

Enclosure 4

Report to: Trust Board – 29th November 2012

| | |
|--------------------------------------|---|
| Title | Integrated Performance Report October 2012 |
| Sponsoring Executive Director | Peter Herring – Chief Executive |
| Author(s) | Peter Herring – Chief Executive |
| Purpose | To inform the Trust Board of performance against Key Performance Indicators in the Trust. |
| Previously considered by | Not applicable |

Executive Summary

This report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2012-13 and considers all elements of the Provider Management Regime. An additional section that benchmarks Trust performance with regional and national averages will be included in future reports

| Related SATH Objectives | SATH Sub-Objectives |
|---|--|
| A – Financial Strength B – Patients and Commissioner C – Quality and Safety | The report covers a range of organisational sub-objectives in the three strategic domains. |

| | |
|---|--|
| Risk and Assurance Issues (including resilience risks) | Ensuring that we develop robust measures to assess strategic performance will minimise the risk associated with the delivery of our strategies and provide a warning system for the Trust Board where further attention is required. |
| Equality and Diversity Issues | None |
| Legal and Regulatory Issues | The national standards, CQC and local contractual requirements will form part of the performance framework. |

Action required by the Trust Board

The Trust Board is asked to NOTE performance for October 2012

INTEGRATED PERFORMANCE REPORT – OCTOBER 2012

1.0 INTRODUCTION

This report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2012-13 and considers all elements of the Provider Management Regime. In future reports an additional section benchmarking Trust performance with regional and national averages will be included.

2.0 INTEGRATED PERFORMANCE DASHBOARD

The fully integrated performance dashboard is attached as Appendix A and the following sections describe the key issues relating to each area of performance.

3.0 QUALITY MONITORING AND ASSURANCE

This Quality performance report uses a range of patient metrics in one dashboard to give Board members a high level overview of performance with exception reporting on Red and amber performance indicators. Routine and wider quality Indicators are reviewed in the Quality and Safety Committee.

| Measure | | Standard | Q1 | Q2 | Q3 to date Oct | YTD |
|-------------------------------------|--|----------|---------|--------|-------------------|--------|
| Patient Safety & Patient Experience | Hospital Standardised Mortality Ratio - All Diagnosis | <100% | N/A | 95.2 | 91.9 | 93.0 |
| | No of Slip, Trip and Fall incidents | tbc | 389 | 733 | 133 | 866 |
| | Grade 3 or 4 Pressure Ulcers | tbc | 10 | 20 | 1 | 21 |
| | C-Diff | 45 | 9 | 17 | 6 | 23 |
| | MRSA bacteraemias | 2 | 1 | 1 | 0 | 1 |
| | Elective MRSA Screening | 90% | 89.16% | 89.96% | 95.72% | N/A |
| | Non Elective MRSA Screening | tbc | 97.38% | 94.64% | 92.98% | N/A |
| | Number of SUJs | 0 | 36 | 73 | 15 | 84 |
| | Never Events | 0 | 2 | 1 | 0 | 3 |
| | 100% Compliance with WHO Surgical Checklist | 100% | 100.00% | 99.89% | 100.00% | N/A |
| | % of Emergency Readmissions within 28 days | tbc | 11.22 | 11.42% | 9.41% | 11.03% |
| | Compliance with VTE Assessments | 90% | 90.97% | 90.41% | 90.78% | 90.48% |
| | Number of patient complaints | tbc | 172 | 338 | 51 | 389 |
| | Access to Healthcare for people with a learning disability | Yes | No | Yes | Yes | N/A |
| | Same Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 |

3.1 Ward to Board Nursing Care Metrics for April 2012 – October 2012

| | Apr 2012 | May 2012 | Jun 2012 | Jul 2012 | Aug 2012 | Sep 2012 | Oct 2012 |
|---|------------|------------|------------|------------|------------|------------|------------|
| Medication Storage and Administration | 97% | 98% | 99% | 96% | 97% | 96% | 97% |
| Infection Control and Privacy & Dignity | 91% | 95% | 96% | 94% | 94% | 93% | 93% |
| Patient Observations | 84% | 83% | 87% | 85% | 86% | 90% | 86% |
| Pain Management | 84% | 87% | 91% | 91% | 92% | 88% | 90% |
| Tissue Viability | 91% | 90% | 89% | 87% | 91% | 91% | 94% |
| Nutrition | 91% | 92% | 91% | 90% | 90% | 95% | 94% |
| Fluid Management | 85% | 87% | 82% | 85% | 80% | 90% | 93% |
| Falls assessment | 98% | 96% | 98% | 97% | 98% | 96% | 98% |
| Continence | 97% | 93% | 88% | 93% | 93% | 97% | 97% |
| Comfort Rounds | | | | 83% | 92% | 90% | 94% |
| Total | 91% | 92% | 92% | 91% | 92% | 92% | 94% |

3.2 Patient Safety

3.2.1 Safety Thermometer

For October we have seen an increase (improvement) of over 2.5% on the September figures. The total number of patients surveyed was 742. Nationally the harm free rate is 91.91% so we are performing slightly above the national average. The increase in our harm free rate is due to a reduction in number of patients having a pressure ulcer recorded at the time of the survey. 3.9% patients surveyed suffered a new harm in our care which is slightly above the national average of 3.51%.

Our most frequent harm was pressure ulcers with 3.5% of patients having a pressure ulcer, a significant decrease on the September figure of 5.6%. Hospital acquired pressure ulcers fell to 0.4% from 1.20% in September. Out of 742 patients surveyed 3 had a hospital acquired pressure ulcer.

3.2.2 Hospital Acquired Infection

Performance for the past three months is as follows

| Measure | August | Sept | Oct | YTD | Target YTD (End Year) |
|--------------------------------|--------|-------|-------|-----|-----------------------|
| MRSA post 48 Bacteraemia | 0 | 0 | 0 | 1 | 1 (2) |
| MRSA new cases NOT bacteraemia | 3 | 4 | 5 | 24 | 38 (65) |
| MRSA screening: Elective | 92.3% | 90.0% | 95.6% | N/A | >95% |
| MRSA screening: Emergency | 95.8% | 95.1% | 93.0% | N/A | >95% |
| C difficile post 72 cases | 4 | 2 | 6 | 23 | 26 (45) |
| MSSA (post 48) Bacteraemia | 2 | 2 | 2 | 14 | 16 (28) 11/12 24 |
| E coli (post 48) Bacteraemia | 4 | 6 | 2 | 31 | 38 (65) 11/12 53 |
| Hand Hygiene | 97% | 97% | 97% | N/A | >95% |

MRSA Screening – Emergency Admissions – 93.0% Target 95%

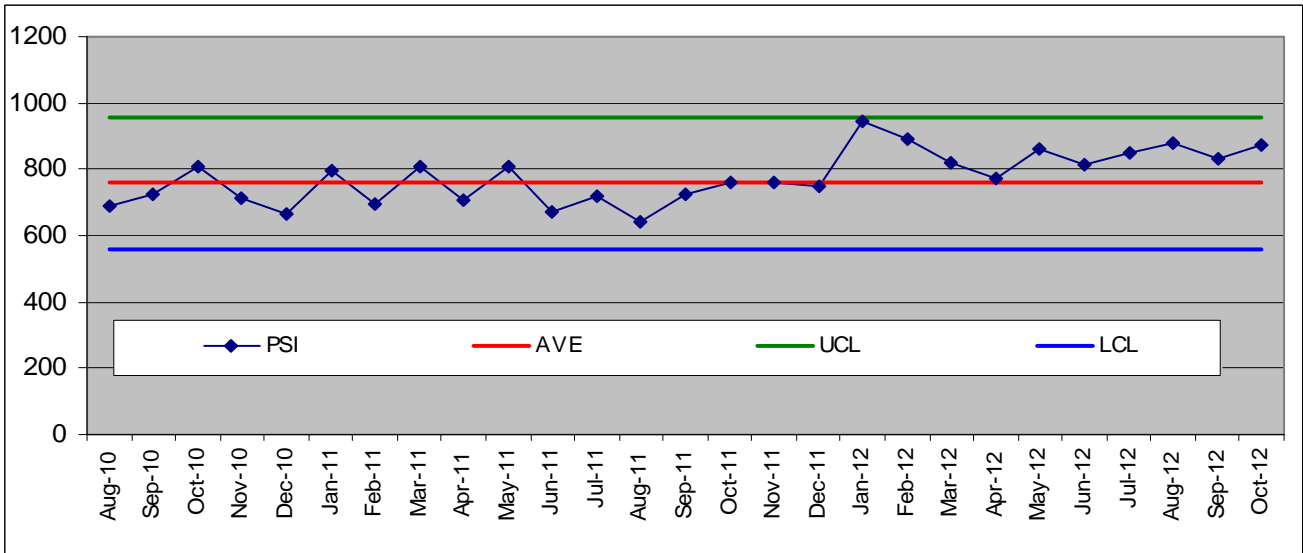
MRSA screening compliance for emergency admissions has dropped slightly. This predominantly reflects change in how the report is constructed. An error which allowed some swabs taken on previous admissions to be included has been corrected. 192 patients missed screening overall.

MRSA Screening - Elective Admission Compliance – 95.6% Target 95%***Clostridium difficile 6 cases YTD 23, Target YTD not more than 26***

There were 6 new cases in October which means we are above trajectory for month although within the trajectory for the year.

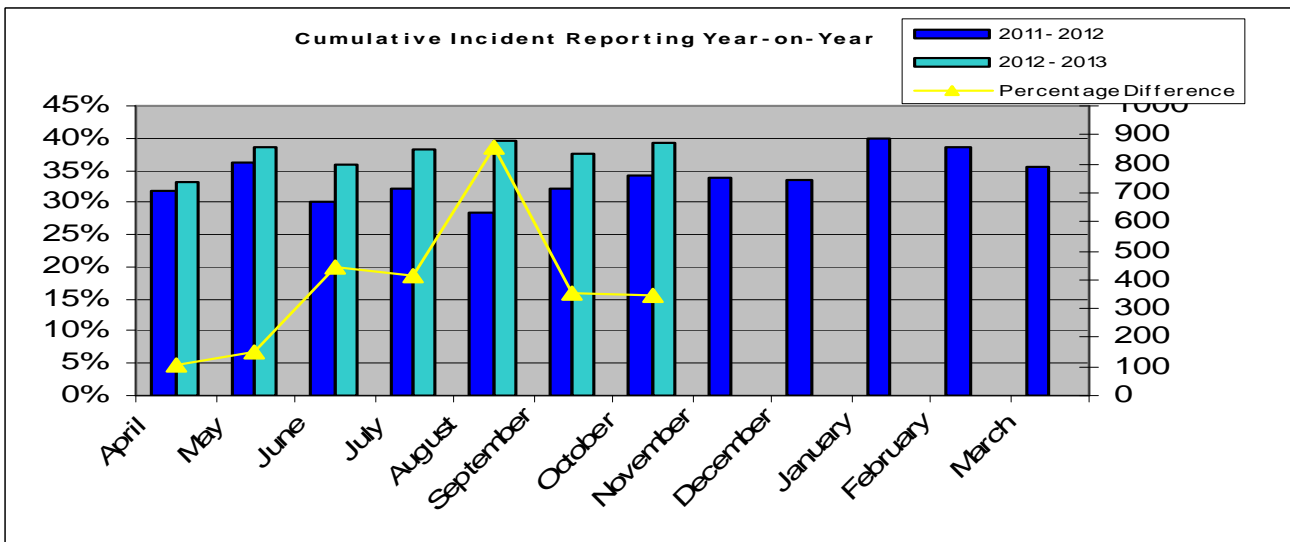
MSSA Bacteraemia 2 case, YTD 14, target YTD not more than 16**3.2.3 Serious Incidents (SI) and Never Events*****Patient Safety Incidents from August 2010***

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The percentage of patient related reported incidents which were classified as Serious Incidents in September 2012 was 1.7%. This is an increase in reporting from the previous 4 months but is similar to the same reporting period last year. Overall, there is a reducing trend in the percentage of reported incidents being classified as Serious Incidents.

YTD Incident Reporting Comparison

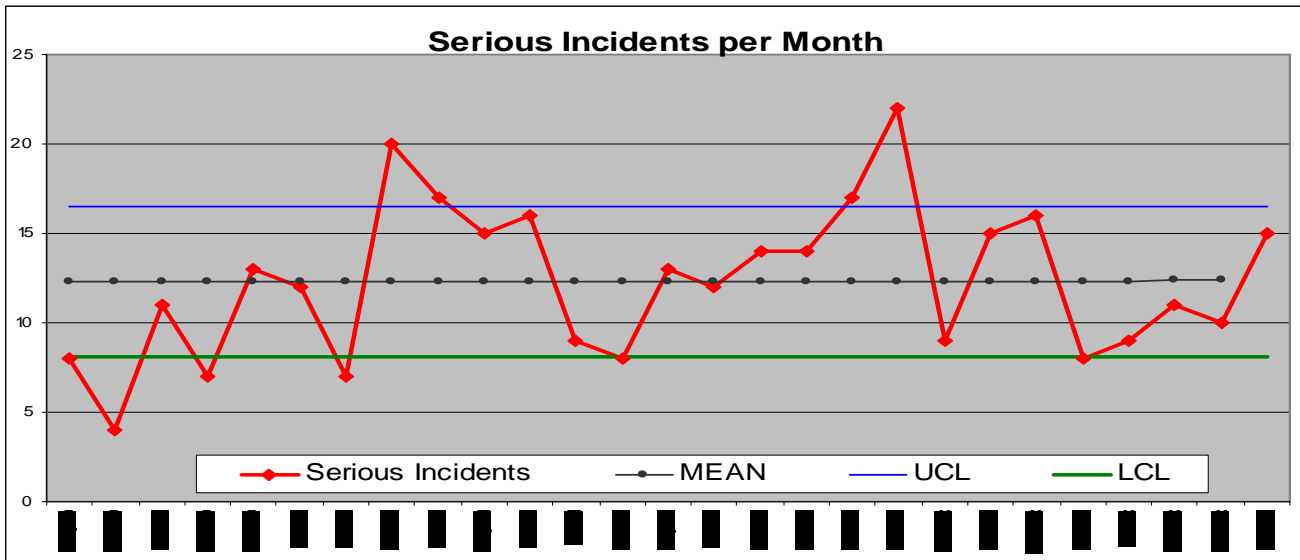


There were 15 Serious Incidents reported in October 2012 which is an increase from September 2012. The table above reflects the downgrading of 3 pressure ulcers since April 2012 (2 classed as unavoidable, 1 identified as on admission).

3.2.4 Location and Type of Serious Incidents

Of the 15 Serious Incidents reported, there were no new Never Events to report, there were a total of 5 RIDDOR reportable falls, 3 Delayed Diagnosis, 2 Infection Control concerns (1 raised as a level '0' as per policy), 1 Hospital Transfer issue (linked to regional capacity for maternity services), 1 – 12 hour trolley breach, 1 allegation of abuse (raised as a vulnerable adult), 1 Confidentiality Breach and 1 Grade 3 Pressure Ulcer. This represented an unusual increase in RIDDOR reportable falls, but there were no associated commonalities by location.

Serious Incidents Performance: August 2010 – To date



3.2.5 Never Events

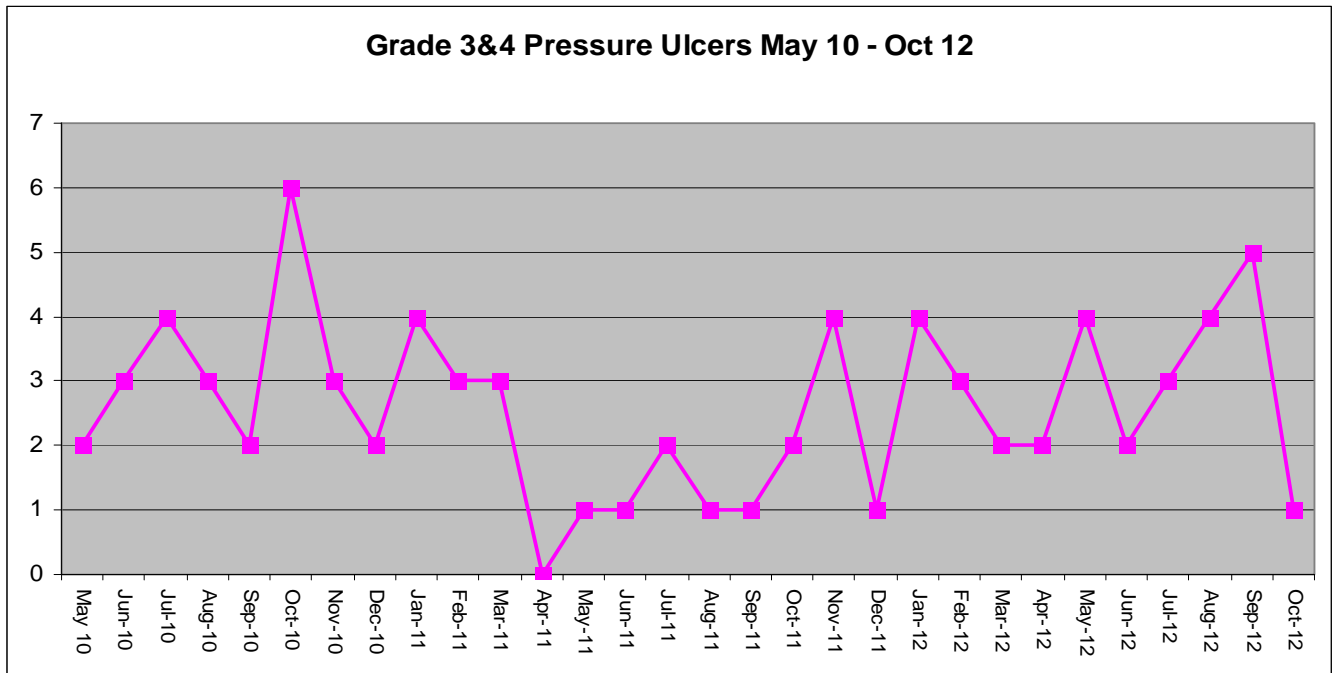
The Trust reported no new Never Events in October 2012.

3.2.6 Pressure Ulcers

There was one (1) Grade 3 hospital acquired pressure ulcers reported in October 2012. The Chief Nurse and Deputy Chief Nurse are now taking the lead on ensuring that Root Cause Analysis meetings are held monthly to consider each case in depth. Working to evaluate trends and themes, such as equipment, staffing/temporary staffing levels etc. that could lead to cross site learning in order to aim to eliminate all avoidable Trust acquired Grade 3 and 4 pressure ulcers by the time frames agreed with the Commissioners.

Current adjusted totals of pressure ulcers are 21. The Trust has agreed with the PCT that those pressure ulcers that have been confirmed as unavoidable will be deducted from the CQUIN and reported SI totals. To date the PCT has confirmed that 2 pressure ulcers can be classed as unavoidable and 1 has been downgraded based on the investigation confirming it was present on admission.

Grade 3 and 4 Pressure Ulcers by Month Jul 10 – YTD



Pressure Ulcers: Ongoing work

Grade 2 – Pressure Ulcers

From 1st September 2012, Wards/Departments are sent a short RCA investigation to complete for all Trust acquired Grade 2 pressure ulcers. All Grade 3 & 4 pressure ulcers are followed up by the Tissue Viability Team. RCA’s are conducted with all Hospital acquired pressure ulcers and the Tissue Viability Team offer support, advice and consultation to help improve practice and prevent recurrence. All grade 3&4 pressure ulcers are formally reviewed by the Chief Nurse or Deputy Chief Nurse with Peer review at Nursing & Midwifery forum to ensure the collective and collaborative working to eradicate grade 3 pressure ulcers by end December 2012 and grade 4 pressure ulcers by end March 2013.

All reported pressure ulcers

The identification of pressure ulcers on admission increased substantially since August 2011 to a peak in January 2012, when it has since stabilised. There is evidence of continued awareness of the need to complete a comprehensive assessment of patients’ skin integrity within agreed timeframes from arrival.

3.2.7 Falls

There were 133 patient falls in October 2012 of which 5 were RIDDOR reportable. The number of falls in October 2012 has increased slightly from September 2012. The Trust remains below last years falls incident rate. The Chief Nurse and Deputy Chief Nurse continue taking the lead on ensuring that Root Cause Analysis meetings are held monthly to consider each RIDDOR case, when they occur, in depth.

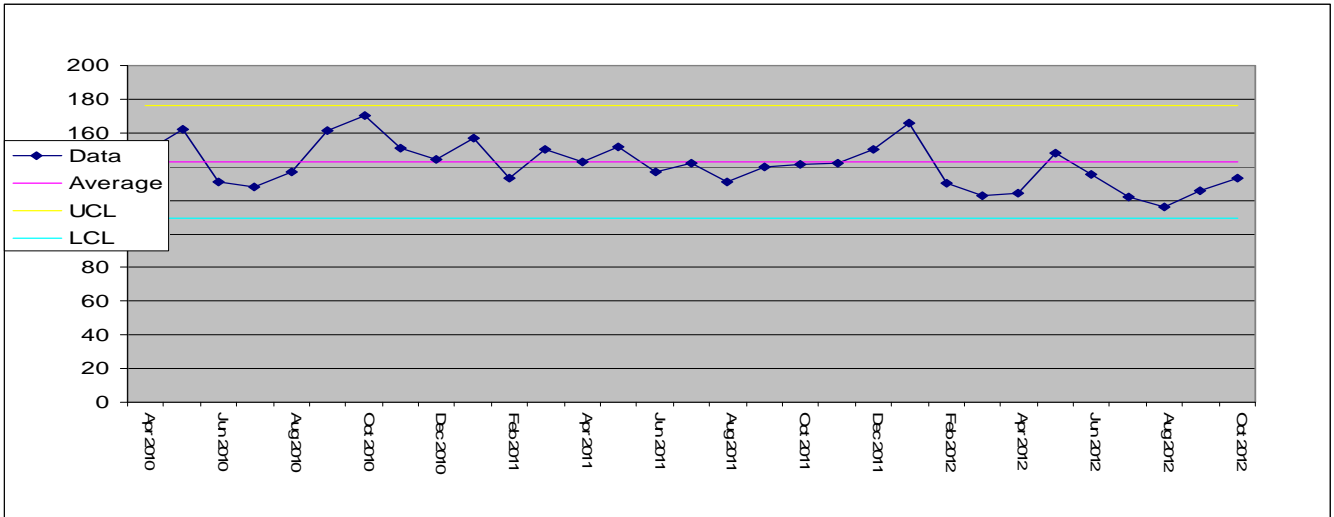
Despite the unusual activity in RIDDOR reporting in October; rates remain considerably lower than the same reporting period last year. Since April 2012 the Trust has only reported 10 RIDDOR reportable falls, this compares to a total of 21 for the same reporting period last year. Increasing availability of hi-lo beds, the implementation and compliance with the comfort rounds and greater staff awareness may account for some of the reduction in the level of harm to patients.

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Falls by comparisons October 2012

| Falls 2012/13 | April | May | June | July | Aug | Sep | Oct |
|---------------|-------|-----|------|------|-----|-----|-----|
| 2012/13 | 108 | 129 | 132 | 122 | 116 | 126 | 133 |
| 2011/2012 | 132 | 143 | 132 | 129 | 130 | 134 | 134 |

Falls by rate from April 2010 to October 2012



3.3 Medicines management (CQUIN)

There are 3 composite areas of improvement which have been agreed with commissioners, the first has been achieved but the second two are dependent on the IT system to support information gathering prospectively for all patients. The principles have only just been agreed and the indicator is therefore red for performance and the outcome still considered Amber until we have the IT system in place. The Medical Director is progressing this with the Centre Chief for Pharmacy with an action plan in place to support progress.

3.4 Clinical Effectiveness

3.4.1 Mortality

Going forward the new Summary Hospital Mortality Index (SHMI) will increasingly become the main mortality indicator, however SHMI data is only available approx 6-8 months in arrears. The Trust therefore continues to use Hospital Standardised Mortality Ratio (HSMR) as an indicator of safety and quality of inpatient care.

The main differences between HSMR and SHMI are:

- **HSMR** is a basket of 56 diagnosis groups which represent about 85% of SaTH's deaths. HSMR only takes "in hospital" deaths or those deaths where the Patient was transferred into another hospital or care setting.
- **SHMI** is all "in hospital" deaths PLUS all deaths in the community that happen within 30 days of discharge from SaTH. Unfortunately there is no "in depth" data for SHMI so analysis about the Patients who die in the community post discharge is currently not possible.

In addition to HSMR and SHMI the Trust also monitors the crude rate of deaths. This is an internal measure of the actual number of "in hospital" deaths based on information recorded in our own patient administration systems. Our target is to have 350 less deaths by April 2013 than we had in the financial year 2010/11.

The current status against these three mortality measures is as follows:

| Measure | Latest Available Data Period | |
|--------------|-------------------------------|---|
| HSMR | September 2011 to August 2012 | The HSMR for the year to August 2012 is 97 (estimate rebased) The year to date figure for April 2012 to August 2012 is 95 This compares with a national index of 100. |
| SHMI | April 2011 to March 2012 | The Trust SHMI for the year to March 2012 is 106.68. SHMI has reduced (improved) in the last three quarters and is currently stabilising at around 105. |
| Crude deaths | April 2011 to September 2012 | There were 249 fewer deaths, representing a reduction of 9.57% compared with a target reduction of 10%. |

3.4.2 Dementia (CQUIN)

The first two elements of this CQUIN have been achieved through developing a screening tool and piloting the screening tool to establish a benchmark. All patients over the age of 75 need to be screened and to date over the last 3 months we have had no returns. A detailed action plan is now in place to achieve the 90% required for the end of Quarter 4.

3.5 Patient Experience

3.5.1 Ward to Board Patient Experience Metrics for April 2012 – October 2012

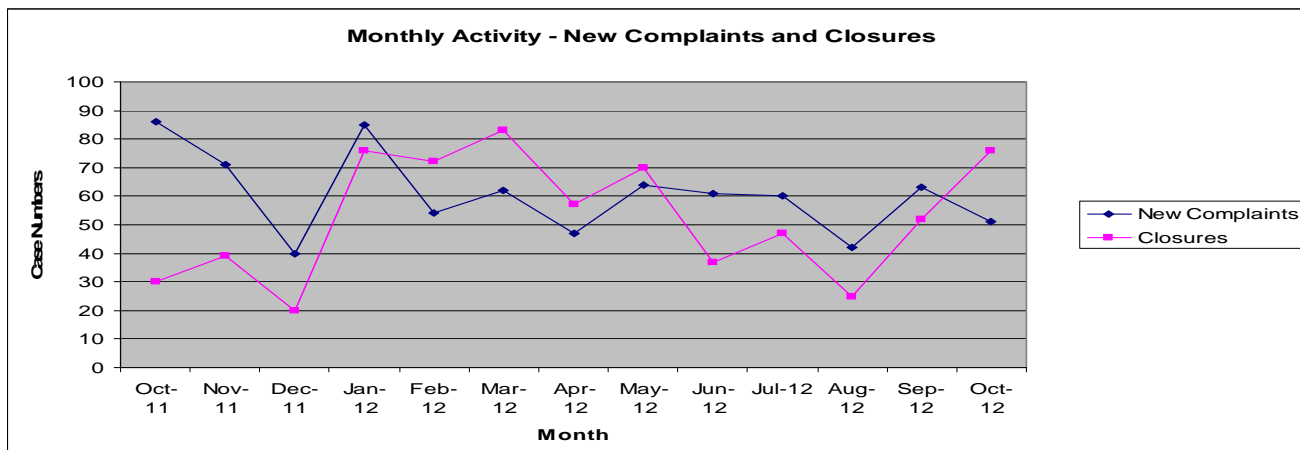
| | Apr 2012 | May 2012 | Jun 2012 | Jul 2012 | Aug 2012 | Sep 2012 | Oct 2012 |
|---|------------|------------|------------|------------|------------|------------|------------|
| How clean is this ward (including toilets)? | 95% | 95% | 95% | 95% | 96% | 96% | 96% |
| As far as you know do the staff wash or clean their hands between touching patients? | 95% | 92% | 95% | 94% | 96% | 96% | 96% |
| Do you feel informed about potential medication side effects? | 46% | 57% | 65% | 65% | 72% | 64% | 72% |
| Do you feel you have enough privacy when discussing your condition or treatment with staff? | 88% | 89% | 85% | 83% | 86% | 85% | 86% |
| Do you feel that you have been treated with respect and dignity while you are on this ward? | 91% | 95% | 98% | 93% | 95% | 94% | 95% |
| Do you feel involved in decisions about your treatment and care? | 80% | 83% | 77% | 78% | 77% | 79% | 84% |
| Have hospital staff been available to talk about any worries or concerns you have? | 82% | 92% | 90% | 90% | 86% | 91% | 93% |
| Do you get enough help from staff to eat your meals? | 92% | 90% | 98% | 87% | 90% | 95% | 98% |
| Whilst you have been on this ward have you ever shared a sleeping area with a member of the opposite sex? | 100% | 96% | 98% | 99% | 99% | 97% | 97% |
| Do you think hospital staff do everything they can to help control your pain? | 89% | 93% | 89% | 90% | 89% | 87% | 93% |
| When you use the call buzzer is it answered? | 88% | 93% | 89% | 87% | 90% | 90% | 87% |
| Have staff talked to you about your discharge from hospital? | 64% | 74% | 63% | 65% | 68% | 68% | 64% |
| Total | 83% | 87% | 86% | 86% | 87% | 86% | 88% |

3.5.2 The Family and Friends test or Net promoter question

| NPQ Monthly Summary | | | | | | |
|-------------------------------|----------|-----------|-----------|----------|-----------|----------|
| Month | May 2012 | June 2012 | July 2012 | Aug 2012 | Sept 2012 | Oct 2012 |
| Number of people surveyed | 646 | 690 | 871 | 1004 | 1036 | 1086 |
| Friends and Family Test Score | 65.74 | 65.58 | 68.88 | 63.15 | 72.48 | 71.79 |

3.6 Complaints

3.6.1 Monthly activity – New complaints and closures



This month there has been a marked improvement in the closed rate and a fall in the number of formal complaints this is due to a significant number of complaints being assessed and handled as enquiries rather than formally as complaints. There are however significant improvements required to have a quicker and more effective management of the complaints made to the Trust and revised key performance Indicators will be developed to track the improvements required.

3.6.2 Ombudsman activity

During October 2012, the Ombudsman’s office has made further contact in respect of a number of cases undergoing local resolution where complainants are seeking closure. There are presently a number of cases that have been referred back for local resolution to conclude. There have been no cases accepted by the Ombudsman for investigation during October.

3.6.3 Coroner’s Inquests – Rule 43 Letters and Trust Actions

No rule 43’s made during October 2012.

3.7 Making Every Contact Count (CQUIN)

Whilst this CQUIN is on track to achieve the quarter 4 performance a robust training plan has been requested to ensure the quality improvement is achieved.

4.0 FINANCIAL REPORT

4.1 Financial Performance

The key Financial Indicators for overall performance are as follows:

| Financial Indicator | Risk Assessment | Plan | Actual | Variance |
|---|-----------------|-----------|-----------|----------|
| Risk Rating | Red | 2 | 2 | |
| Retained surplus / (deficit) | Green | (£347k) | (£340k) | £7k |
| EBITDA | Green | £7,800k | £7,819k | £20k |
| Liquidity | Red | 13.3 days | 13.3 days | - |
| Net return after Financing | Red | 5% | 1.8% | (3.2%) |
| CIP | Amber | £13,074k | £12,313k | (£761k) |
| Capital Programme (excluding Reconfiguration) | Green | £4,275k | £4,275k | - |

4.2 Income and Expenditure Position

The Income and Expenditure position of the Trust is presented in the table below:

| | Months 1-7 Budget £000s | Months 1-7 Actual £000s | Variance £000s | Planned Forecast Forecast Outturn £000s | Forecast Outturn £000s | Variance £000s |
|----------------------|----------------------------|----------------------------|-------------------|--|------------------------------|-------------------|
| Income | 171,897 | 171,712 | (185) | 298,189 | 298,004 | (185) |
| Expenditure | | | | | | |
| Pay | (117,764) | (117,690) | 74 | (201,960) | (201,886) | 74 |
| Non Pay | (49,957) | (50,205) | (248) | (86,466) | (86,714) | (248) |
| Reserves | (72) | 306 | 378 | 1,203 | 1,575 | 372 |
| Finance Cost | (8,146) | (8,159) | (13) | (13,967) | (13,980) | (13) |
| Total Expenditure | (175,940) | (175,748) | 192 | (301,189) | (301,004) | 185 |
| Under / Over spend | (4,043) | (4,036) | 7 | (3,000) | (3,000) | - |
| Transitional support | 3,696 | 3,696 | - | 4,900 | 4,900 | - |
| | (347) | (340) | 7 | 1,900 | 1,900 | - |

In presenting the above, reference has been made to the revised plan approved at the October Board meeting. At the end of October the Trust had recorded a cumulative deficit amounting to £340,000. The Trust had planned to record a cumulative deficit at the end of October amounting to £347,000. The Trust is forecasting to achieve a surplus at the year end of £1.9 million.

4.2.1 Income

- At the end of October the Trust had recorded an under recovery of Income, across both Clinical and Non Clinical areas amounting to £185,000.
- An examination of assumed Income levels in the remaining five months of the year when compared with the average level of Income received in the period to date, suggests that the forecast outturn position will be achieved. This is however dependant upon:
 - (a) Increased Income associated with Audiology services as per the Any Willing Provider scheme,
 - (b) The receipt of further funding from the Cancer Network, and
 - (c) Increased levels of Income arising as a consequence of a growth in activity over the winter period; and
 - (d) Successfully delivering £4.763 million through the achievement of CQUIN Targets.
- The Trust has recently held discussions to ensure that Income levels assumed by the Trust for the 2012/13 year are consistent with levels of spending assumed by the local commissioning groups. These discussions have identified a financial gap of £2.5 million. Work is being undertaken to address this issue.
- The effect of the Emergency Threshold has been to reduce Income, in the period April – October, in respect of emergency activity by £1.1 million.

4.2.2. Expenditure

Pay Spending

- Pay spending in the month of October amounted to £17.02 million and is £74,000 below the planned level for the month.
- Contained within the monthly pay spend is non recurrent spending, associated with staff reorganisation amounting to £115,000. Discounting for this item, reduces the Pay spend attributable to the month of October to £16.9 million.
- The level of Pay spending in October represents a significant increase when compared with levels recorded in the previous months of the financial year. Budgets set for the remaining five months of the year assume monthly pay spending at a rate of £16.8 million.
- During the month spending in respect of Agency costs increased to £999,000, in the previous quarter the average monthly level of Agency spending amounted to £855,000.
- Spending in respect of nursing staff in the month of October amounted to £372,000, in the previous quarter the average level of spending per month in respect of nursing staff amounted to £185,000.
- Increased usage of Agency and Bank Nursing staff is being deployed in order to cover vacant positions within wards. At the end of October the number of nursing vacancies amounted to 94 posts.

Non Pay

- In the month of October the Trust overspent in respect of Non Pay budgets by £248,000.
- In the month of October Non Pay spend increased significantly by comparison with previous months, amounting to £7.537million.
- In setting a revised budget for the year, the Trust is planning to commit spending over the period November to March at a rate of £7.288 million per month.

4.3 Centre Financial performance

Having reset budgets for the year, in order for the Trust to achieve the planned level of surplus in the year of £1.9 million, it is necessary for all Centres to ensure that spending levels are consistent with the revised budgets. The table below provides an analysis of budgetary performance in respect of both Pay and Non Pay budgets in the month of October.

| | Pay (Under) / Overspend £000's | Non Pay (Under) / Overspend £000's | Total (Under)/ Overspend £000's | Performance Rating |
|-----------------------------|--------------------------------------|--|---------------------------------------|-----------------------|
| Diagnostics | (1) | (11) | (12) | Green |
| Ophthalmology | (28) | (40) | (68) | Green |
| Emergency and Critical Care | (25) | 64 | 39 | Red |
| Pharmacy | 3 | (7) | (4) | Green |
| Head and Neck | - | (11) | (11) | Green |
| Surgery | 41 | 70 | 111 | Red |
| Medicine | 33 | 102 | 135 | Red |
| Therapy | (5) | 3 | (2) | Green |
| MSK | - | 33 | 33 | Red |
| Women and Children | 4 | 70 | 74 | Red |
| Oncology | (12) | 94 | 82 | Red |
| Corporate services | (84) | (119) | (203) | Green |
| Total overspend | (74) | 248 | 144 | |

Pay overspending in both Surgery and Medicine is attributable to higher than anticipated levels of Bank and Agency staffing levels. Non Pay overspending is attributable to increased costs in respect of Clinical supplies and Drugs.

4.4 Cost Improvement Programme

Whilst the Trust has reset its budgets in order to achieve the planned financial position in this year, it remains necessary for the Trust to deliver upon substantial costs savings in this financial year to achieve a sustainable financial position for future years.

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| Revised CIP Plan | REC | NREC | TOTAL | Most Likely Case | | Status Rec | | |
|-------------------------------------|--------------|---------------|--------------|------------------|--------------|--------------|-------|-------|
| | | | | Rec | In year | | | |
| Medical Consultants | 1000 | | 1000 | 300 | 100 | Amber | Green | 10480 |
| WLI Payments | 1000 | | 1000 | 1000 | 0 | Amber | Amber | 5200 |
| Nursing | 1100 | -1100 | 0 | 1100 | 0 | Amber | Red | 2200 |
| Bed Reductions | 3500 | -3500 | 0 | 0 | 0 | | | |
| Theatres | 1000 | -500 | 500 | 1000 | 400 | Amber | Total | 17880 |
| Admin and outpatients | 1700 | -1700 | 0 | 1700 | 0 | Red | | |
| Pathology reconfiguration | 1300 | -1300 | 0 | 500 | 0 | Amber | | |
| Allied Health Professionals | 700 | -700 | 0 | 700 | 117 | Amber | | |
| On Call Payments | 1000 | -500 | 500 | 500 | 241 | Red | | |
| Estates and Corprate services | 800 | -400 | 400 | 800 | 400 | Green | | |
| Temporary staff reduction | 3828 | -740 | 3088 | 0 | 0 | Red | | |
| Temporary staff reduction - Medical | 1212 | | 1212 | 1212 | 1212 | Green | | |
| Diagnostic tests | 600 | -600 | 0 | 600 | 0 | Amber | | |
| Coding alterations | 1000 | | 1000 | 1000 | 491 | Green | | |
| Procurement | 2000 | -1000 | 1000 | 2000 | 1000 | Green | | |
| Centre identified Non Pay savings | 1019 | | 1019 | 1019 | 1019 | Green | | |
| VAT Changes - Locum Doctors | | 300 | 300 | 0 | 300 | | | |
| Reduce Non Pay to Month 10 level | 1325 | | 1325 | 1325 | 1325 | Green | | |
| Nuffield / Prof Fees Redn | 700 | | 700 | 700 | 700 | Green | | |
| MARS Scheme | 1200 | -500 | 700 | 0 | 0 | | | |
| Non Recurrent savings | | | | | 1358 | Green | | |
| Savings based upon reset budget | | | | | 1691 | Green | | |
| Inflation Reserves | | | | 2424 | 2629 | Green | | |
| Slippage 2011/12 CIP | | -670 | -670 | | -670 | | | |
| Total | 25984 | -12910 | 13074 | | 17880 | 12313 | | |
| | | | | | | | | |
| Revised CIP Level | | | | | 25984 | 13074 | | |
| | | | | | | | | |
| Variance | | | | | -8104 | -761 | | |

It is presently estimated that the level of savings achieved in the 2012/13 year will amount to £12.313 million, and in doing so this underachieves against the in year targeted position by £761,000. Recurrently the level of savings achieved amounts to £17.88 million a shortfall when compared with Plan of £8.104 million.

4.5 Capital

The total of Capital Resource Limit (CRL) for the Trust in 2012/13 is £24.675 million. This sum includes £15.685 million in respect of the Reconfiguration project. Internally generated capital funds amount to £8.99 million, at the end of October the Trust had spent £4.275 million of these funds.

Work is presently being undertaken to confirm a level of spending in respect of the Reconfiguration project in this year. It is expected that the level of spending will be substantially below the approved sum of £15.685 million, as a consequence the Trust CRL will be adjusted in this year and unused funds will transfer into 2013/14 year.

4.6 Liquidity

The liquidity position of the Trust continues to be challenging, at the end of October cash balances held amounted to £137,000. Tight controls are being followed in respect of payments to suppliers, so as to ensure that cash balances held by the Trust are not

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compromised in future months. This will result in a deterioration in the level of compliance with the Better Practice Payment Code. Controls are being continually reviewed to reflect the projected outturn income and expenditure position and Capital Resource Limit.

4.7 Overall Financial Risks

The key risks to the financial performance of the Trust are:

- Contract Income – Need to close the gap between the Trust and local Commissioners in respect of the forecast Contract Income for the 2012/13 year.
- Penalties and CQUIN – Managing the consequences of financial penalties and non compliance with CQUIN schemes.
- Patient Flow – Ensuring that costs of delivering increased activity over the winter period are contained within revised budgeted levels. Doing so necessitates the achievement of improved Patient flow.
- Agency costs – Requirement to significantly reduce Agency costs through the recruitment of Nursing staff into vacant posts and also to improve sickness levels across the Trust.
- Clinical Centre overspending – Work to be concluded with overspending Centres to ensure that corrective actions put in place to address overspending recorded in October.

5.0 PERFORMANCE REPORT & PROVIDER MANAGEMENT REGIME

5.1 Activity Headlines

| Month 7 | 2012/13 | | | | 2011/12 | | |
|--|---------------------|--------------------|----------------------|------------------------|-------------------------|------------------------------------|--------------|
| | M7 12/13 Planned | M7 12/13 Actual | M7 12/13 Variance | M7 12/13 Variance % | Month 7 11/12 Actual | M7 12/13 v M7 11/12 Variance | Variance % |
| Consultant Led/ Responsible First Attendance | 9,454 | 10,500 | 1,046 | 11.07% | 9,827 | 673 | 6.85% |
| Elective DC | 3,535 | 3,596 | 61 | 1.72% | 4,061 | 465 | -11.45% |
| Elective IP | 680 | 592 | -88 | -12.95% | 798 | 206 | -25.81% |
| Emergency | 3,989 | 4,084 | 95 | 2.39% | 3,458 | 626 | 18.10% |
| Total | 17,658 | 18,772 | 1,114 | 6.31% | 18,144 | 628 | 3.46% |

| Year to Date | 2012/13 | | | | 2011/12 | | |
|---|---------------------|--------------------|----------------------|------------------------|-------------------------|------------------------------------|---------------|
| | M7 12/13 Planned | M7 12/13 Actual | M7 12/13 Variance | M7 12/13 Variance % | Month 7 11/12 Actual | M7 12/13 v M7 11/12 Variance | Variance % |
| Consultant Led/Responsible First Attendance | 60,410 | 60,894 | 484 | 0.80% | 60,816 | 78 | 0.13% |
| Elective DC | 22,310 | 22,301 | -9 | -0.04% | 26,291 | 3,990 | -15.18% |
| Elective IP | 4,281 | 4,201 | -80 | -1.87% | 4,847 | 646 | -13.33% |
| Emergency | 27,010 | 27,054 | 44 | 0.16% | 23,713 | 3,341 | 14.09% |
| Total | 114,011 | 114,450 | 439 | 0.39% | 115,667 | 1,217 | -1.05% |

5.2 Emergency Access – A & E 4 hour wait

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The Trust failed the 95% target in October with 91.27% giving a year-to-date position of 92.55% The action plan to address this is described in the Board paper relating to improving patient flow.

5.2 18 weeks Referral to Treatment Target (RTT)

5.2.1 Admitted

The Trust failed the RTT for Admitted patients with 79.69% against the 90% target in October compared to 80.85% in the previous month.

The non achievement of the target was due to a combination of 3 reasons:

- Ongoing work to reduce the numbers of patients on an admitted pathway that have been waiting longer than 18 weeks. Obviously by increasing the number of patients treated who have waited 18 weeks will decrease the overall performance for those specialties and the Trust as a whole. This is particularly the case in the specialties of Ophthalmology and Orthopaedics.
- Due to the pressures upon the unscheduled care system the Trust has cancelled a significant number of patients on an elective pathway. The time period to re-book patients has meant that a number of patient's waits have gone beyond 18 weeks. This has been especially true for general surgery, orthopaedics, head and neck and gynaecology.
- The final reason is that for some specialties the length of time patients are spending on a non-admitted pathway has increased to a point where, if they require treatment, this cannot be delivered within 18 weeks of the initial referral.
- The programme of work to reduce the number of patients waiting over 18 weeks continues in all specialties with particular focus upon ophthalmology and orthopaedics. Actions and trajectories for reducing the numbers waiting over 18 weeks are focused upon the remainder of November and early December. The Trust is aiming to become 18 week complaint from the start of December onwards.
- Cancelled operations remain a significant risk in delivering the target, however, there is a major programme of work ongoing to improve unscheduled care flow which will reduce the potential for cancellation.
- There are a number of process reasons why non-admitted pathways have lengthened. Centres have been asked to investigate and put in actions to shorten the pathway from receipt of referral and when patients are booked for an appointment. These actions have a timescale for completion by the end of November.

5.2.2 Non Admitted

The Trust failed the RTT for Non Admitted patients with 93.68 % against the 95% target in October compared to 95.05% in the previous month. The non achievement of the target was due to a combination of the following reasons:

- A number of medical specialties failed to achieve the target which meant it was not possible to achieve the Trust overall target. The particular specialties in question are Neurology where there has been a high number of patients waiting over 18 weeks over the last two months that has been reducing but not yet to a point where they are 18 week

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compliant but are projected to be so by the end of November. Respiratory medicine where they have had an increased number of patients waiting for review of test results and finally Dermatology where an increase in referral demand which has not been matched by clinical capacity.

- Ophthalmology remains a specialty with a significant number of patients waiting over 18 weeks. The number has reduced over the course of the last 3 months but is still not yet in a position to be 18 week compliant.
- The medicine centre has put in place clinical capacity in cardiology and respiratory medicine to reduce the numbers of patients waiting for review of test results by the end of November.
- Neurology is on course to be 18 week compliant by the end of November.
- Changes to administrative processes to ensure referral review and patient booking times are reduced in Dermatology have been put in place to ensure the specialty is 18 week compliant by the end of November.
- Increased capacity is being sourced for ophthalmology to accelerate the clearance of the numbers of patients waiting over 18 weeks. At present, however, this is unlikely to achieve the target for the specialty until the end of December.

5.3 Cancer

All key cancer targets were achieved in October and the year to date.

5.4 Cancelled Operations

There were 194 operations cancelled in October compared to 145 the previous month, of these 61 were for non-medical reasons.

12 of the 65 patients (32.7%) cancelled for non-medical reasons in September were not readmitted within the mandated 28 days or offered an alternative provider.

- The reduction of cancelled operations is wholly dependant on delivery of the recovery plan for the improvement in patient flow.
- To ensure patients are re-admitted with 28 days of the cancellation, an action plan has been agreed with each centre to track and escalate individual cases where re-admission is proving challenging. Final escalation level rests with the Director of Transformation.

6.0 WORKFORCE

Absence has increased in the month from 4.37% to 4.85%, and remains significantly behind the target of 3.3%. Increases have been seen in ten centres most notable Oncology and Head & Neck centre, discussions are being held with centres to understand increases and develop a action plan. The Health and Wellbeing Team continue to support Medicine, Surgery and Estates with some positive results however a need for sustained improvement remains.

Progress in completing medical staff appraisals should enable the 80% appraisal rate target to be met by February 2013.

7.0 DECLARATION AGAINST PROVIDER MANAGEMENT REGIME FRAMEWORK

7.1 Quality, safety and national targets

The Trust fell short of the monthly target in the following areas:

- A&E 4 hour wait standard – 1 penalty point
- 18 Weeks RTT Target (Admitted) – 1 penalty point
- 18 Weeks RTT Target (Non Admitted) - 1 penalty point
- 18 Weeks RTT Target (Open Clocks) – 1 penalty point

- Clostridium Difficile – 1 penalty point

Against the Governance Risk Rating the Trust is rated as RED with 5 penalty points compared to 4 in September.

7.2 Financial performance

Against the Finance Risk Rating the Trust is rated as RED with a score of 2. This is the same score as in September.

7.3 Governance declaration recommendation

Due to ongoing concerns around delivery of the ED 4 hour wait target and financial performance the Board will be asked to authorise the Chair and Chief Executive to sign declaration 2: ***‘There is insufficient assurance available to ensure continuing compliance with all existing targets’***

Month 7 - October 2012

| Measure | | Standard | Q1 | Q2 | Q3 to date Oct | YTD |
|---|--|------------------|---------|---------|----------------|---------|
| Access | A&E 4 Hour Wait | 95% | 93.80% | 92.81% | 91.27% | 92.55% |
| | 18 Week RTT Admitted | 90% | 81.63% | 83.71% | 79.69% | 83.11% |
| | 18 Week RTT Non Admitted | 95% | 95.90% | 95.68% | 93.68% | 95.34% |
| | 18 Week RTT - Incomplete | 8% | 5.36% | 6.78% | 11.25% | N/A |
| Cancer | 2 Week GP referral to 1 st OP Appt | 93% | 96.74% | 95.36% | 97.17% | 95.70% |
| | 2 Week GP to 1 st OP Appt Breast | 93% | 97.67% | 93.20% | 97.18% | 94.22% |
| | 31 day diagnosis to treatment | 96% | 97.44% | 97.39% | 99.32% | 97.65% |
| | 31 day 2 nd /subsequent treatment - Drug | 98% | 98.62% | 99.30% | 98.18% | 99.38% |
| | 31 day 2 nd /subsequent treatment - surgery | 94% | 95.59% | 95.20% | 94.12% | 95.06% |
| | 31 day 2 nd /subsequent treatment - radio'y | 94% | 99.09% | 97.92% | 99.05% | 98.15% |
| | 62 day urgent referral to treatment | 85% | 85.18% | 85.15% | 87.05% | 85.40% |
| | 62 day referral to treatment from Screening | 90% | 91.40% | 92.73% | 94.74% | 92.65% |
| 62 day referral to treatment from Hospital Specialist | 85% | 95.49% | 95.86% | 89.29% | 95.22% | |
| Patient Safety & Patient Experience | HSMR - All Diagnoses | <100% | N/A | 95.2 | 91.9 | 93.0 |
| | No of Slip, Trip and Fall incidents | tbc | 389 | 733 | 133 | 866 |
| | Grade 3 or 4 Pressure Ulcers | tbc | 10 | 20 | 1 | 21 |
| | C-Diff | 45 | 9 | 17 | 6 | 23 |
| | MRSA Bacteraemias | 2 | 1 | 1 | 0 | 1 |
| | Elective MRSA Screening | 90% | 89.16% | 89.96% | 95.72% | N/A |
| | Non Elective MRSA Screening | tbc | 97.38% | 94.64% | 92.98% | N/A |
| | Number of SUIs | 0 | 36 | 73 | 15 | 84 |
| | Never Events | 0 | 2 | 1 | 0 | 3 |
| | WHO Surgical Checklist 100% Compliance | 100% | 100.00% | 99.89% | 100.00% | N/A |
| | % Emergency Readmissions within 28 days | tbc | 11.22 | 11.42% | 9.41% | 11.03% |
| | Compliance with VTE Assessments | 90% | 90.97% | 90.41% | 90.78% | 90.48% |
| | Number of patient complaints | tbc | 172 | 338 | 51 | 389 |
| | Access to Healthcare for people with LD | Yes | No | Yes | Yes | N/A |
| Same Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | |
| Work force | Appraisal Rate | 80% | 71.00% | 72.00% | 73.00% | 72.00% |
| | Sickness Rate | 3.39% | 4.33% | 4.32% | 4.85% | 4.37% |
| Finance | PMR Finance Risk Rating | 4 | 2.1 | 2 | 2 | 2 |
| | EBITDA Margin | 5% | 2 | 4% | 6.1% | 4.5% |
| | I&E Surplus Margin | 1% | 2.8% | -0.50% | 1.69% | -0.20% |
| | Return on Assets | 5% | -1.90% | 1.20% | 6.70% | 1.80% |
| | Liquidity ratio | 15 days | 0.03% | 14.4 | 13.3 | 13.3 |
| | Total Income (actual v plan) | 0.5% of plan | 13.5 | 99.6% | 99.3% | 99.9% |
| | Pay Expenditure (actual v plan) | At or below plan | 99.6% | 102.40% | 99.57% | 99.90% |
| | Non Pay Expenditure (actual v plan) | At or below plan | 101% | 95.20% | 104.16% | 100.60% |
| | CIP (actual v plan) | At or below plan | 98.04% | 74% | 90% | 90% |
| | Capital Expenditure (actual v plan) | At or below plan | 100% | 38% | 87% | 46% |
| | Agency spend as % of Pay | 1% | 13% | 5.60% | 6.00% | 5.70% |
| Other | PMR Governance Rating | Green | Red | Red | Red | Red |
| | CQC Conditions or Warning Notices | Green | Green | Green | Green | Green |
| | Maternity Dashboard | Green | Green | Green | Green | Green |