the Learning and Development team.

Mandatory face-to-face level 2 and level 3 training content being updated, in the Acute services. There is a plan to deliver bespoke sessions across paediatric areas, the neo-natal unit and adult areas, to raise awareness of “see the Adult – see the Child” agenda.

The community team continue to offer level 3 as per their annual training plan but included an extra session in Quarter 2 to increase compliance.

**Serious Case Reviews and Internal Management Reviews:** Hampshire Safeguarding Children Board, has declared a SCR for a baby cared for on PICU. The Named Nurse for Safeguarding Children (Acute services) is completing the report and chronology – deadline for submission is 30<sup>th</sup> September 2015.

**Other:** The Safeguarding Children team (Acute, Community and Maternity), currently have a weekly team brief, to discuss operational matters and on a monthly basis to discuss strategic matters – the purpose is to monitor and improve compliance across all areas in the Trust.

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Patient Experience

*Excellence in specialist and community healthcare*

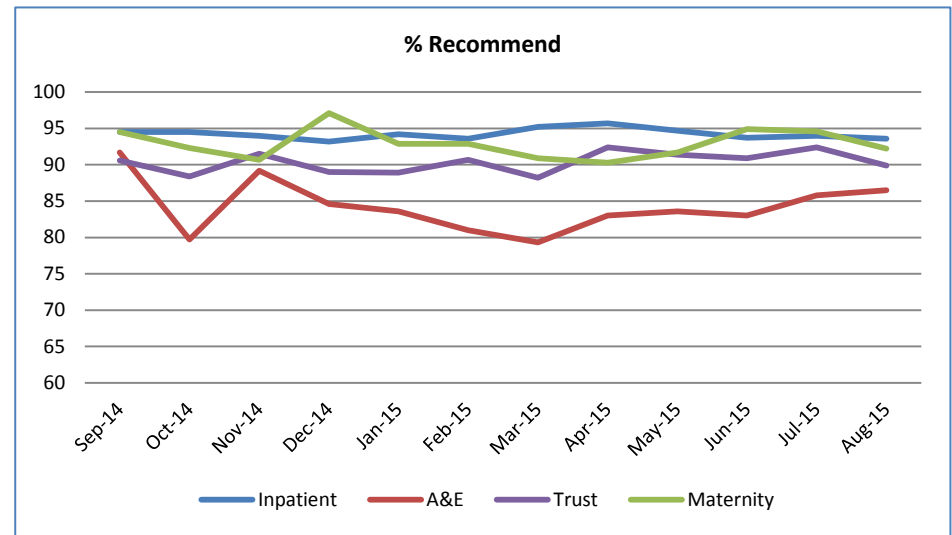
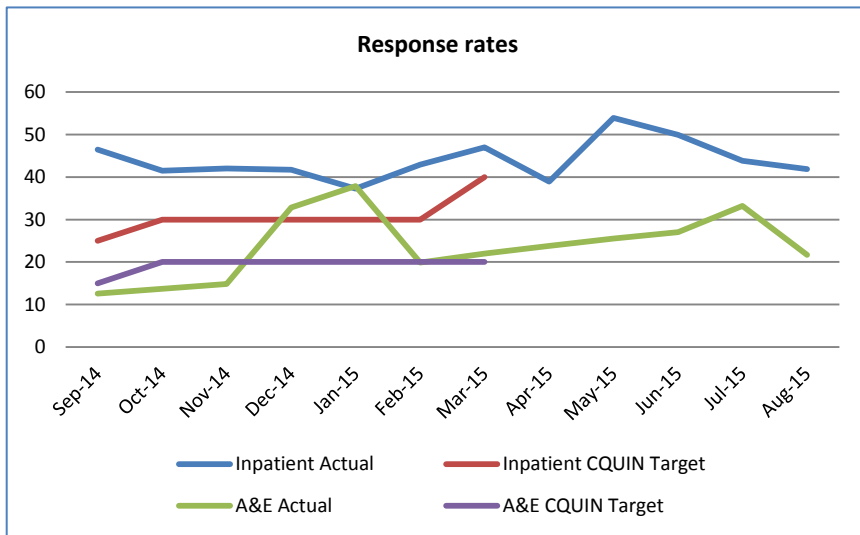


# 8. Patient Experience

## - Friends and Family Test

FFT Response Rate							
Domain	Jun-15	Jul-15	Aug-15	Movement	2015/2016 Target	Forecast	Date expected to meet standard
Trust	34.3	37.9	27.4	▼	-	-	-
Inpatient	49.9	43.8	41.9	▼	-	-	-
A&E	27	33.2	21.7	▼	-	-	-
Maternity	23.9	21.7	N/A		-	-	-

FFT Response Score			
Jun-15	Jul-15	Aug-15	Movement
90.9	92.4	89.9	▼
93.7	94	93.6	▼
83	85.8	86.5	▲
94.9	94.6	92.2	▼



**Overview:** All CQUINs were met for last year. We are now exploring how to shift our focus from response rates to the content of what our patients are telling us. We are trialling new reports that focus on the 3 areas we score the lowest on. You can preview our latest draft on the next slide.

**Action:** Continue to monitor response rates, and monitor the 5 poorest performing services in the key areas of noise at night, information about medication side effects and involvement in the discharge process.  
 Improve the co-ordination of patient experience data with other quality metrics.

## 8. Patient Experience

### - Triangulation of FFT, Complaints and PALS data

Directorate	Complaints	PALS	FFT	FFT responses
(CW) Childrens Directorate	2	4	94.3%	141
(CW) Critical Care Directorate	1	0	No data	0
(CW) Diagnostics Clinical Directorate	2	6	No data	0
(CW) Therapeutics Clinical Directorate	6	36	88.6%	35
(CW) Womens Directorate	15	30	94.1%	254
(MC) Accident and Emergency Directorate	11	4	86.5%	1420
(MC) Acute Medicine Clinical Directorate	2	8	93.2%	132
(MC) Cardiovascular Clinical Directorate	9	14	97.3%	264
(MC) Renal, Haematology, Palliative Care & Oncology Directorate	4	5	94.0%	150
(MC) Specialist Medicine Clinical Directorate	1	32	100.0%	8
(SN) Neurosciences Clinical Directorate	6	15	96.3%	242
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	12	77	87.2%	469
Community Services	11	3	TBC	TBC
Corporate Directorates	5	21	N/A	N/A
External Organisations		2	N/A	N/A
<b>Grand Total</b>	<b>87</b>	<b>257</b>	<b>93.2%</b>	<b>3115</b>

#### Triangulation of Patient Experience Data

Notes on the data:

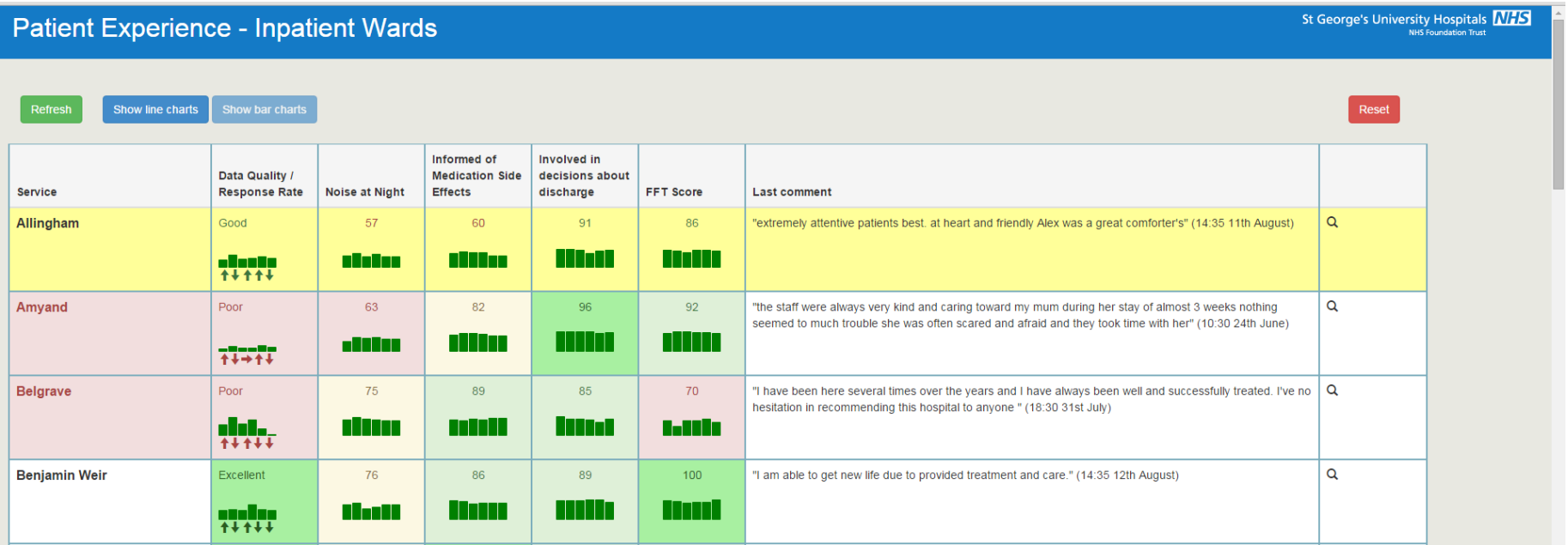
This report only shows directorates that have received a complaint or PALS concern in August 2015.

Not all services are represented, due to the way that we record patient survey data (on RaTE) and PALS/Complaints data (on Datix). We are working to merge the datasets, and the accuracy of these reports will improve once this is complete.

# 8. Patient Experience

## - New Patient Experience Reports

A detailed overview of the entire survey, showing data quality and performance in our three poorest performing areas (noise at night, information on medication side effect and involvement in the discharge process). Trends for the last 6 months are shown, and a detailed breakdown of the scores can also be displayed.



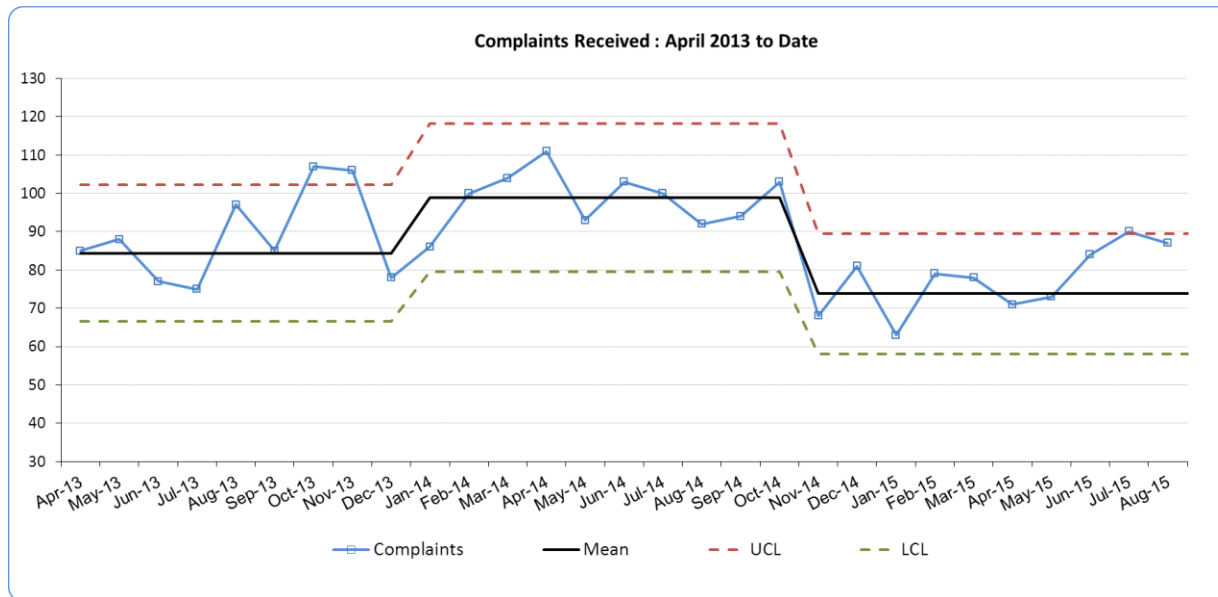
A breakdown of a service's scores, explaining what their patients are telling them.

Scores explained:	There were 28 responses out of a predicted 57 discharges.  This gives a response rate of 49%.  For this area:  Excellent = 61% or above Good = 44% Acceptable = 28% Poor = below 28%	6 said noise was caused by both staff and patients.  0 said noise was caused by staff.  12 said the noise was caused by patients.  10 said they were not bothered by noise.	6 patients were not told about medication side effects.  5 were told 'to some extent'  10 were told about all side effects.	0 patients did not feel involved in their discharge from hospital.  5 felt involved to some extent.  23 said they were 'definitely' involved in their discharge.	24 were 'Extremely likely' or 'Likely' to recommend the service.  3 were 'Neither likely nor Unlikely'.  0 were 'Unlikely'  0 were 'Extremely Unlikely'.  1 answered 'Don't know.'
-------------------	---	---	---	--	--

This work is part of an overall quality framework that allows us to monitor patient experience and safety data in real time from a single point of access.

## 8. Patient Experience - Complaints Received

Complaints Received																		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Movement
Total Number received	111	92	100	99	92	94	107	68	81	63	79	78	71	72	84	90	87	↓



### Overview:

This report provides a brief update on complaints received since the last board report (so in August 2015) and information on responding to complaints within the specified timeframes for complaints received in July of 2015/2016. It also includes some posts made on NHS Choices and Patient Opinion. The board will receive more detailed information about complaints received in quarter 2 with divisional breakdowns, analysis of the data to provide trends and themes with actions planned and a severity rating report and once the target date for complaints received in quarter 2 is reached (so November 2015).

### Total numbers of complaints received in June 2015

There were 87 complaints received in June of 2015, a very slight reduction on July when 90 complaints were received. The biggest reductions were for General Surgery Care Group (from 5 to 1) and Outpatients and Medical Records care group (from 11 to 4). Although complaints reduced overall there was a significant increase in complaints received for the Accident and Emergency care group (from 3 to 11) where the most common themes were clinical treatment – diagnosis and lost property. Complaints about the Gynaecology care group increased from 3 in July to 9 in August, the majority being about outpatients across a number of subjects. Two complaints were about the fertility clinic and two about the closure of the uro-gynaecology service.

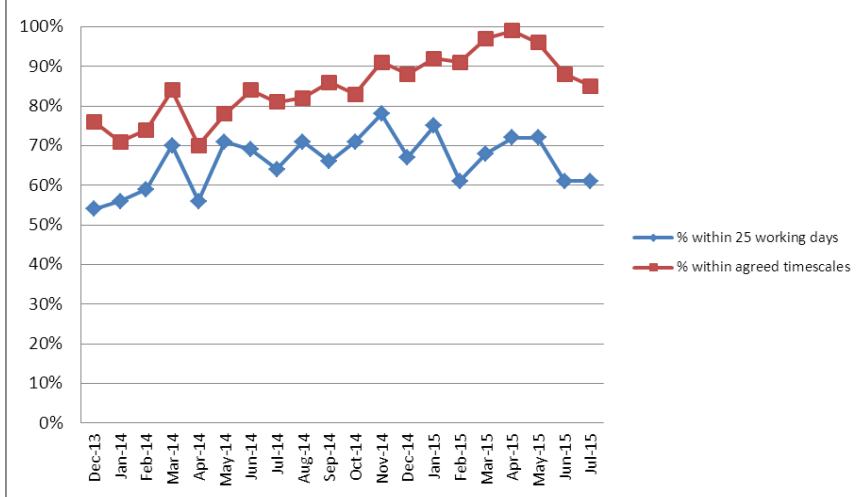
## 8. Patient Experience

### - Complaints Performance against targets

Performance Against Targets July of 2015/2016

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	29	19	66%	(4) 79%
Medicine and Cardiovascular	19	14	74%	(5) 100%
Surgery & Neurosciences	31	14	45%	(13) 87%
Community Services	2	2	100%	(0) 100%
Estates and Facilities	7	7	100%	(0) 100%
Other corporate departments	2	0	0%	(0) 0%
<b>Totals:</b>	90	56	62%	(22) 85%

Complaint response times by month



#### Commentary:

There was no improvement in complaints performance in July when compared to quarter 1, rather there was a significant decline. 62% of complaints were responded to within 25 working days (against the internal trust target of 85%) compared to 68% in quarter 1 with 85% within agreed timescales (against internal trust target of 100%) compared to 95% in quarter 1. Community Services Division and Estates and Facilities Directorate are the only areas which are reaching both targets with Medicine and Cardiovascular Division meeting the agreed timescales target only. In addition to actions previously reported the following actions are planned to achieve improvement:

#### Medicine and Cardiovascular Division

The division has continued to maintain its position of complaints responded to in agreed timescales, having achieved 100% in May, 98% June, and 100% in July. The division has continued to improve its position in responding to complaints within 25 days from 62% in May, 65% in June and 74% in July.

In order to sustain this performance the division has extended the additional resource it has bought in for areas with high volume of complaints. The division continues to meet with the Directorate teams on a weekly basis to ensure complaints are being responded to in the required timescales and we are reviewing the re-opened complaints to ensure any learning regarding response styles can be applied.

## 8. Patient Experience - Performance against targets

### Women's, Children, Diagnostics and Therapeutics Division

The Children's and Women's directorates continue to be the main areas of concern in relation to achievement of the complaints targets, both in terms of the 25 working days and the agreed timescales target.

This is largely related to manpower issues and the complexity of some of the complaints. The resource issues have now been addressed in both directorates and new processes implemented within women's to improve the management of the complaints process and ensure achievement of the targets. Additional staff have also been trained in complaints management and response writing within these directorates; these staff are currently being supported to in order that this training can be put into practice and benefits realised.

There is also on-going work across the wider division to ensure there is a consistent standard in complaint responses, with additional training being provided by the complaint team in focused areas. This will prevent delays and assist the division in improving its overall performance.

### Surgery and Neurosciences Division

There is an increase in the overall number of complaints being received for the division. Complaints within surgical directorate have been increasing month on month. Headlines this month are as follows:

- Divisional process continues to oversee complaints and provide support to areas with higher volumes/complex complaints
- Local complaints/governance meetings are in place – The purpose of these meetings is to review complaints themes, agree focused actions and share learning
- Engagement from managers and clinicians is good and has been sustained over the last 7 months- this has been pivotal to the change in our performance, however in the last two months our performance in meeting the Trust's target has dropped.
- Due to drop in performance for June (61% 25 days, 89% with extensions) and July (39% within 25 working days, 81% with agreed extensions - unvalidated by the GMs as yet) the divisional chair has asked for an urgent update on the issues that teams are facing. The full listing for June and July is currently being validated by the GMs to ensure accurate reporting on the DATIX main.
- Divisional oversight via DGB will continue monthly

The number of complaints being received about the Plastics, Trauma Orthopaedics and Neurosurgery care groups across a number of subjects. Some actions that have resulted in response to these areas include:

- Handover of all patient concerns to SHO and registrar from Night practitioner to avoid confusion in reviewing patients overnight
- Increased patient referrals in the breast service and the team have put in formal measures to ensure these patients are seen promptly
- Neuro started the neuro OP bookings pilot. This will mean outpatient appointments are managed in house with a dedicated team. Have also produced information cards/ website / twitter and email contact for patients.
- The Trust is to ensure that consultant leave is actioned appropriately and clinics are rescheduled and patients are notified in advance.
- Outpatients team to updated patients on a regularly basis if there are any known delays.

## 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.

**Janet** gave Nephrology at St George's Hospital (London) a rating of 5 stars  
**Kidney transplant at Buckland Ward (08/2015)**

*The staff on Buckland ward are absolutely wonderful. No matter how busy they were they always have time for you. But beware there is a witch but don't let her bother you she is harmless enough.*

*As for the surgical team they are absolutely a1 I felt completely safe in their hands and they had a great sense of humour as well.*

*I am also blind and they were extremely helpful and caring in that respect.*

Visited in August 2015. Posted on 07 August 2015

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

**Treatment in Resus unit**

*I was taken to the Resus unit on Tuesday night (18 Aug 2015) with very high blood pressure. I was treated immediately with the utmost care, attention and professionalism. All the necessary tests were conducted to rule out a possible mini stroke and I was allowed to go home after my blood pressure had returned to normal with the medication provided. Thank you so much to the paramedic, the ambulance crew and all the staff in the Resus unit at St. Georges Hospital.*

Visited in August 2015. Posted on 20 August 2015

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

**Disappointing**

*I travelled a long way to see a supposed expert in their field, only to find out they were no help at all. I could have been told that nothing could be done beforehand and saved myself a journey.*

*What I didn't understand is why the doc who took my history said I would need scans etc but the other doctor just said no point and that was the end of the matter - did the first doctor just not know what they were talking about?*

*Odd, and very disappointing.*

Visited in August 2015. Posted on 13 August 2015

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

**Disgusting**

*I am writing on behalf of my mother who has been neglected and ignored by staff at this hospital.*

*I complained two years ago and they failed to respond, she has been waiting for 10 months for an operation which was classed as urgent..*

*Today after being messed about and lied to all weekend she waited for transport this morning which didn't turn up then when she telephoned she was told that transport was never supplied for the ward she was due to be admitted to (this is a lie)..Eventually 4 hours late a taxi finally showed up...*

Visited in August 2015. Posted on 10 August 2015

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Workforce

*Excellence in specialist and community healthcare*



## 9. Workforce: August 2015

### - Safe Staffing profile for inpatient areas

#### Overview

The information provided on the table below relates to staffing numbers at ward/department level submitted nationally on Unify for July 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 July the trust achieved an average fill rate of 93.99%, a slight decrease from 94.93% submitted in June.

Data cleansing continues to ensure that the report is being run consistently and only relevant front line nursing roles are included.

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.
- 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.

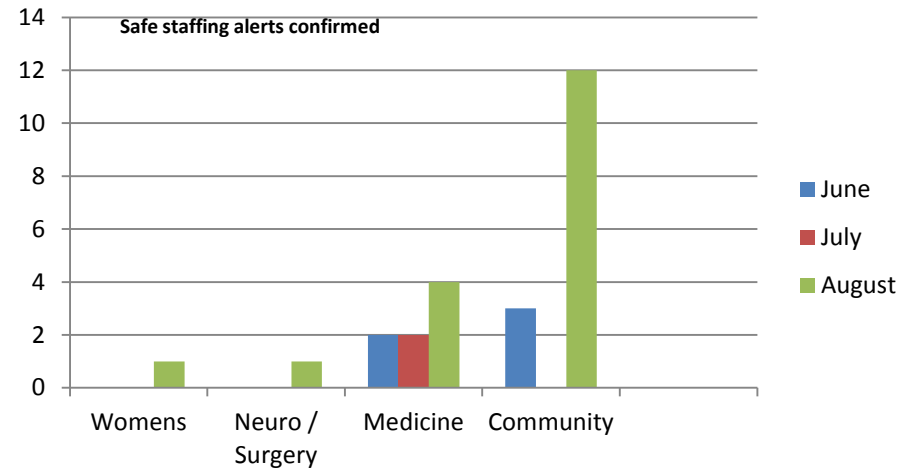
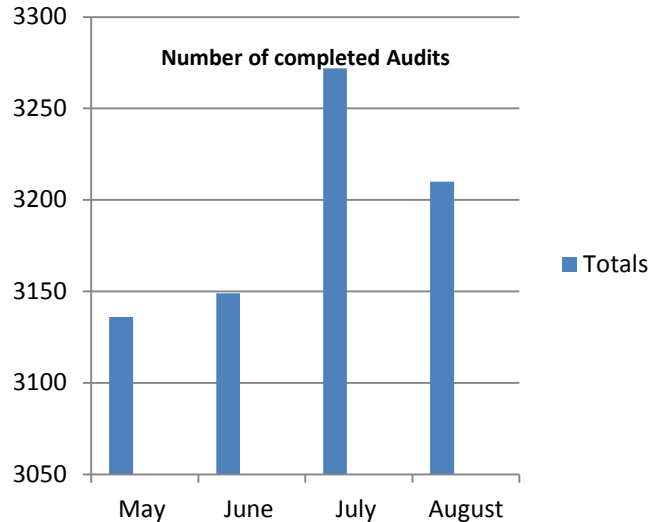
#### Actions

- The Deputy Chief Nurse has set up a task force to review the way UNIFY data is collected, validated and reported.
- Reporting guidance from NICE expected in June 2015 is still awaited,

Ward name	Day		Night		
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
Cardiothoracic Intensive Care Unit	90.2%	100.0%	95.0%	100.0%	
Carmen Suite	106.4%	70.6%	99.3%	89.3%	
Champneys Ward	94.8%	93.6%	100.0%	100.0%	
Delivery Suite	101.6%	84.2%	109.3%	96.8%	
Fred Hewitt Ward	88.0%	101.4%	94.8%	#DIV/0!	
General Intensive Care Unit	95.8%	91.6%	98.5%	87.5%	
Gwillim Ward	115.1%	64.2%	99.2%	80.1%	
Jungle Ward	100.1%	#DIV/0!	#DIV/0!	#DIV/0!	
Neo Natal Unit	93.6%	#DIV/0!	99.1%	#DIV/0!	
Neuro Intensive Care Unit	91.0%	73.9%	98.0%	90.0%	
Nicholls Ward	95.1%	98.2%	99.2%	86.9%	
Paediatric Intensive Care Unit	97.6%	100.2%	101.2%	100.0%	
Pinckney Ward	104.1%	88.0%	96.1%	#DIV/0!	
Dalby Ward	98.4%	99.6%	97.8%	100.0%	
Heberden	94.7%	98.3%	98.2%	98.9%	
Mary Seacole Ward	84.0%	96.0%	98.3%	97.6%	
A & E Department	93.7%	82.4%	93.3%	85.3%	
Allingham Ward	90.1%	113.7%	97.8%	99.9%	
Amyand Ward	87.2%	99.3%	94.3%	99.0%	
Belgrave Ward AMW	86.4%	91.6%	98.0%	100.0%	
Benjamin Weir Ward AMW	84.1%	80.8%	96.2%	100.0%	
Buckland Ward	84.9%	78.6%	100.0%	96.9%	
Caroline Ward	87.3%	88.3%	94.1%	100.0%	
Cheselden Ward	90.7%	80.7%	97.9%	96.8%	
Coronary Care Unit	99.9%	#DIV/0!	96.7%	#DIV/0!	
James Hope Ward	88.3%	76.5%	86.3%	#DIV/0!	
Marnham Ward	86.1%	86.3%	92.2%	97.6%	
McEntee Ward	91.1%	96.8%	96.8%	100.0%	
Richmond Ward	89.7%	88.0%	94.6%	96.3%	
Rodney Smith Med Ward	91.9%	102.3%	97.2%	99.0%	
Ruth Myles Ward	100.8%	100.0%	100.1%	100.0%	
Trevor Howell Ward	100.0%	94.2%	95.6%	98.5%	
Winter Ward (Caesar Hawkins)	79.8%	93.9%	93.7%	91.4%	
Brodie Ward	98.0%	98.7%	99.8%	100.0%	
Cavell Surg Ward	88.7%	88.1%	94.2%	96.8%	
Florence Nightingale Ward	89.9%	90.4%	99.2%	100.0%	
Gray Ward	89.9%	75.1%	98.5%	96.8%	
Gunning Ward	89.5%	89.3%	98.9%	96.8%	
Gwynne Holford Ward	83.4%	90.3%	91.2%	99.3%	
Holdsworth Ward	88.5%	87.7%	95.7%	100.0%	
Keate Ward	95.8%	96.6%	99.0%	100.0%	
Kent Ward	87.4%	86.1%	98.4%	100.0%	
Mckissock Ward	89.1%	101.0%	98.3%	97.1%	
Vernon Ward	87.0%	86.4%	96.7%	100.0%	
William Drummond HASU	86.8%	84.5%	94.1%	100.4%	
Wolfson Centre	90.6%	87.4%	100.0%	100.0%	
Gordon Smith Ward	87.2%	101.6%	100.2%	101.9%	
Brodie Stroke Ward	94.1%	61.0%	97.8%	100.0%	
Trust Total	92.03%	90.22%	97.24%	97.11%	
	<b>Day Qual</b>	<b>Day HCA</b>	<b>Night Qual</b>	<b>Night HCA</b>	<b>Overall</b>
	92.03%	90.22%	97.24%	97.11%	93.99%

## 9. Workforce

### August 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: June 3149, July 3149 and August 3210. There was a significant increase in the number of final alerts reported from 2 in July to 12 in August. The number of alerts relate to one community service which is unable to provide planned care due to reduced numbers. The HON for the area is aware and a plan is in place. The number of alerts reduced to a concern (ward is safely staffed but some care needs will not be completed) has remained increased slightly in August following on the day investigation (June 16, July 17, August 24).

13 nursing related safe staffing concerns were raised on Datix system in August compared to 10 in July. 4 of the alerts matched a similar entry on the RATE system and 3 others matched a concern.

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

**Risk:** In light of the required financial savings on temporary staffing that are required, this may impact on staffing over the next month. It is agreed that safety, not finance, will be paramount when agreeing / declining temporary staffing.

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Community Services Dashboard

*Excellence in specialist and community healthcare*



# Community Services - Quality scorecard exception report

- **KPI Exception Report for (for period up to August 2015)**
- **Serious Incidents:** In August one serious incidents was reported on STEIS: PU G3 community nursing. However to note: early September 2015, one incident of Grade 3 PU has been reported for Mary Seacole ward and one Grade 3 Pu SI reported for community nursing. Additionally, one Si has been reported for HIV/GUM service for failure of failsafe for positive result reporting.
- **Complaints:** Community Services numbers of formal complaints decreasing due to de-escalation by senior manager and complainant. In August on 2 complaints were received.
- **Child safeguarding Level 3:** (to be confirmed) L3 training is required every three years. 100 places are available each year, plus bespoke sessions as required. Attendance at sessions are approx. 75% of capacity.
- **Human Resources:**
- Vacancy rate has reduced from 19 to 12%. However, this may be due to cleansing of ESR system and re-alignment of budgets and establishments. Sickness rates have reduced, turnover rates remain unchanged.
- **Key areas of concern for workforce:**
- Access to MAST training as IT limitations prevent access for community services
- Appraisal rate falling
- Nursing recruitment and retention, particularly offender healthcare, Mary Seacole ward (QMH), community nursing, school nursing, specialist posts
- GP recruitment: Offender healthcare, rapid response

## Access targets and outcomes objectives

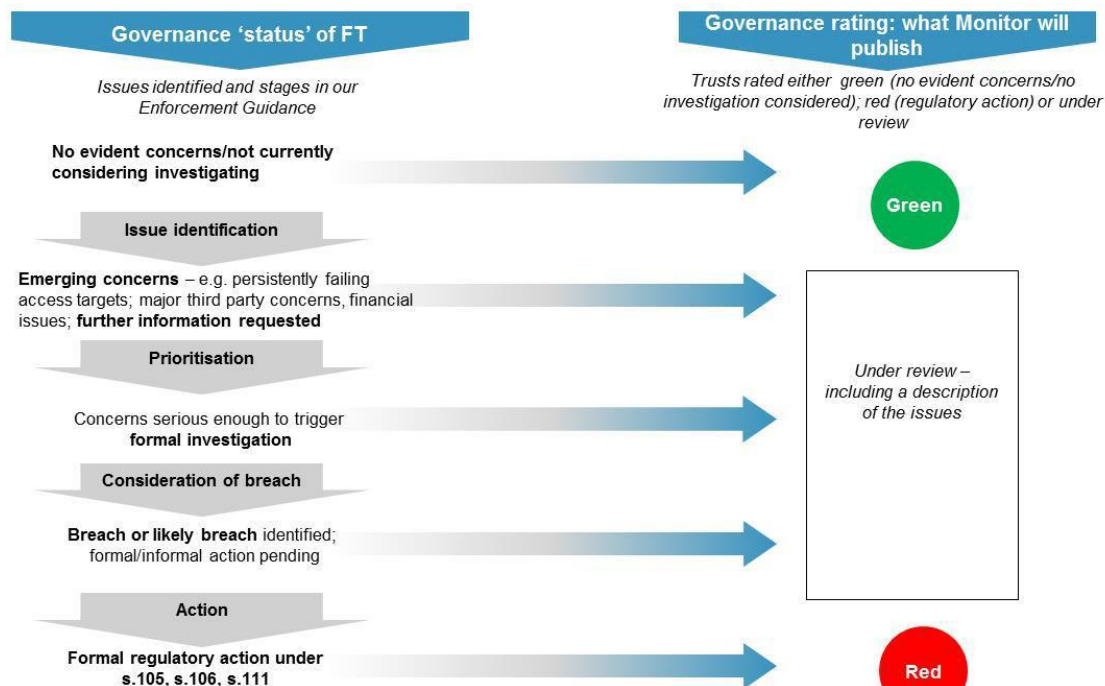
Monitor uses a limited set of national measures of access and outcome objectives as part of their assessment of governance at NHS foundation trusts. These metrics are as detailed in page 5 of this report. NHS foundation trusts failing to meet at least four of these requirements at any given time, or failing the same requirement for at least three quarters, will trigger a governance concern, potentially leading to investigation and enforcement action. The trust performance report details performance against these metric and forecasts a governance rating for the quarter.

In addition to the above, when assigning governance ratings Monitor also take into account the following which may lead to overrides in the governance rating::

- outcomes of CQC inspections and assessments relating to the quality of care provided
- relevant information from third parties
- a selection of information chosen to reflect organisational health at the organisation
- the degree of risk to continuity of services and other aspects of risk relating to financial governance and
- any other relevant information.

The governance rating assigned to the trust reflects Monitor's views of its governance :

- **A green rating** will be assigned if no governance concerns are evident or where Monitor are not currently undertaking a formal investigation
- Where Monitor identify potential material causes for concern with the trust's governance in one or more of the categories (requiring further information or formal investigation), they will replace the trust's green rating with '**under review**' and provide a description of the issue(s).
- **A red rating** will be assigned if following review of causes for concern, they take regulatory action.
- The trust will detail in its performance report , a forecasted governance rating for the quarter and the current rating assigned by Monitor.



**REPORT TO THE COUNCIL OF GOVERNORS MEETING – OCTOBER 2015**

<b>Paper Title:</b>	Quality and Performance Report to Council of Governors meeting for Month 5- August 2015
<b>Sponsoring Director:</b>	Jennie Hall- Chief Nurse/ Director Infection Prevention and Control  Simon MacKenzie- Medical Director  Martin Wilson: Director of Delivery and Improvement
<b>Author:</b>	Jennie Hall- Chief Nurse/ DIPC  Simon Mackenzie- Medical Director  Matt Laundry- Infection Control Lead  Corporate Nursing Team  Divisional Directors Nursing/ Governance  Trust Safeguarding Leads  Martin Wilson – Director of Delivery and Improvement
<b>Purpose:</b>  <i>The purpose of bringing the report to the board</i>	To inform Council of Governors meeting about Quality Performance for Month 5
<b>Action required by the board:</b>	To note the report and key areas of risk noted.
<b>Document previously considered by:</b>  <i>Name of the committee which has previously considered this paper / proposals</i>	Finance and Performance Committee Quality and Risk Committee



## Executive summary

### Performance

Performance is reported through the key performance indicators (KPIs) as per Monitor Risk Assessment Framework. The trust is performing positively against a number of indicators within the framework, however existing challenges continue in particular: ED 4 hour target, RTT, Cancer waiting time targets and cancelled operations by the hospital for non-clinical reasons.

The trust has seen positive performance improvement in Diagnostics with number of patients waiting greater than 6 weeks reducing significantly. The trust shows the quality governance score against the Monitor risk assessment framework of 4 and Monitor have imposed additional license conditions in relations to governance.

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.

Key Points of Note for Council of Governors meeting in relation to the August Quality Performance:

The Overall position in August does not indicate any key changes from the Quarter One position in terms of the trends for the metrics with some moderate improvement across a number of indicators. Serious Incident numbers remain an area of focus in relation to themes seen and actions being taken. This is monitored through the Patient Safety Committee and SIDM.

### Effectiveness Domain:

- Mortality and SHMI performance remains statistically better than expected for the Trust. Despite this position we continue to proactively investigate mortality signals at procedure and diagnosis level.
- We were required to investigate higher than expected mortality for the diagnosis group 'Coronary atherosclerosis and other heart disease'. The review has indicated that there are points of learning, in particular ensuring more detailed clinical summary information to GP's and strengthening mortality review processes.
- Several National Audits are within the report. The management of Mental Health within the Emergency Department indicates that SGH met the fundamental standards in this area, the remaining development standards the Trust is in line with the national results however the Board will note a number of actions to be taken. In relation to the assessment of cognitive impairment in Older People within ED the findings indicate that there are a number of actions which need to be taken to improve compliance against both the fundamental and developmental standards.
- The report indicates the position with compliance with NICE guidance for the period August 2011 to May 2015. Detail is available of all areas where we have declared noncompliance, the reasons for this position and action being taken. Further assurance is being sought in relation to the risk profile; any findings of note will be reported back to the board following the DGB meetings at the end of this month.

### Safety Domain:

- The number of general reported incidents in August indicates a similar trend in terms of numbers and level of harm. The Board should note that the trend for Serious Incidents

indicates a gradual increase. Of those declared for July the Board will note the issues are across a range of clinical issues, some are mandatory in terms of reporting.

- Safety Thermometer performance decreased slightly from July performance remaining above the national average. There was again an increase in patients with CAUTI, with a decrease in other harms reported. The Trust is participating in a wave 1 programme with the HIN to improve practice in association with the use and management of catheters to support improvement of current infection rates.
- The pressure ulcer profile for August mirrored that of the previous 2 months with a single grade 3 ulcer reported but with a slight decrease in grade 2 ulcers. Of note progress within the community Division who for the third month have reported no serious grade 3 or 4 pressure ulcers.
- The Trust has now reported 3 MRSA bacteraemia cases and 13 C-Difficile to the end of August. The Board should note that the MRSA case declared in August is going to arbitration and may subsequently be removed, we are now on track against the annual Trajectory for C Difficile which is set at 31 cases for 15/16. All cases are currently subject to an RCA process.
- Safeguarding Children's data is presented this month following a review of the database. The Trust is now demonstrating a compliance of 75% for level 3 training. The board will note that the numbers of staff to be trained is known and there are agreed actions both for adult and Children's safeguarding which are being monitored by the respective safeguarding Committees. Safeguarding Adult training data is also now a cause for concern, Data quality is being checked and actions agreed to improve the current profile.

#### **Experience Domain:**

- The response rate for FFT improved slightly with but response rates for inpatient wards decreased. The overall score for the Trust decreased in August to a score of 93.6%. A snapshot of information that is available on rate has also been included to demonstrate how the focus on FFT is now moving towards triangulation of patient feedback and development of themes from the feedback.
- The complaints profile in relation to numbers has decreased slightly in terms of numbers. Areas where complaints increased were largely within the accident and emergency department.
- In relation to turnaround times of complaints a decline still continues to be seen following improvement through to May 2015, although the clinical Division (Community) continues to achieve the target.

#### **Well Led Domain:**

- The safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 93.99 % across these areas against current staffing figures. This is against current staffing figures. This figure is being reviewed alongside other Trust information about run rates, 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.

#### **Ward Heat map:**

- The Heat map for In patient areas for August is not currently included in the Report due to data problems.

<p><b>Key risks identified:</b></p> <p>Complaints performance (on BAF)</p> <p>Infection Control Performance (on BAF)</p> <p>Safeguarding Children Training compliance Profile (on BAF)</p> <p>Staffing Profile (on BAF)</p>	
<p><b>Related Corporate Objective:</b></p> <p><i>Reference to corporate objective that this paper refers to.</i></p>	
<p><b>Related CQC Standard:</b></p> <p><i>Reference to CQC standard that this paper refers to.</i></p>	
<p><b>Equality Impact Assessment (EIA): Has an EIA been carried out?</b></p> <p><b>If yes, please provide a summary of the key findings</b></p> <p>No specific groups of patients or community will be affected by the initiatives detailed in the report. Where there may be an impact on patients then consultation will be managed as part of that specific programme.</p> <p><b>If no, please explain your reasons for not undertaking an EIA.</b></p>	

excellent /  
kind /  
responsible /  
respectful /

St George's University Hospitals **NHS**  
NHS Foundation Trust

# Workforce Performance Report to the Trust Board

Month 5 - August 2015



*Excellence in specialist and community healthcare*

# Workforce Performance Report Sep '14 - Aug '15

## Contents

	Page
Performance summary	3
Current Staffing profile	4
Section 1: Vacancies	5
Section 2: Turnover	6
Section 3: Stability	8
Section 4: Staff Career Development	9
Section 5: Sickness	10
Section 6: Workforce Benchmarking	11
Section 7: Nursing Workforce Profile/KPIs	12
Section 8: Agency Staff Costs	13
Section 9: Bank Staff Costs	14
Section 10: Temporary Staffing Fill Rates	15
Section 11: Temporary Staffing Usage	16
Section 11b: Temporary Staffing Weekly Tracking	17
Section 12: Mandatory Training	18
Section 13: Appraisal	19

---

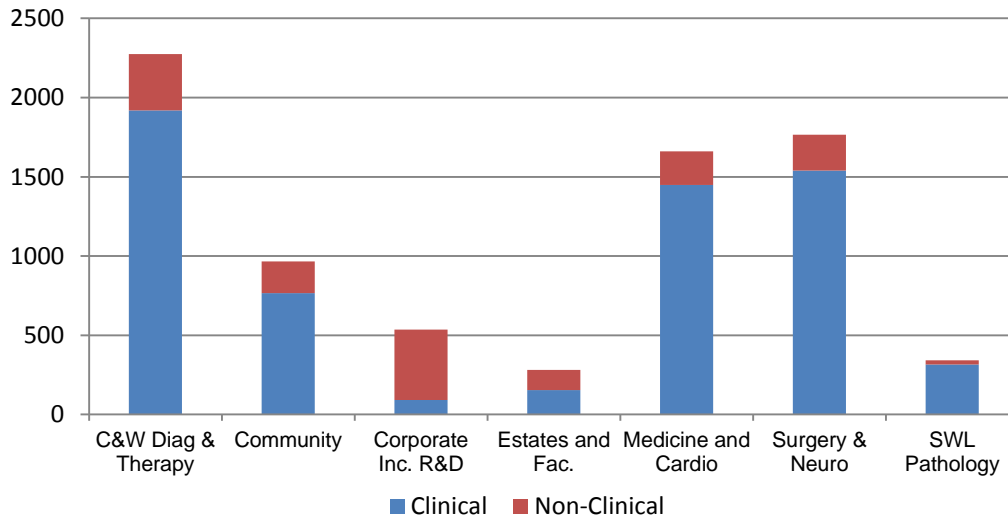
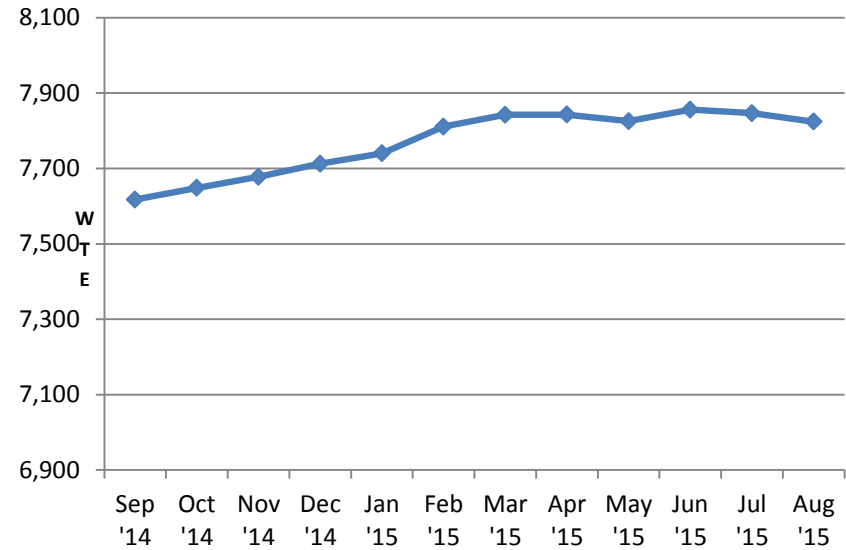
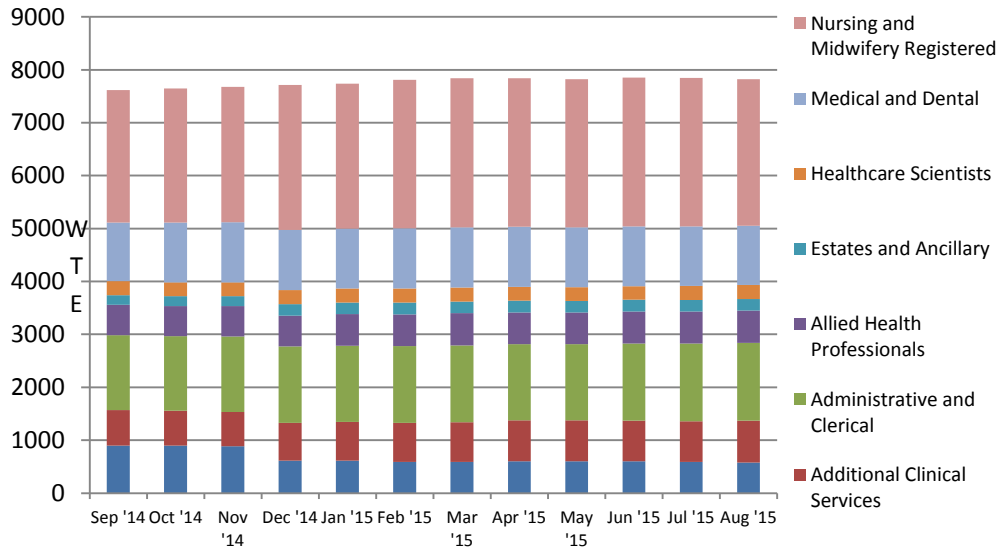
# Performance Summary

Summary of overall performance is set out below

Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	R-A-G
5	Vacancy	Vacancy rate has increased by 0.3%	12.9%	14.9%	15.2%	↗
6	Turnover	Turnover has remained the same	16.3%	17.3%	17.3%	↔
7	Voluntary Turnover	Voluntary Turnover has remained the same	13.4%	14.0%	14.0%	↔
8	Stability	Stability has decreased this month by 0.4%	85.2%	83.5%	83.1%	↘
10	Sickness	Sickness has increased by 0.4%	3.1%	3.4%	3.8%	↗
13-14	Temporary Staffing Usage (FTE)	Temporary Staffing Usage has increased by 1.1%	15.9%	14.8%	15.9%	↗
17	Mandatory Training	MAST compliance has decreased by 3.2%	77.2%	71.0%	67.8%	↘
18	Staff Appraisal	The percentage of staff who have had an appraisal in the past 12 months has decreased by 2.5%	80.8%	74.0%	71.5%	↘

# Current Staffing Profile

The data below displays the current staffing profile of the Trust

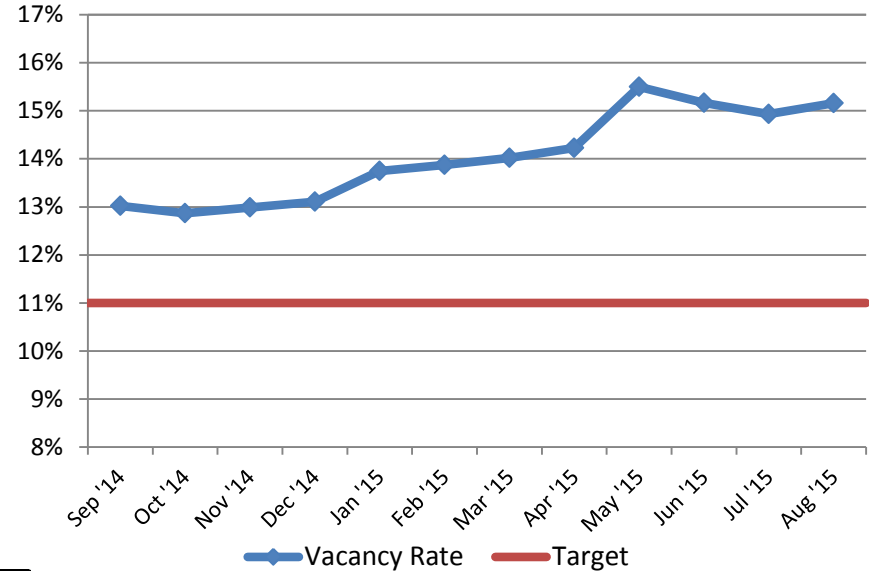
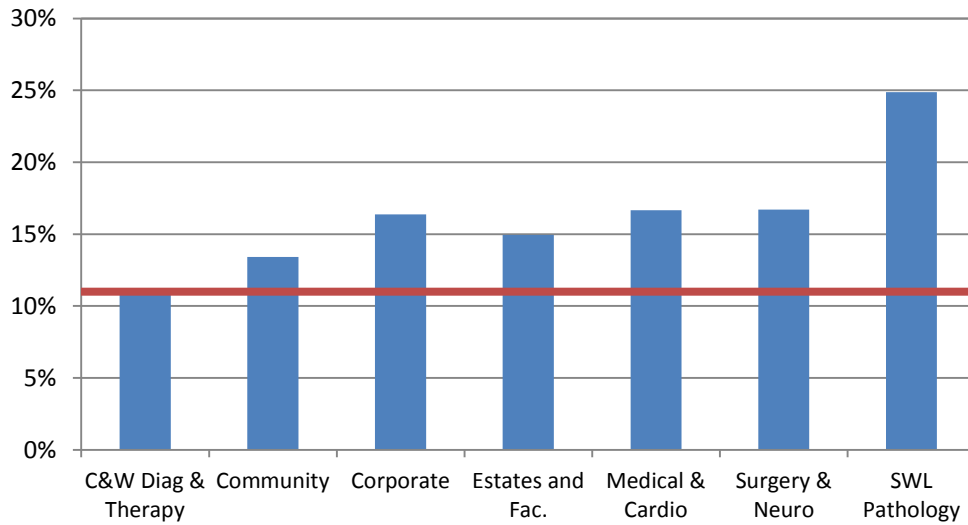


## COMMENTARY

The Trust currently employs 8383 people working a whole time equivalent of 7824 which is 23 WTE fewer than July. The growth rate in the directly employed workforce since August 2014 is 206 WTE or 2.7%.

The Trust has also employed an additional 468 WTE GP Trainees in August covering the South London area making bringing the total WTE to 8292.

# Section 1: Vacancies



Vacancies by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diag & Therapy	9.8%	9.9%	9.5%	10.9%	↗
Community	19.1%	19.4%	12.6%	13.4%	↗
Corporate	16.5%	16.4%	18.2%	16.4%	↘
Estates and Fac.	22.8%	23.0%	15.6%	15.0%	↘
Medical & Cardio	13.5%	12.8%	17.4%	16.7%	↘
Surgery & Neuro	17.7%	16.9%	16.7%	16.7%	↔
SWL Pathology	28.4%	24.0%	23.6%	24.9%	↗
Whole Trust	15.5%	15.2%	14.9%	15.2%	↗

## COMMENTARY

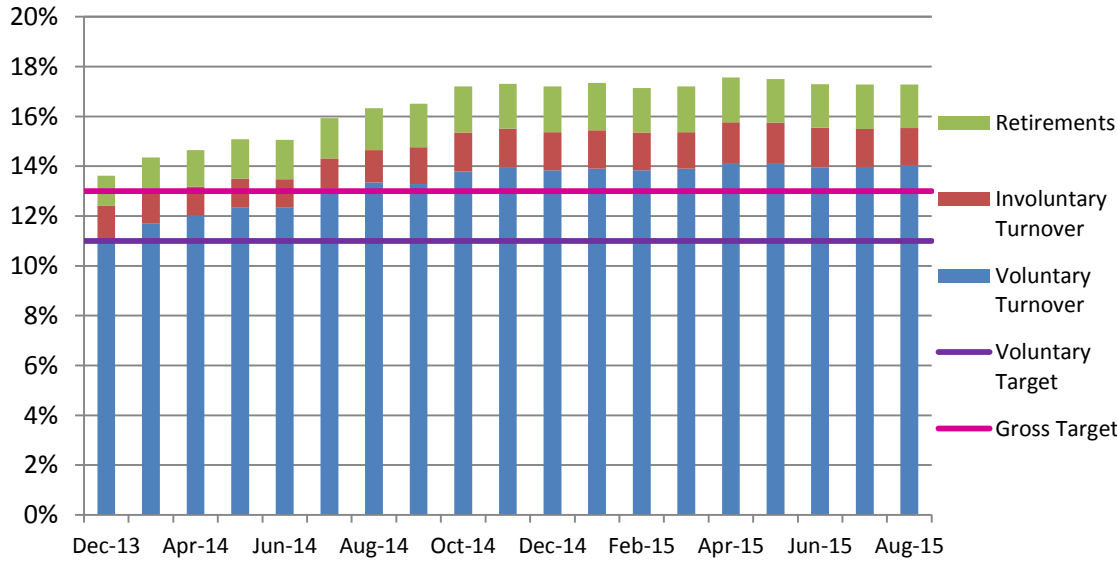
Budgeted posts have not yet been confirmed for FY16. Once these are confirmed, variances against plan will be reported by Division, Directorate and Staff Group. The Finance department are being supported so that the work on reconciliation of the general ledger to the electronic staff record can be completed.

Vacancies Staff Group	May '15	Jun '15	Jul '15	Aug '15	Trend
Add Prof Scientific and Technic	16.4%	17.5%	17.5%	21.9%	↗
Additional Clinical Services	18.7%	18.8%	18.5%	17.3%	↘
Administrative and Clerical	22.6%	20.9%	16.8%	15.2%	↘
Allied Health Professionals	3.6%	3.1%	8.6%	9.4%	↗
Estates and Ancillary	22.5%	25.8%	18.9%	20.1%	↗
Healthcare Scientists	21.8%	21.7%	18.7%	18.2%	↘
Medical and Dental	3.2%	4.5%	6.8%	5.9%	↘
Nursing and Midwifery Registered	15.7%	14.9%	15.9%	16.8%	↗
Total	15.5%	15.2%	14.9%	15.2%	↗



# Section 2a: Gross Turnover

The chart below shows turnover trends. Tables by Division and Staff Group are below:



**COMMENTARY**

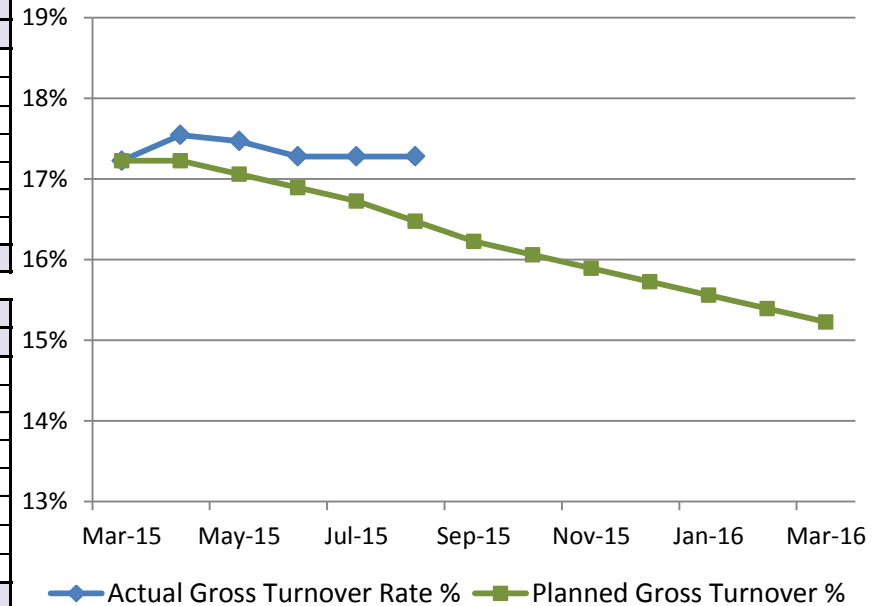
The total trust turnover rate has remained static this month at 17.3%. This is significantly above the current target of 13%. In the last 12 months there have been 1227 WTE leavers.

Each Division is developing a plan and target trajectory in response to the increase in turnover rates which are based on the information available through exit questionnaire data.

Division	All Turnover				
	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	17.7%	17.2%	17.5%	17.4%	↘
Community Services	19.9%	20.4%	20.1%	21.0%	↗
Corporate	18.5%	19.7%	20.0%	20.6%	↗
Estates and Facilities	17.4%	17.0%	16.5%	16.8%	↗
Medical & Cardiothoracics	18.0%	17.7%	17.7%	17.5%	↘
Surgery, Neurosciences & Anaes	14.3%	14.4%	14.4%	13.7%	↘
SWL Pathology	19.7%	17.3%	16.3%	16.9%	↗
Whole Trust	17.5%	17.3%	17.3%	17.3%	↔

Staff Group	All Turnover				
	May '15	Jun '15	Jul '15	Aug '15	Trend
Add Prof Scientific and Technic	18.2%	17.9%	18.6%	19.2%	↗
Additional Clinical Services	20.6%	20.8%	20.1%	19.5%	↘
Administrative and Clerical	16.6%	16.9%	17.0%	16.5%	↘
Allied Health Professionals	17.9%	17.1%	17.9%	17.0%	↘
Estates and Ancillary	11.3%	10.8%	10.0%	8.9%	↘
Healthcare Scientists	16.2%	14.3%	12.7%	14.6%	↗
Medical and Dental	14.1%	13.6%	12.2%	11.8%	↘
Nursing and Midwifery Registered	18.0%	17.9%	18.2%	18.7%	↗
Whole Trust	17.5%	17.3%	17.3%	17.3%	↔

**Current vs. Planned Turnover**



# Section 2b: Voluntary Turnover

Division	Voluntary Turnover					Other Turnover Aug 2015	
	May '15	Jun '15	Jul '15	Aug '15	Trend	In-Voluntary	Retirement
C&W Diagnostic & Therapy	13.2%	13.2%	13.6%	14.0%	↗	1.9%	1.5%
Community Services	15.8%	16.1%	15.6%	16.2%	↗	1.1%	3.7%
Corporate	15.1%	15.8%	15.9%	15.0%	↘	3.1%	2.5%
Estates and Facilities	7.6%	6.4%	5.9%	6.6%	↗	7.5%	2.7%
Medical & Cardiothoracics	15.7%	15.4%	15.3%	15.4%	↗	0.6%	1.4%
Surgery, Neurosciences & Anaes	12.6%	12.8%	13.0%	12.3%	↘	0.5%	0.9%
SWL Pathology	16.7%	15.1%	14.6%	15.3%	↗	0.6%	1.1%
Whole Trust	14.1%	14.0%	14.0%	14.0%	↔	1.5%	1.8%

Staff Group	Voluntary Turnover					Other Turnover Aug 2015	
	May '15	Jun '15	Jul '15	Aug '15	Trend	In-Voluntary	Retirement
Add Prof Scientific and Technic	12.0%	11.7%	12.6%	13.2%	↗	5.8%	0.2%
Additional Clinical Services	17.4%	17.6%	16.9%	16.3%	↘	1.1%	2.2%
Administrative and Clerical	13.0%	13.2%	13.2%	12.7%	↘	1.7%	2.1%
Allied Health Professionals	16.8%	15.9%	16.6%	15.9%	↘	0.2%	0.9%
Estates and Ancillary	7.3%	6.8%	5.5%	4.8%	↘	0.9%	3.2%
Healthcare Scientists	11.5%	10.7%	9.9%	11.8%	↗	0.8%	2.0%
Medical and Dental	8.2%	8.1%	6.9%	6.6%	↘	3.9%	1.3%
Nursing and Midwifery Registered	15.5%	15.4%	15.7%	16.3%	↗	0.5%	1.9%
Whole Trust	14.1%	14.0%	14.0%	14.0%	↔	1.5%	1.8%

Caregroup	Staff in Post WTE	Leavers WTE	Voluntary Turnover Rate
Gynaecology	43.0	15.7	34.3%
Cardiac Surgery	85.7	24.8	33.9%
Offender Healthcare HMPW Services	54.3	19.5	33.4%
Trauma & Orthopaedics	123.5	31.2	29.7%
SWLP Microbiology	67.5	21.3	28.3%

## COMMENTARY

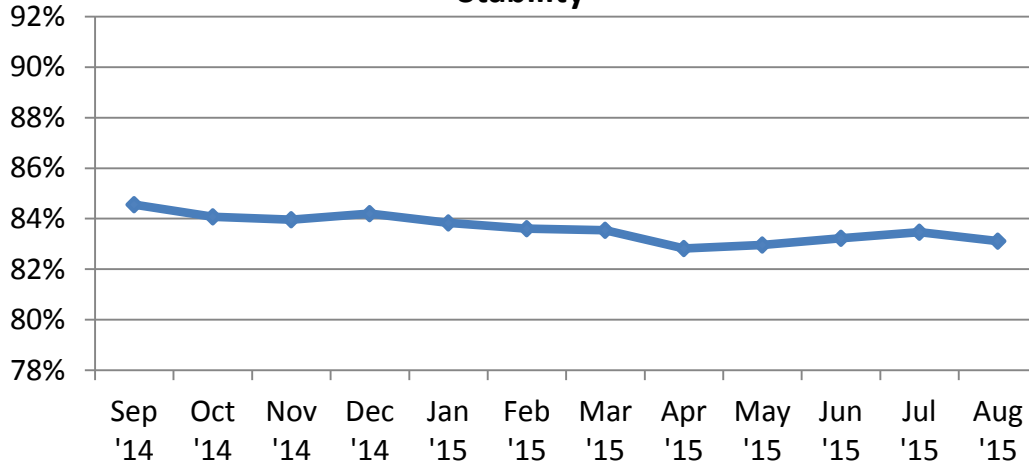
The 5 care groups currently with the highest voluntary turnover rates are shown in the bottom table. This includes care-groups with more than 20 staff only. Divisional HR Managers are working with divisions to tackle any issues within these areas.

Communications with staff this month have focused on opportunities for wellbeing and support available.

# Section 3: Stability

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

**Stability**



Stability by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	82.9%	82.5%	82.8%	83.1%	↗
Community Services	80.4%	80.4%	80.9%	80.1%	↘
Corporate	85.1%	83.7%	82.6%	78.1%	↘
Estates and Facilities	84.9%	85.4%	86.1%	84.9%	↘
Medical & Cardiothoracics	82.4%	82.4%	82.5%	82.1%	↘
Surgery, Neurosciences & Anaes	84.5%	85.1%	85.5%	86.2%	↗
SWL Pathology	82.2%	88.3%	89.4%	89.2%	↘
Whole Trust	83.0%	83.2%	83.5%	83.1%	↘

Stability Staff Group	May '15	Jun '15	Jul '15	Aug '15	Trend
Add Prof Scientific and Technic	73.5%	73.7%	72.8%	70.4%	↘
Additional Clinical Services	82.8%	85.1%	85.6%	86.3%	↗
Administrative and Clerical	86.1%	85.7%	85.7%	85.5%	↘
Allied Health Professionals	80.8%	81.2%	81.5%	81.9%	↗
Estates and Ancillary	86.7%	86.0%	86.8%	86.7%	↘
Healthcare Scientists	87.3%	88.3%	92.8%	92.3%	↘
Medical and Dental	87.1%	88.5%	89.1%	88.3%	↘
Nursing and Midwifery Registered	82.6%	82.4%	82.5%	82.1%	↘
Total	83.0%	83.2%	83.5%	83.1%	↘

## COMMENTARY

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

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

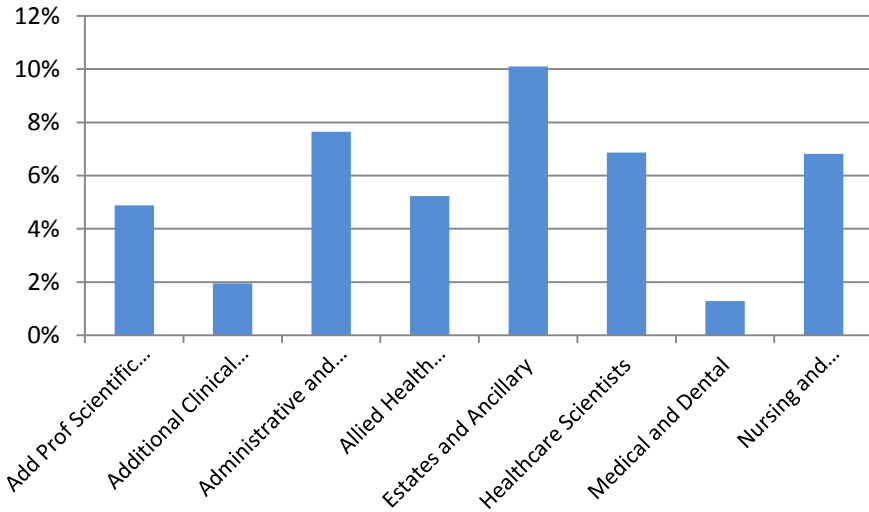
The stability rate has decreased by 0.4% this month.

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

Over the last 12 months the stability rate has declined by 2.1% and is now at 83.1%.

# Section 4: Staff Career Development

The chart below shows the percentage of current staff promoted in each staff group over the last 12 months.



## COMMENTARY

Staff exit survey data tells us that one of the key drivers for retaining staff is to support their development within the trust. In August 73 staff were promoted, there were 121 new starters to the Trust and 239 employees were acting up to a higher grade.

Over the last year 5.9% of current Trust staff have been promoted to a higher grade. The highest promotion rate can be seen in the Estates and Facilities Division (where a team have recently been upgraded) followed by the Corporate and Medical & Cardiothoracics Divisions.

The graph shows that Estates & Ancillary staff were most likely to be promoted over the last year (NB this is the smallest staff group), followed by Admin & Clerical staff.

Division	No. of Promotions				
	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	11	18	15	13	↓
Community Services	15	15	12	16	↔
Corporate	5	7	6	10	↔
Estates and Facilities	0	2	0	0	↔
Medical & Cardiothoracics	6	4	6	17	↔
Surgery, Neurosciences & Anaes	7	12	5	6	↔
SWL Pathology	0	0	0	11	↔
Whole Trust Promotions	44	58	44	73	↔
New Starters (Excludes Junior Doctors)	71	94	83	121	↔

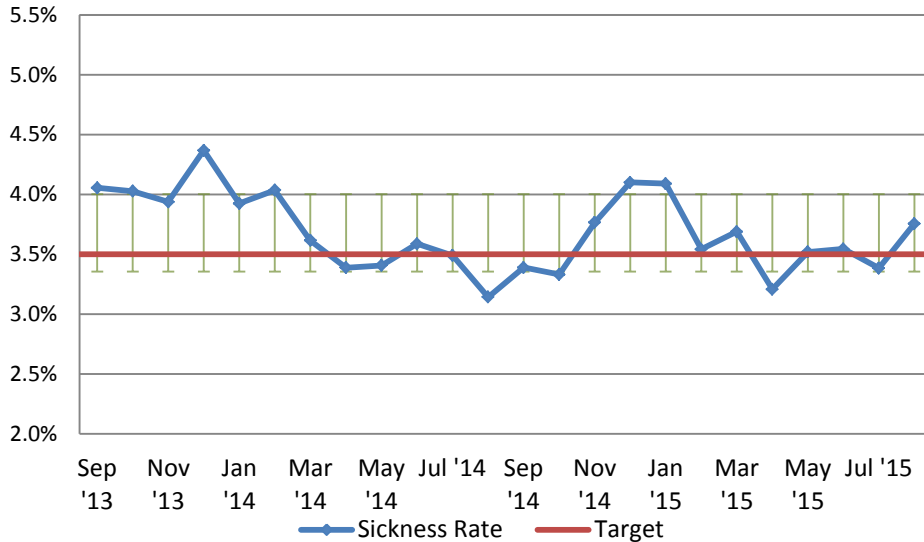
Division	Staff in Post + 1yrs Service	No. of Staff Promoted	% of Staff Promoted	Currently Acting Up
C&W Diagnostic & Therapy	1858	106	5.7%	120
Community Services	915	51	5.6%	16
Corporate	447	36	8.1%	23
Estates and Facilities	259	25	9.7%	6
Medical & Cardiothoracics	1165	68	5.8%	40
Surgery, Neurosciences & Anaes	1353	66	4.9%	23
SWL Pathology	323	20	6.2%	11
Whole Trust	6320	372	5.9%	239
New Starters (Excludes Junior Doctors)		1470		

Staff Group	No. of Promotions				
	May '15	Jun '15	Jul '15	Aug '15	Trend
Add Prof Scientific and Technic	4	2	1	3	↔
Additional Clinical Services	4	2	6	7	↔
Administrative and Clerical	14	22	16	21	↔
Allied Health Professionals	7	10	7	7	↔
Estates and Ancillary	0	2	0	0	↔
Healthcare Scientists	2	0	0	5	↔
Medical and Dental	0	3	1	0	↓
Nursing and Midwifery Registered	13	17	13	30	↔
Whole Trust	44	58	44	73	↔

Staff Group	Staff in Post + 1yrs Service	No. of Staff Promoted	% of Staff Promoted	Currently Acting Up
Add Prof Scientific and Technic	491	24	4.9%	32
Additional Clinical Services	666	13	2.0%	9
Administrative and Clerical	1307	100	7.7%	87
Allied Health Professionals	554	29	5.2%	30
Estates and Ancillary	198	20	10.1%	3
Healthcare Scientists	262	18	6.9%	7
Medical and Dental	467	6	1.3%	3
Nursing and Midwifery Registered	2377	162	6.8%	68
Whole Trust	6322	372	5.9%	239

# Section 5: Sickness

The chart below shows performance over the last 24 months, the tables by Division and Staff Group are below.



## COMMENTARY

Sickness absence is at 3.8% for August, which is an increase of 0.4% on the previous month.

Sickness absence is closely monitored and action initiated by HR, in support of divisions, once pre defined sickness triggers are breached.

The table below lists the five care groups with the highest sickness absence percentage during August 2015. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	2.9%	3.1%	3.0%	3.7%	↗
Community Services	6.0%	6.0%	4.7%	5.7%	↗
Corporate	4.0%	4.8%	2.5%	3.2%	↗
Estates and Facilities	7.6%	4.5%	3.8%	3.9%	↗
Medical & Cardiothoracics	2.9%	2.6%	3.2%	3.9%	↗
Surgery, Neurosciences & Anaes	3.1%	3.4%	3.6%	3.1%	↘
SWL Pathology	2.6%	2.5%	2.6%	2.2%	↘
Whole Trust	3.5%	3.5%	3.4%	3.8%	↗

Sickness Staff Group	May '15	Jun '15	Jul '15	Aug '15	Trend
Add Prof Scientific and Technic	3.0%	3.0%	2.9%	3.6%	↗
Additional Clinical Services	6.8%	6.7%	6.8%	7.1%	↗
Administrative and Clerical	4.3%	4.5%	3.4%	4.2%	↗
Allied Health Professionals	2.8%	2.7%	2.2%	1.9%	↘
Estates and Ancillary	6.4%	5.7%	4.4%	5.6%	↗
Healthcare Scientists	1.8%	1.6%	2.0%	1.4%	↘
Medical and Dental	0.9%	0.6%	1.0%	0.9%	↘
Nursing and Midwifery Registered	3.5%	3.7%	3.7%	4.2%	↗
Total	3.5%	3.5%	3.4%	3.8%	↗

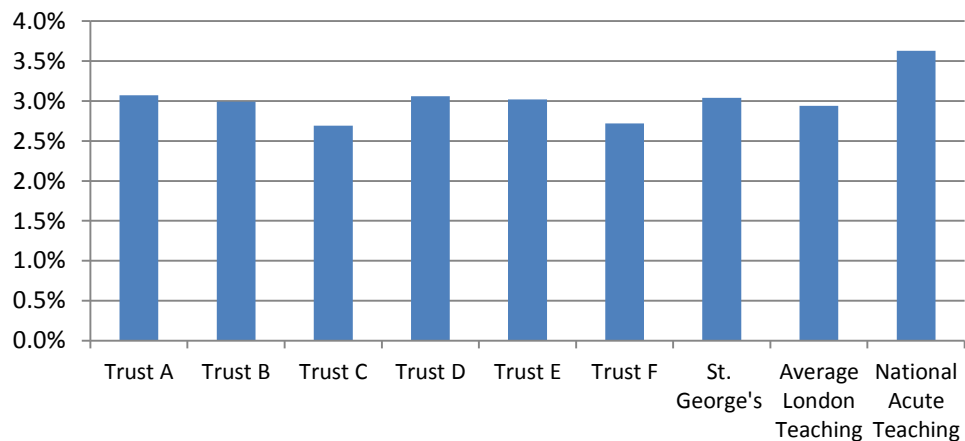
Caregroup	Staff in Post WTE	Sickness WTE Days Lost	Sickness %	Salary Based Sickness Cost (£)
Offender Healthcare HMPW Services	54.30	208.77	12.8%	£20,033
Procurement & Materials Mgmt	37.00	117.00	10.1%	£8,008
Integrated Sexual Health Services	67.54	172.35	8.7%	£28,952
Dentistry	46.47	119.20	8.6%	£6,754
Security & Car Park Management	22.00	57.00	8.4%	£2,918

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S13 Cold, Cough, Flu - Influenza	22.31%
S25 Gastrointestinal problems	15.41%
S12 Other musculoskeletal problems	10.13%
S16 Headache / migraine	7.80%
S10 Anxiety/stress/depression/other psychiatric illnesses	7.26%

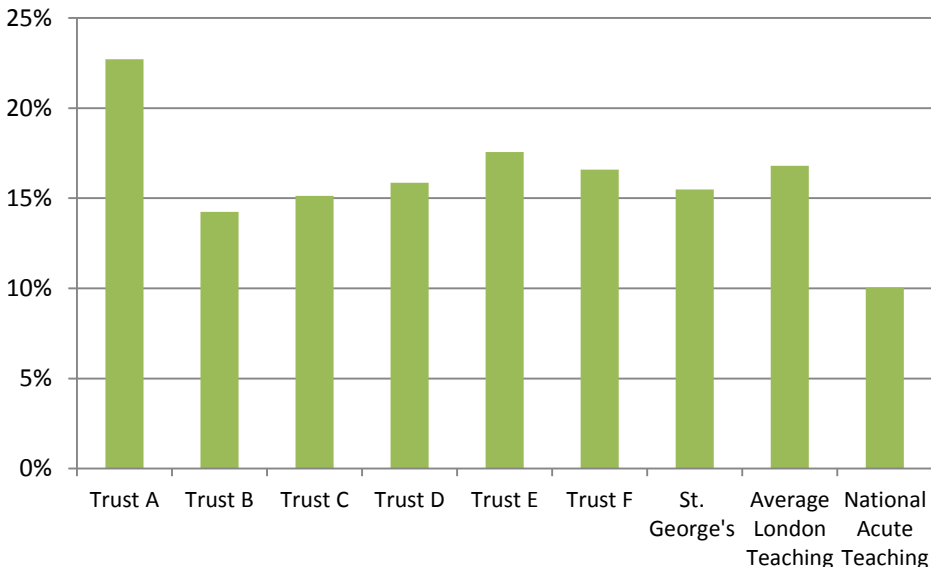
Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	15.57%
S12 Other musculoskeletal problems	13.50%
S13 Cold, Cough, Flu - Influenza	12.25%
S11 Back Problems	8.24%
S25 Gastrointestinal problems	7.80%

# Section 6: Workforce Benchmarking

### Sickness Rate %



### Turnover %



### COMMENTARY

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

Sickness data shown is from May '15 which is the most recent available. Compared to other Acute teaching trusts in London, St. Georges had a slightly higher than average rate at 3.04%. In the top graph, Trusts A-F are the anonymised figures for this group. The Trust's sickness rate was significantly lower than the national rate for acute teaching hospitals in April.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding junior medical staff). This is the total turnover rate including all leavers (voluntary resignations, retirements, end of fixed term contracts etc.). St. Georges currently has a lower than average turnover compared to the group (12 months to end June). Stability is also slightly higher than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is over 5% lower than St. Georges.

\*\*As with all benchmarking information, this should be used with caution. Trusts will use ESR differently depending on their own local processes and may not consistently apply the approaches.

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	22.71%	77.92%	3.07%
Trust B	14.24%	85.18%	2.99%
Trust C	15.14%	84.46%	2.69%
Trust D	15.86%	83.90%	3.06%
Trust E	17.57%	82.66%	3.02%
Trust F	16.58%	83.01%	2.72%
St. George's	15.49%	84.23%	3.04%
Average London Teaching	16.80%	83.05%	2.94%
National Acute Teaching	10.03%	90.01%	3.63%

# Section 7: Nursing Workforce Profile/KPIs

## Nursing Establishment WTE

Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	1073.5	1074.5	1068.5	1069.5	↔
Community Services	593.6	594.6	569.3	569.5	↔
Corporate & R&D	59.9	60.9	59.9	68.2	↔
Medical & Cardiothoracics	1220.8	1207.3	1268.1	1248.3	↘
Surgery, Neurosciences & Anaes	1107.7	1098.7	1097.7	1111.7	↔
<b>Total</b>	<b>4055.5</b>	<b>4036.0</b>	<b>4063.5</b>	<b>4067.2</b>	↔

## Nursing Staff in Post WTE

Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	984.7	985.3	984.0	973.1	↘
Community Services	473.9	471.3	466.5	461.2	↘
Corporate & R&D	49.2	54.0	50.0	46.0	↘
Medical & Cardiothoracics	1007.6	1006.5	994.3	985.9	↘
Surgery, Neurosciences & Anaes	880.1	884.0	897.6	906.8	↔
<b>Total</b>	<b>3395.6</b>	<b>3401.2</b>	<b>3392.4</b>	<b>3373.0</b>	↘

## Nursing Vacancy Rate

Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	8.3%	8.3%	7.9%	9.0%	↔
Community Services	20.2%	20.7%	18.1%	19.0%	↔
Corporate & R&D	17.8%	11.2%	16.4%	32.5%	↔
Medical & Cardiothoracics	17.5%	16.6%	21.6%	21.0%	↘
Surgery, Neurosciences & Anaes	20.5%	19.5%	18.2%	18.4%	↔
<b>Total</b>	<b>16.3%</b>	<b>15.7%</b>	<b>16.5%</b>	<b>17.1%</b>	↔

## Nursing Sickness Rates

Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	3.9%	4.3%	4.1%	5.3%	↔
Community Services	6.3%	6.2%	5.3%	6.3%	↔
Corporate	1.6%	6.6%	1.6%	3.5%	↔
Medical & Cardiothoracics	3.5%	3.3%	4.0%	4.4%	↔
Surgery, Neurosciences & Anaes	4.1%	4.5%	5.1%	4.2%	↘
<b>Total</b>	<b>4.2%</b>	<b>4.3%</b>	<b>4.4%</b>	<b>4.8%</b>	↔

## Nursing Voluntary Turnover

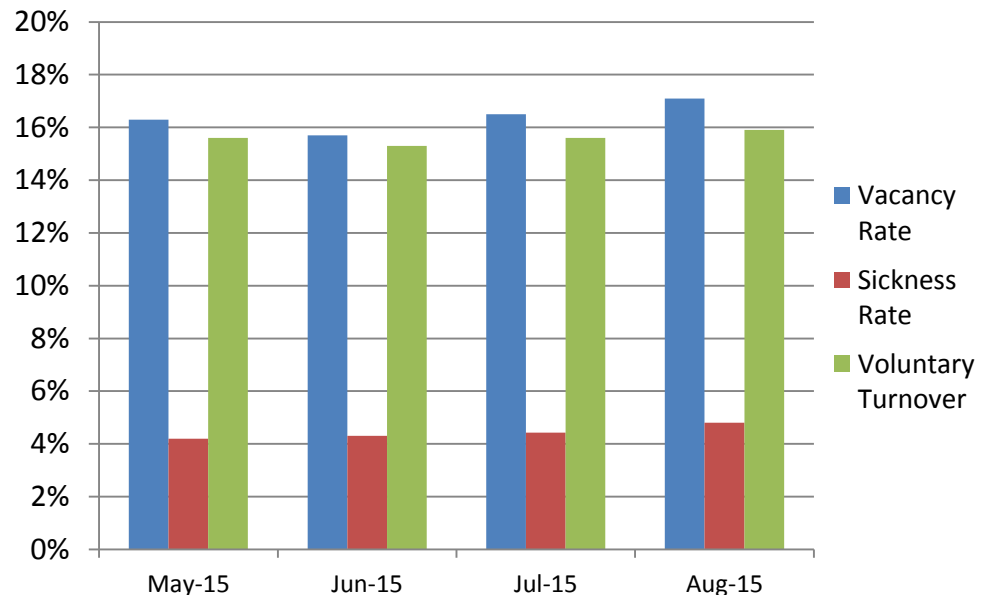
Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	14.22%	14.02%	14.11%	14.81%	↔
Community Services	16.30%	17.31%	16.61%	18.23%	↔
Corporate & R&D	14.98%	14.25%	16.97%	15.37%	↘
Medical & Cardiothoracics	17.91%	17.48%	17.46%	17.97%	↔
Surgery, Neurosciences & Anaes	14.10%	13.96%	14.42%	13.49%	↘
<b>Total</b>	<b>15.6%</b>	<b>15.5%</b>	<b>15.5%</b>	<b>15.9%</b>	↔

## COMMENTARY

This data shows a more in-depth view of our nursing workforce (both qualified and unqualified).

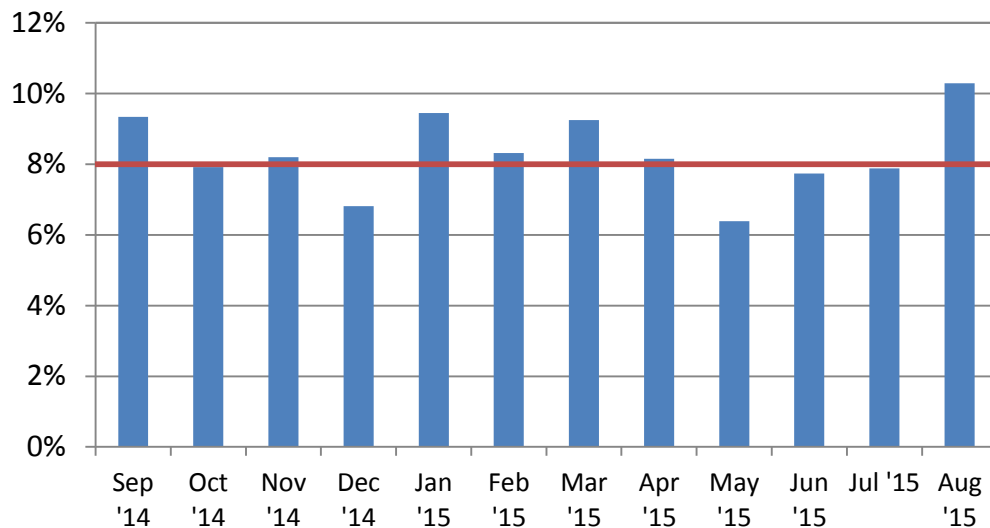
The nursing workforce has decreased by 19.5 WTE in August. The output of the review of nursing establishments will be a revised trajectory for demand for nursing.

Both the sickness rate and voluntary turnover are above the Trust's targets of 3.5% and 10% respectively.



# Section 8: Agency Staff Costs

The chart below shows agency spend by month to show both annual and seasonal trends.



## COMMENTARY

The agency spend percentage has increased by 2.4% since Jul.

Currently, the highest percentage spend is seen in the Corporate Division due to additional interim staff that are supporting the Turnaround process. The highest spend is seen in Medicine and Cardiothoracics at £888K for August.

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

Agency % Spend by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	6.7%	6.4%	4.6%	8.4%	↗
Community Services	9.5%	12.9%	10.0%	3.5%	↘
Corporate	9.8%	11.5%	12.0%	17.1%	↗
Estates and Facilities	1.5%	3.5%	8.5%	9.3%	↗
Medical & Cardiothoracics	6.1%	8.4%	9.1%	10.2%	↗
Surgery, Neurosciences & Anaes	3.2%	3.9%	3.1%	6.9%	↗
Whole Trust	6.4%	7.7%	7.9%	10.3%	↗

Care Group	Agency Spend % Aug-15	Staff In Post WTE
Offender Healthcare HMPW	45.4%	54.3
Information Directorate	26.2%	38.2
Outpatients	25.0%	264.6
Executive Dir of Nursing	23.2%	68.5
SWLP Haematology	21.5%	65.8

Agency Costs £ by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	£689,981	£647,593	£460,175	£879,472	↗
Community Services	£396,492	£560,800	£421,845	£669,773	↗
Corporate	£28,027	£65,977	£725,851	£439,482	↘
Estates and Facilities	£15,389	£37,748	£95,853	£100,971	↗
Medical & Cardiothoracics	£532,189	£754,322	£814,214	£888,472	↗
Surgery, Neurosciences & Anaes	£274,484	£333,300	£266,435	£603,013	↗
Whole Trust	£2,069,291	£2,618,293	£3,379,352	£3,938,062	↗

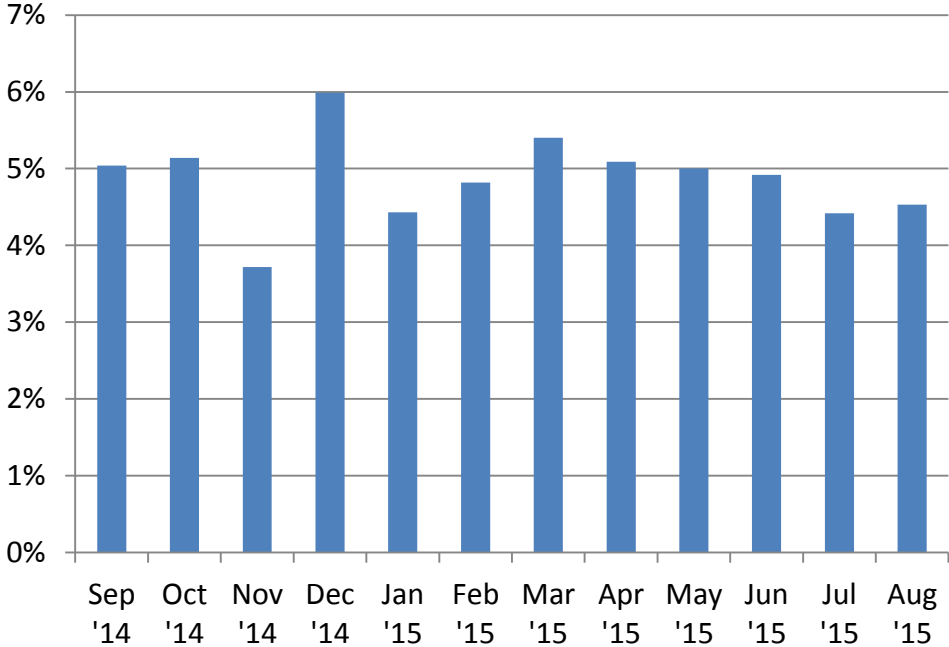
Booking Reason	Medical Agency & Bank £ Aug-15	%
Annual Leave AL	£435	0.10%
Increased Care Needs ICN	£844	0.20%
Maternity Leave ML	£0	0.00%
Sickness S	£0	0.00%
Study Leave SL	£0	0.00%
Vacancy V	£423,200	99.70%
<b>Total</b>	<b>£424,480</b>	<b>100.00%</b>

Nursing & Midwifery Staff Group	May '15	Jun '15	Jul '15	Aug '15
Agency Spend % of Paybill	9.44%	10.45%	9.10%	12.61%
Agency Spend £	£1,248,172	£1,414,034	£1,152,439	£1,644,350



# Section 9: Staff Bank Costs

The chart below shows bank spend by month to show both annual and seasonal trends.



**COMMENTARY**

Bank spend percentage has increased by 0.1% between July and August.

Analysis of hours worked shows a decrease in Admin and Estates bank usage in August but an increase in Registered and Unregistered Nursing & Midwifery staff and in bank Medical staff.

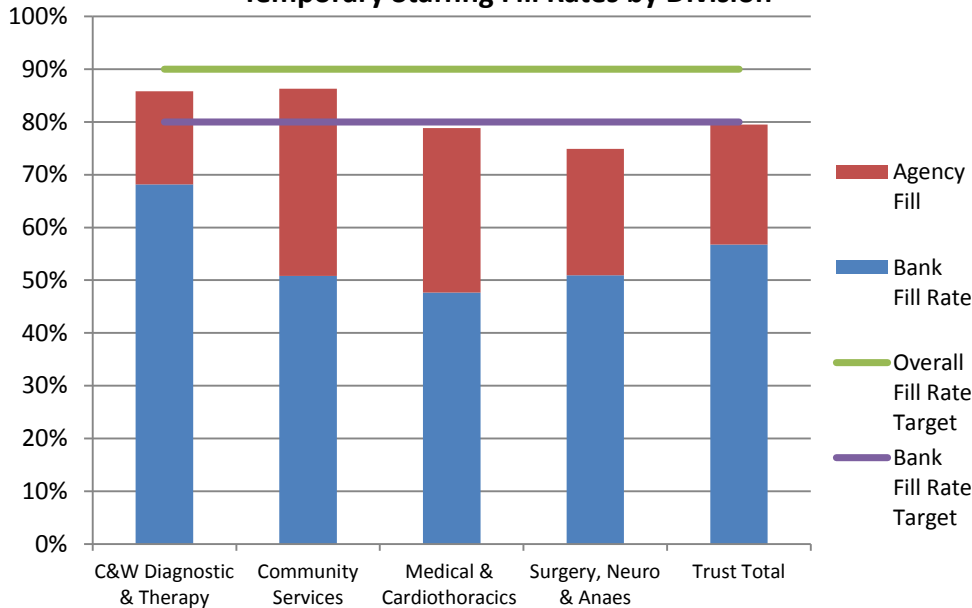
The table below lists the five care groups with the highest bank percentage spend for this month.

Bank Spend % by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	5.8%	5.5%	10.0%	4.7%	↘
Community Services	4.5%	3.5%	3.5%	3.5%	↔
Corporate	5.0%	4.9%	4.4%	3.7%	↘
Estates and Facilities	10.4%	12.7%	10.2%	8.3%	↘
Medical & Cardiothoracics	6.1%	6.7%	5.4%	6.9%	↗
Surgery, Neurosciences & Anaes	3.3%	3.3%	3.4%	2.4%	↘
Whole Trust	5.0%	4.9%	4.4%	4.5%	↗

Care Group	Bank Spend % Aug-15	Staff In Post WTE
Portering	20.7%	77.7
Acute Medicine	17.0%	336.0
Pharmacy	14.9%	177.3
Security & Car Park Mgmt	13.4%	22.0
Imaging	10.7%	194.5

# Section 10: Temporary Staff Fill Rates

## Temporary Staffing Fill Rates by Division



### COMMENTARY

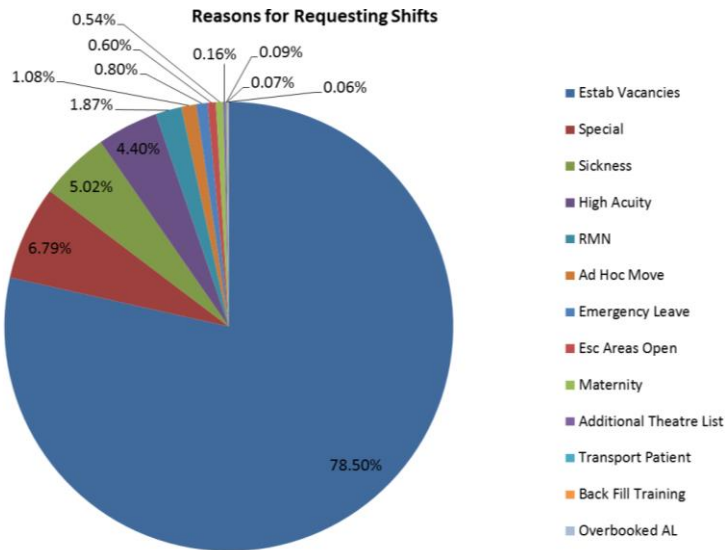
This data comes from the Trust's e-rostering system.

The "Overall Fill Rate" is the percentage number of requests made to the Staff Bank to cover shifts which were filled by either trust bank staff, or by an agency. The remainder of requests which could not be covered by either group are recorded as being unfilled. The "Bank Fill Rate" describes requests that were filled by bank staff only, not agency.

In August the Bank Fill Rate was reported at 56.8% which is 0.5% higher than the previous month. The Overall Fill Rate was 79.5% which is an increase of 0.6% on the previous month. The Community Services Division is currently meeting the demand for temporary staff most effectively.

The pie chart shows a breakdown of the reasons given for requesting bank shifts in August. This is very much dominated by covering existing vacancies, specials, sickness, and high acuity patients.

This data only shows activity requested through the Trust's bank office.

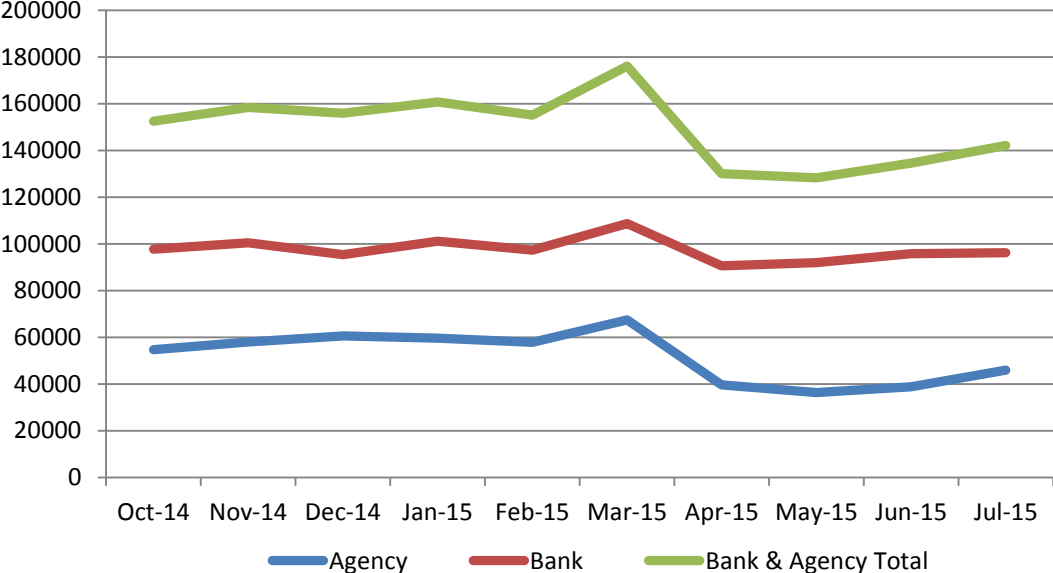


Bank Fill Rate % by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	52.14%	64.34%	63.41%	68.14%	↗
Community Services	49.51%	52.46%	49.76%	50.84%	↗
Medical & Cardiothoracics	51.69%	47.10%	47.72%	47.68%	↘
Surgery, Neurosciences & Anaes	57.66%	57.94%	52.50%	50.91%	↘
Whole Trust	56.35%	57.45%	56.22%	56.78%	↗

Overall Fill Rate % by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	84.90%	85.58%	80.00%	85.82%	↗
Community Services	89.19%	90.39%	87.80%	86.29%	↘
Medical & Cardiothoracics	77.84%	79.92%	79.93%	78.84%	↘
Surgery, Neurosciences & Anaes	75.73%	77.42%	77.08%	74.92%	↘
Whole Trust	80.64%	81.20%	78.95%	79.53%	↗

# Section 11: Temporary Staffing Duties

Temporary Staffing Hours Trends



**COMMENTARY**

This data comes from the Trust's e-rostering system combined with numbers of hours booked via Hi-com.

The figures show the number of bank and agency hours worked by month by Division. Hours have increased significantly in August, the highest increase is seen in the Medical & Cardiothoracics Division in bank usage. Hours have increased across all clinical divisions this month but have reduced in Corporate and Estates areas. The increase in hours is mostly attributable to Nursing (2391 hrs), Medical and Dental Staff (2309hrs) and Healthcare Assistants (2285hrs).

TYPE	Division	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Agency	C&W Diagnostic & Therapy	15399	18212	17355	15424	15305	16737	9525	10750	8656	9638	9408
	Community Services	5482	6626	6035	6111	7424	9595	7938	5769	5245	6077	6422
	Corporate	4251	4061	3772	3454	2763	3488	1246	1331	949	529	46
	Estates and Facilities	0	0	0	0	0	0	0	0	0	0	0
	Medical & Cardiothoracics	19047	18425	22413	24222	21659	25750	14492	13202	17823	20429	20348
	Surgery, Neurosciences & Anaes	10541	10604	10984	10418	10739	11798	6582	5462	6386	9195	8730
	SWL Pathology	0	0	0	0	0	0	119	204	241	228	245
<b>Agency Total</b>		<b>54720</b>	<b>57929</b>	<b>60559</b>	<b>59629</b>	<b>57890</b>	<b>67367</b>	<b>39901</b>	<b>36717</b>	<b>39299</b>	<b>46097</b>	<b>45199</b>
Bank	C&W Diagnostic & Therapy	26343	26993	27287	28597	27691	31831	28052	28994	29353	25997	26657
	Community Services	10073	10976	11088	10061	9354	10548	8379	7619	7704	8252	9033
	Corporate	5481	7131	7405	7497	6939	7641	7176	6915	8116	7965	7205
	Estates and Facilities	6962	7026	6867	7446	6808	7744	6885	7502	8178	9216	8910
	Medical & Cardiothoracics	28236	27707	24432	25536	25076	27528	23755	24829	24969	26255	29728
	Surgery, Neurosciences & Anaes	17839	18005	15389	18840	18430	20376	13521	13495	14553	14740	15545
	SWL Pathology	2783	2619	2901	3134	2947	2953	2753	2620	3052	3751	3389
<b>Bank Total</b>		<b>97717</b>	<b>100457</b>	<b>95368</b>	<b>101111</b>	<b>97245</b>	<b>108622</b>	<b>90522</b>	<b>91956</b>	<b>95732</b>	<b>96142</b>	<b>100454</b>
<b>Temporary Staff Total</b>		<b>152436</b>	<b>158386</b>	<b>155927</b>	<b>160741</b>	<b>155136</b>	<b>175990</b>	<b>130423</b>	<b>128672</b>	<b>135031</b>	<b>142239</b>	<b>145654</b>

# Section 11: Temporary Staffing Weekly Tracking

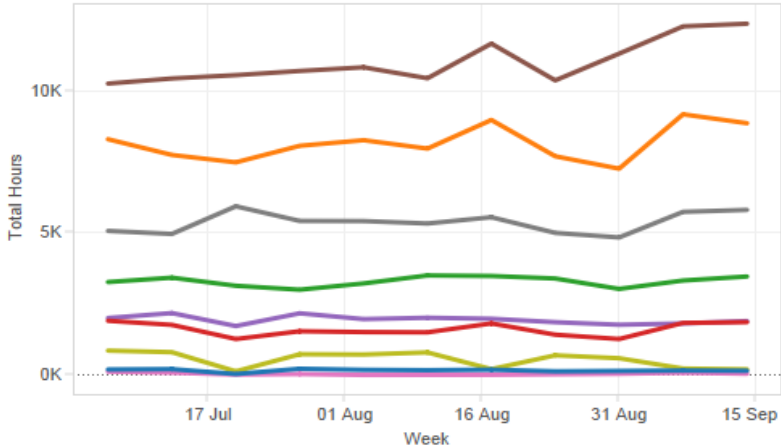
Weekly Hours Used

Division	20 Jul	27 Jul	03 Aug	10 Aug	17 Aug	24 Aug	31 Aug	07 Sep	14 Sep
Capital Division	40	225	187	174	192	134	148	163	153
Children and Women's Diagnostic and Ther..	7,476	8,058	8,254	7,960	8,964	7,690	7,254	9,164	8,852
Community Services Division	3,140	3,002	3,222	3,503	3,484	3,396	3,030	3,324	3,466
Corporate Division	1,269	1,543	1,514	1,505	1,817	1,421	1,270	1,835	1,863
Estates and Facilities Division	1,725	2,173	1,969	2,017	1,981	1,861	1,771	1,817	1,900
Medicine and Cardiovascular Division	10,540	10,687	10,815	10,430	11,647	10,356	11,296	12,253	12,347
Research & Development Division	20	40	8		13		47	85	50
Surgery & Neurosciences Division	5,932	5,418	5,413	5,328	5,548	4,999	4,838	5,736	5,806
SWL Pathology Division	134	735	725	798	211	697	595	233	205
<b>Grand Total</b>	<b>30,276</b>	<b>31,879</b>	<b>32,106</b>	<b>31,715</b>	<b>33,856</b>	<b>30,552</b>	<b>30,247</b>	<b>34,610</b>	<b>34,641</b>

- Division
- Capital Division
  - Children and Wome..
  - Community Service..
  - Corporate Division
  - Estates and Faciliti..
  - Medicine and Cardi..
  - Research & Develo..
  - Surgery & Neurosci..
  - SWL Pathology Divi..

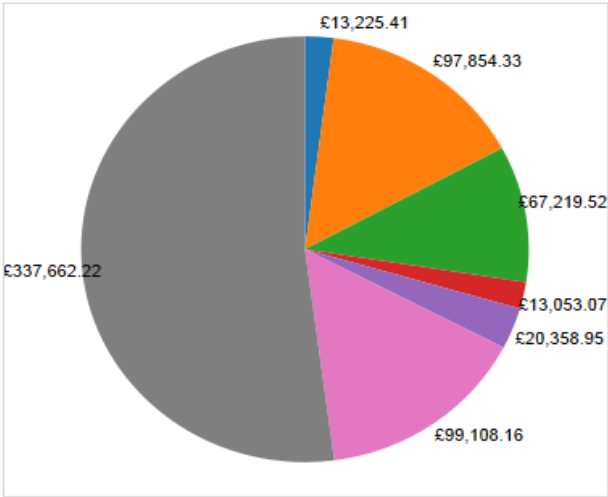
- Type
- Agency
  - Bank

Weekly Hours Used



- Division
- Capital Division
  - Children and Women's Diagnostic and Therapy Services Division
  - Community Services Division
  - Corporate Division
  - Estates and Facilities Division
  - Medicine and Cardiovascular Division
  - Research & Development Division
  - Surgery & Neurosciences Division
  - SWL Pathology Division

Weekly Spend by Staff Group



Weekly Cost £  
£648,481.64

Select Week  
14/09/2015

- Staff Group
- Add Prof Scientific
  - Additional Clinical Services
  - Admin & Clerical
  - Allied Health Professionals
  - Estates & Facilities
  - Medical & Dental
  - Nursing & Midwifery

# Section 12: Mandatory Training

MAST Topic	Jul '15	Aug '15	Trend
Conflict Resolution	72.9	73.2	↗
Equality, Diversity and Human Rights	81.0	77.5	↘
Fire Safety	75.6	72.3	↘
Health, Safety and Welfare	80.6	76.8	↘
Infection Prevention and Control Clinical	61.2	58.2	↘
Infection Prevention and Control Non Clinical	73.3	70.0	↘
Information Governance	64.4	61.1	↘
Moving and Handling	76.8	72.3	↘
Moving and Handling Patient	53.9	52.0	↘
Resuscitation BLS	40.4	37.9	↘
Resuscitation ILS	43.7	40.7	↘
Resuscitation Non Clinical	60.0	59.3	↘
Safeguarding Adults	78.2	74.3	↘
Safeguarding Children Level 1	77.3	73.8	↘
Safeguarding Children Level 2	76.8	73.6	↘
Safeguarding Children Level 3	69.7	71.3	↗

MAST Compliance % by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	75.0%	74.7%	73.6%	70.4%	↘
Community Services	74.7%	73.8%	72.9%	70.4%	↘
Corporate	71.9%	70.5%	68.8%	64.1%	↘
Estates and Facilities	65.9%	66.0%	64.9%	64.5%	↘
Medical & Cardiothoracics	66.4%	66.3%	64.4%	60.8%	↘
Surgery, Neurosciences & Anaes	70.3%	69.4%	68.5%	65.9%	↘
Whole Trust	73.1%	72.4%	71.0%	67.8%	↘

## COMMENTARY

A programme of working is taking place including:

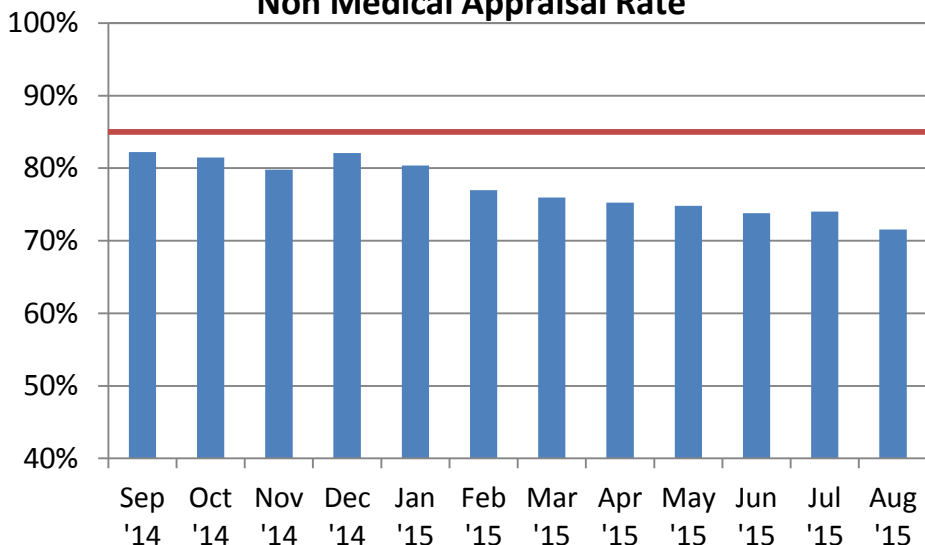
- Changing the method of delivery to on-line testing as far as possible and only training when required
- Reviewing who needs to access the training
- Reviewing the frequency of refresher periods
- Providing an accessible on-line system
- Introduced monthly meetings where divisions report on progress and are held to account by Director of Workforce
- Embedded Training evaluation to e-learning
- Reporting compliance futures for departments so that they are proactive with compliance
- System changes so that accessibility issues are resolved.
- Introduced governance meetings with training leads to ensure that issues are resolved and all are working together.

Current Issues:

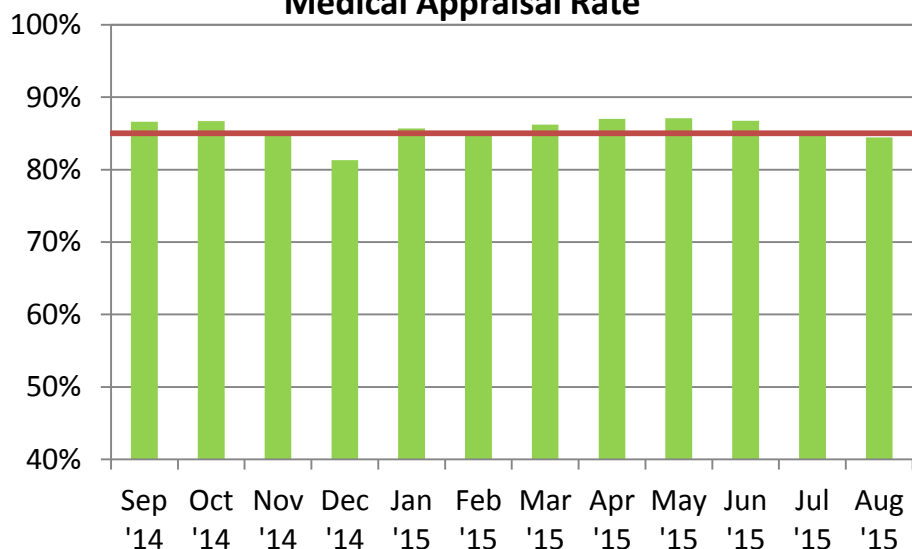
- Fall in compliance rates – largely due to staffing pressures
- Community access to Totara is on the risk register, in the interim we are visiting community sites with tablets and developing a permanent solution in parallel
- Staff unable to access training externally- Software and licencing and IG issue
- Process review between Recruitment/Payroll/Education Department for new starters
- Study leave policy to be changed to say that CPPD will not be offered if the individual is not compliant
- Non-medical appraisal documentation to include confirmation of the staff members' compliance.

# Section 13: Appraisal

## Non Medical Appraisal Rate



## Medical Appraisal Rate



## Non-Medical Commentary

The non-medical appraisal rate has decreased by 2.5% this month to 71.5%. Appraisals are still being managed closely by the appraisal project team who are monitoring progress every two weeks and scrutinising divisional plans. The Corporate Division currently has the lowest non-medical compliance rate. Appraisal completion is now linked to incremental progression for bands AFC band 7 - 9 staff. The table below lists the five care groups with the lowest non medical appraisal rate this month

## Medical Commentary

Medical appraisal rate compliance has decreased this month to 84.4% which is just below target.

Care Group	Non-Med Appraisal Rate	Staff In Post WTE
Paediatric Surgery	42.9%	53.63
SWLP Central Reception	43.8%	39.37
Procurement & Materials Mgmt	44.1%	37.00
SWLP Haematology	48.4%	65.81
Breast Screening	50.0%	54.95

Non Medical Appraisals by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	74.9%	74.4%	73.7%	73.2%	↘
Community Services	75.8%	75.4%	76.0%	70.9%	↘
Medical & Cardiothoracics	78.8%	77.8%	77.8%	76.3%	↘
Surgery, Neurosciences & Anaes	75.1%	74.2%	75.1%	69.8%	↘
Corporate	65.2%	66.4%	66.8%	66.0%	↘
Estates & Facilities	80.7%	80.7%	74.7%	66.5%	↘
Whole Trust	74.8%	73.8%	74.0%	71.5%	↘

Medical Appraisals by Division	May '15	Jun '15	Jul '15	Aug '15	Trend
C&W Diagnostic & Therapy	87.8%	87.1%	82.6%	84.1%	↗
Community Services	72.7%	69.6%	69.6%	84.0%	↗
Medical & Cardiothoracics	87.6%	87.7%	91.2%	85.2%	↘
Surgery, Neurosciences & Anaes	84.9%	84.9%	88.8%	84.3%	↘
Corporate	100.0%	50.0%	50.0%	100.0%	↗
Whole Trust	87.1%	86.7%	85.1%	84.4%	↘

**REPORT TO THE TRUST BOARD** *September 2015*

<b>Paper Title:</b>	Workforce report
<b>Sponsoring Director:</b>	Wendy Brewer, Director of Workforce and Organisational Development
<b>Author:</b>	Wendy Brewer, Director of Workforce and Organisational Development Rebecca Hurrell, Head of Workforce Information Jacqueline McCullough, Deputy Director of HR
<b>Purpose:</b>	<i>To provide a report to the board on performance against key performance indicators</i>
<b>Action required by the board:</b>	For information
<b>Document previously considered by:</b>	Executive Management Team Meeting
<p><b>Executive summary</b> <i>Key points in the report and recommendation to the board</i></p> <p><b>1. Key messages</b></p> <p>The workforce report includes:</p> <ul style="list-style-type: none"> <li>The workforce performance report July 2015</li> </ul> <p>The workforce performance report contains detail of workforce performance against key workforce performance indicators for June 2015. The report also includes available benchmark information.</p> <p>Key points to note are:</p> <ul style="list-style-type: none"> <li>Budgeted posts have not yet been confirmed for FY16. The Finance department are being supported so that the work on reconciliation of the general ledger to the electronic staff record can be completed. Until this work is completed, the vacancy factor should be treated with caution.</li> <li>Turnover has stabilised but is behind the target trajectory.</li> <li>Support is being provided by KPMG to identify pay costs and the report includes a copy of the weekly workforce tracker that has been developed and is being shared with senior managers.</li> </ul>	
<p><b>Key risks identified:</b> <i>Key workforce risks include:</i></p> <ul style="list-style-type: none"> <li>Failure to recruit and retain sufficient staff in relation to annual turnover rates and to safely support future increases in capacity'</li> <li>Failure to reduce the unacceptable levels of bullying and harassment reported by staff in the annual staff survey.</li> <li>Possible reductions in the overall number of junior doctors available with a possible impact on particular speciality areas.</li> <li>Failure to maintain required levels of attendance at core mandatory and statutory training (MAST)</li> </ul>	
<p><b>Related Corporate Objective:</b> <i>Reference to corporate objective that this paper refers to.</i></p>	<p><b>To develop a highly skilled and engaged workforce championing our values that is able to deliver the trust's vision.</b></p>
<p><b>Related CQC Standard:</b> <i>Reference to CQC standard that this paper refers to.</i></p>	<p><b>Are services well led?</b></p>

## Commentary on performance in key workforce indicators

### Introduction

The key message from the July workforce data is that there appears to be some stabilisation in the workforce metrics.

### Vacancy rate

There has been greater urgency in the work to reconcile the general ledger with the electronic staff record information, with support being given to the Finance department. The corporate nursing team are leading a review of nursing levels required for safe staffing and of service led demand. Once this work is complete and agreed, the changes made within the financial ledger will be synchronised with the electronic staff record data. This project missed the 75% completion date by the end of July but assurance has been given that it is on track for completion by the end of September.

### Turnover and stability

Turnover has stabilised in July but has not met the proposed trajectory. As more than 50% of leavers leave for reasons that relate to their experience at work, it is clear that the trust has the potential to reduce turnover. Divisions have reported to the workforce and education committee with their plans to reduce turnover and have been asked to identify the key steps that they are taking in response to specific areas of high turnover.

### Sickness absence

Sickness absence levels remain on target.

### Agency and bank staff usage

The agency figures have been amended to include interim consultancy, which was previously reported through non-pay. A small task and finish group in place to identify this the temporary workforce that is not being managed through the staff bank process. The challenge sessions are beginning to grip with 68 people with exit dates and no replacement, 39 transfers from agency to bank, 89 transfers to substantive posts (including apprenticeships) and further meetings scheduled to take place. The impact of this work will not be seen until the month five information is available.

### Mandatory training and appraisal rates

Appraisal rates have steadied but remain below target. Mandatory training levels have slipped again. Recommendations from the recent internal audit report will be implemented. There is a programme of work in place to assess the level of risk and to increase uptake.